

# **EMERGENCY PREPAREDNESS**

**Department of Aging and Disability Services (DADS)  
Regulatory Services Division**

Updated: 4/16/2012

## **Minimum Texas Administrative Code (TAC) Requirements for Written Disaster Plans**

### **Scope**

The licensing rules give minimum requirements for the written disaster plan that each type of facility or agency must have. These requirements include the following:

<p>Nursing Homes TAC 19.1914 (c)</p>	<p>The written disaster plan must address, at a minimum, eight core functions:</p> <ol style="list-style-type: none"> <li>1. Direction and control;</li> <li>2. Warning;</li> <li>3. Communication;</li> <li>4. Sheltering arrangements;</li> <li>5. Evacuation;</li> <li>6. Transportation;</li> <li>7. Health and medical needs; and</li> <li>8. Resource management.</li> </ol>
<p>Type A and Type B ALFs (TAC §92.62 (d))</p>	
<p>ICF/IID Facilities (TAC §90.74 (a))</p>	<p>The written disaster plan must address:</p> <ol style="list-style-type: none"> <li>1. Emergency evacuation transportation;</li> <li>2. Adequate sheltering arrangements;</li> <li>3. Supplies;</li> <li>4. Staffing;</li> <li>5. Emergency equipment;</li> <li>6. Identification of residents (and, for adult day care facilities, transfer of records);</li> <li>7. Responding to family inquiries; and</li> <li>8. Post-disaster activities (including emergency power, food, water, and transportation).</li> </ol>
<p>Adult Day Care Facilities (TAC §98.42 (a))</p>	
<p>Home and Community Support Services Agencies (HCSSAs) (TAC §97.256)</p>	<p>An agency's emergency preparedness and response plan must:</p> <ol style="list-style-type: none"> <li>1. Designate, by title, an employee, and at least one alternate employee to act as the agency's disaster coordinator;</li> <li>2. Include a continuity of operations business plans;</li> <li>3. Include how the agency will monitor disaster-related news and information;</li> <li>4. Include procedures to release client information in the event of a disaster; and</li> </ol>

## Minimum TAC Requirements for Written Disaster Plans

Home and Community  
Support Services Agencies  
(HCSSAs) (TAC §97.256)  
(Continued)

5. Describe the actions and responsibilities of agency staff in each phase of emergency planning, including mitigation, preparedness, response, and recovery.
6. The response and recovery phases of the plan must describe:
  - a) The actions and responsibilities of agency staff when warning of an emergency is not provided;
  - b) Who at the agency will initiate each phase;
  - c) A primary mode of communication and alternated or alert systems in the event of telephone or power failure; and
  - d) Procedures for communicating with staff, clients, local and state emergency management agencies; and other entities including DADS and other healthcare providers.
7. An agency's emergency preparedness and response plan must include procedures to triage clients.
8. An agency's emergency preparedness and response plan must include procedures to identify a client who may need evacuation assistance from local and state jurisdictions.
9. If the agency identifies a client who may need evacuation assistance, agency personnel must provide the client with the amount of assistance the client requests to complete the registration process for evacuation assistance if the client:
  - a) Wants to register with the 211 system; and
  - b) Is not already registered.
10. An agency must orient and train employees, volunteers, and contractors about their responsibilities in the agency's emergency preparedness and response plan.

## Minimum TAC Requirements for Written Disaster Plans

Home and Community  
Support Services Agencies  
(HCSSAs) (TAC §97.256)  
(Continued)

11. An agency must complete an internal review of the plan at least annually, and after each actual emergency response, to evaluate its effectiveness and to update the plan as needed.
12. As part of the annual internal review, an agency must test the response phase of its emergency preparedness and response plan in a planned

drill if not tested during an actual emergency response. Except for a freestanding hospice inpatient unit, a planned drill can be limited to the agency's procedures for communicating with staff.

Hospice agencies with  
Its own inpatient unit  
Must also comply with  
(TAC 97.403 (w)(2) in  
Addition to (97.256))

A freestanding hospice facility must also address the following core functions of emergency management in its written emergency preparedness plan:

- 1) Direction and control (the person in charge with the ability to analyze information, make decisions, and direct and coordinate staffing requirements)
- 2) Communication (with whom and by what mechanism). A hospice provider may use the web-based system designed to help DADS-regulated facilities relocate and track clients during disasters that require mass evacuations. Please refer to PL 08-22, Facility Inventory, Vacancy and Evacuation Status (FIVES), for additional information.
- 3) Resource management (supplies, transportation, staff, equipment, medications, food, water, emergency power, potable water, extra medical supplies)

## Minimum TAC Requirements for Written Disaster Plans

Home and Community  
Support Services Agencies  
(HCSSAs) (TAC §97.256)  
(Continued)

- 4) Sheltering in place (building structure, communication with emergency agencies, staffing, maintaining continuity of care)
- 5) Evacuation (prearranged destinations, routes, client records, staff, counseling services, decision for safe return)
- 6) Transportation (type, backup plan, coordination)
- 7) Training (notification, staff responsibility, drills, and clients' participation).

**Provider Letter (PL) 11-25** - Emergency Preparedness Planning for an External or Internal Disaster (Replaces PL 06-18)

### What Disasters Might Affect Your Facility or Agency?

Some areas will not experience earthquakes or tsunamis. Similarly, some residents might never be exposed to wildfires or to animal products that have anthrax bacteria. However, some disasters can occur anywhere, such as power failures, fires caused by lightning, and arson. Likewise, practically no computer is immune to all computer viruses. If a virus enters your facility's computer, you might be left without access to computerized records or online business transactions.

Determine all the disasters that can affect your facility or agency.

Include in your risk assessment:

1. Natural and man-made disasters;
2. Intentional and unintentional disasters;
3. Internal and external disasters, and
4. Disasters that might occur with or without warning.

Include not just disasters that directly impact your facility or agency. Also include disasters that directly impact only your surrounding area or the critical infrastructure that supports your facility or agency (such as roads, utility poles, etc.)

Consider questions such as:

1. Do you have residents, individuals, or clients who smoke?
2. Does your facility have oxygen cylinders?
3. Can a fire in a nearby house or building spread to your facility?
4. Can a wildfire reach your facility?
5. Is your facility near a site that has hazardous materials (such as a chemical, nuclear, or industrial plant)?
6. Do vehicles or trains transport hazardous materials (such as chlorine gas) near your facility?
7. Is there a natural gas pipeline near your facility?
8. Can a land slide place debris on roads that reach your facility?
9. Can a disaster leave your facility surrounded by polluted water?
10. Is your facility in a concentrated urban environment that might be the target of airborne bio-terrorism?
11. Does the plan include disaster such as heating and cooling systems, power outage, explosion, and bomb threats?
12. Are you located in a flood zone area?
13. Have you plan for an epidemic, air contamination or infestation?
14. Are you in a hurricane evacuation zone? (To find out whether you are in a hurricane evacuation zone, you may dial 211.)

Maps of hurricane risk areas in Texas for:

- Brazoria, Chambers, Galveston, Harris and Matagorda Hurricane Evacuation Zip-Zones Coastal, A, B, C
  - <http://www.srh.noaa.gov/images/hgx/hurricanes/HurricaneEvacuationMapzipcode.pdf>
- Zip-Zones Explained:
  - [http://www.srh.noaa.gov/hgx/?n=tropical\\_mapdetails](http://www.srh.noaa.gov/hgx/?n=tropical_mapdetails)
- Inland Evacuation Map - Matagorda Study Area
  - <http://www.srh.noaa.gov/images/hgx/hurricanes/evac2.pdf>
- Lake Sabine Study Area
  - <http://www.srh.noaa.gov/images/hgx/hurricanes/LakeSabineArea.pdf>

**Your local emergency management coordinator might have information on disasters that can affect your facility or agency**

## **Emergency Management Coordinators**

Emergency preparedness requires the help of outside officials and organizations such as the emergency management coordinator for your area.

### **Who is the Emergency Management Coordinator?**

The mayor of each municipal corporation and the county judge of each county are the emergency management directors for their respective jurisdictions. These officials might appoint an emergency management coordinator to manage day-to-day program activities (37 TAC §7.2).

Local emergency management and homeland security organizations might be organized:

1. at the city level, at the county level, or as an inter-jurisdictional program that includes one or more counties and multiple cities;
2. as part of the mayor or county judge's staff;
3. as a separate office or agency;
4. as part of the local fire department or law enforcement agency; or
5. in other ways.

Emergency management and homeland security programs might be identified as emergency management offices or agencies, homeland security offices or agencies, or some combination of the two.

Local emergency management and homeland security programs might include:

1. threat identification and prevention activities;
2. the design and implementation of hazard mitigation programs;
3. emergency planning;
4. drills and exercises;
5. the coordination of emergency response operations during disasters; and
6. recovery activities in the aftermath of a disaster.

Some emergency management coordinators have their own Web sites.

Establish a committee that will write and subsequently review the disaster plan for your facility or agency. Coordinate your plan with your local emergency management coordinator (for nursing homes, see §19.326(a); for Type A and Type B ALFs, see §92.62(d); and for adult day care facilities, see §98.42(a)). Contact your emergency management coordinator as often as needed. Keep a record of each contact.

### HCSSAs:

The written plan must be based on a risk assessment that identifies the disasters from natural and man-made causes that are likely to occur in the agency's service area. (Chapter 97 defines the word disasters for HCSSAs.)

An agency's written emergency preparedness and response plan must describe the actions and responsibilities of agency staff in each phase of emergency planning:

The first phase, Mitigation - An action taken to eliminate or reduce the probability of a disaster, or reduce a disaster's severity or consequences;

The second phase, Preparedness - Actions taken in anticipation of a disaster;

The third phase, Response - Actions taken immediately before an impending disaster or during and after a disaster to address the immediate and short-term effects of the disaster; and

The fourth phase, Recovery - Activities implemented during and after a disaster response designed to return an agency to its normal operations as quickly as possible.

HCSSAs must include procedures to triage clients that allow the agency to:

- 1) readily access recorded information about an active client's triage category in the event of an emergency to implement the agency's response and recovery phases; and
- 2) categorize clients into groups based on:
  - a) the services the agency provides to a client;
  - b) the client's need for continuity of the services the agency provides; and
  - c) the availability of someone to assume responsibility for a client's emergency response plan if needed by the client.

## **Suggested Guidelines for the Eight Core Functions**

### **Core Function One: Direction and Control**

Direction and control refers to your system for:

1. analyzing information about an impending disaster;
2. deciding how to respond quickly and appropriately;
3. directing and coordinating the response of staff;
4. coordinating the response with outside organizations; and
5. using available resources efficiently and effectively.

Does your disaster plan answer questions such as:

1. Who will activate the disaster plan?
2. Who will be in charge or make decisions during a disaster (including the decisions to evacuate and to seek outside assistance)? What means of identification will this person or these people wear during a disaster?
3. How will information about a disaster be gathered and processed?
4. Who will manage the supplies and equipment for a disaster? (Examples include medical supplies, emergency power, communication systems, food and water, clothing, hygiene supplies, and transportation.)



## **Core Function One: Direction and Control (cont'd)**

5. Who will interact with outside organizations and the media?
6. What provisions are there to deal with staff vacancies and similar contingencies such as absence of staff?

Establish direction and control in terms of positions (e.g., administrator, director of nurses, charge nurse, etc.) and not in terms of particular individuals. Define the duties that each position will have in a disaster. (For example, identify assignments, responsibilities, and locations.) However, do not designate people simply because of their position. Be sure they will know what to do when a disaster occurs.

### **Succession of Authority**

Identify the succession of authority to ensure continuous leadership, authority, and responsibility in key positions. You might have to create a separate list for each shift.

### **Emergency Operations Center**

Direction and control requires a location where staff will analyze information, choose a response, direct and coordinate disaster procedures, and coordinate the response with outside organizations. This location is usually called the emergency operations center.

Designate a primary and an alternate emergency operations center. If your primary location becomes inaccessible during a disaster, you might need an alternate location that is off-site.

The emergency operations center is usually in charge of contacting transportation companies, evacuation sites, staff, etc.

You might need a separate place to meet with members of the media.

## **Core Function Two: Warning**

Warning systems disseminate timely forecasts of disasters and ensure that people take appropriate protective actions. Ensure that your disaster plan considers the following topics.

### **Recognizing Impending Disasters**

Consider questions such as:

1. How will your staff in each shift obtain details or update information about an impending disaster?
2. Who will inform your facility or agency of mandatory evacuations?

## **Core Function Two: Warning (cont'd)**

Ensure that staff members listen for tornado, hurricane, and other severe weather warnings and for warnings of man-made disasters (such as chemical spills). Such warnings might come through TV, phone, NOAA (National Oceanic and Atmospheric Administration) weather alert radios, warning sirens, officials who come to your facility, etc. National Weather Service forecasts are also at: <http://www.nws.noaa.gov/>

### **Issuing Warnings**

Consider questions such as:

1. Who will locate, notify, and recall staff members who are not on-site?
2. Who will warn residents, individuals, and clients? Who will warn their families?
3. How will warnings be issued?

For example, develop a procedure for quickly alerting staff to close doors and windows and to keep residents indoors when a spill or release of hazardous materials requires that people stay indoors.

### **Contacting External Support Personnel and Services**

Consider questions such as:

1. Who will your facility or agency alert for assistance?
2. How will contact be made?
3. How will you know whether utilities that serve your facility are still viable?

## **Core Function Three: Communication**

Communication systems let you contact first responders, warn staff of danger, keep off-duty staff and families informed about events at the facility, contact transportation companies, track the status of supply shipments, etc. Communication systems also let staff at your facility ensure that their families are safe during a disaster.

Maintain and test your communications systems, including your fire alarm's connection to the local fire department.

Ensure that your disaster plan considers the following topics.

### **Means of Communication**

Identify in your disaster plan all the means of communication that your facility or agency has (examples can include land-based phones, cell phones, pagers, amateur radios, and fax machines). Outline the procedures for the use of each one.

### **Core Function Three: Communication (cont'd)**

Plan for all possible disruptions of your regular means of communication, from a disruption that lasts less than a day to a total communications failure. If you lose the service of land-based phones and cell phones, you will need back-up systems (such as satellite phones and walkie-talkie radios). The last resort might consist of relying on runners to carry messages.

#### **Phone Numbers**

Include contact information for all staff in your disaster plan. Such information can be home phone numbers, cell phone numbers, pagers, street addresses, e-mail addresses, etc. Similarly, keep a list of the phone numbers of the families of your residents, individuals, and clients.

Include all of your emergency phone numbers, including the local fire department, ambulance service, police, transportation companies, shelters, phone and power companies, hospitals, etc.

Ensure that all of the preceding phone numbers stay current in the disaster plan. Also, ensure that emergency phone numbers are posted clearly near each phone, on bulletin boards, and in other prominent locations.

### **Core Function Four: Sheltering Arrangements**

#### **Shelter-in-Place**

Evacuations are not always to a shelter located outside of a facility. An evacuation can also be to an “area of refuge” within the facility. This internal evacuation is often called “shelter-in-place”.

#### **What is an Area of Refuge?**

An area of refuge is a place in a building where people who are unable to use emergency means of egress can safely wait for assistance.

People in an area of refuge must be able to exit the building without having to return to the area from which they arrived to the area of refuge.

Areas of refuge exist when smoke barriers and doors subdivide the floors of a building into compartments that can serve as areas of refuge. (The smoke barriers

## **Core Function Four: Sheltering Arrangements (cont'd)**

must have a particular fire resistance rating and the doors must have a particular fire protection rating.) This subdivision also limits:

1. the spread of fire and smoke; and
2. the number of people exposed to a fire.

A floor plan that identifies each area of refuge within your facility should be part of your disaster plan.

Consider questions such as:

1. Is each area of refuge accessible to people who use wheelchairs?
2. Is each area of refuge equipped with a means to communicate with people who are outside of the area?

Identify scenarios or conditions that could occur and that would let your residents, individuals, or clients' shelter-in-place.

Ensure that your disaster plan considers the following topics.

### **The Decision to Shelter-in-Place**

Consider questions such as:

1. How will you monitor the condition of residents, individuals, or clients who do not evacuate?
2. Will your facility have sufficient staff?
3. Will your facility have sufficient food (including food for special diets), water, medications, comfortable ambient temperatures, etc.? (Emergency planners recommend a 7- to 14-day supply of food and water.)
4. Will your facility have electrical power?
5. Who will notify first responders?

### **The Movement of Residents, Individuals, and Clients**

Consider questions such as:

1. What equipment is available to move residents between rooms and floors?
2. Where is this equipment stored?
3. Can staff in each shift access this equipment?
4. Do staff members in each shift know how to use this equipment?
5. Are residents, individuals, and clients who require this equipment identified?
6. How this information is kept current in the disaster plan?

### **Core Function Four: Sheltering Arrangements (continuation)**

7. If you have an elevator and this elevator does not work, will staff be able to carry supplies to the upper floors?
8. Do the upper floors of your facility already have supplies for an emergency?

### **Your Facility Receives Evacuees**

If your facility might be used as a shelter in a disaster for an evacuating facility, identify:

1. the receiving procedures for arriving evacuees;
2. where evacuees will stay at your facility (provide a floor plan that identifies these areas);
3. how your facility will meet the needs of the evacuees (such as dietary and medical needs);
4. how your facility will respond to inquiries from family members; and
5. how your facility will coordinate security needs with the local police.

Each resident evacuee must, at a minimum, have as soon as feasible after admission:

1. physician orders for care;
2. medications;
3. a care plan;
4. existing directives; and
5. emergency notification information.

If you receive children who are disabled, your facility must meet the regulations for pediatric residents.

Be familiar with the FIVES system (see the next page). If your facility will not be used as a sheltering facility, make that statement in your disaster plan.

Remember that licensed providers must meet the licensure requirements, and certified providers must meet the licensure and certification contract requirements. A facility must not exceed its licensed capacity. However, during a disaster such as a hurricane, your facility or your corporate office should monitor the DADS Web site. This Web site usually posts guidance for facilities that accept evacuees.

The DADS Web site is: <http://www.dads.state.tx.us/>.

## **FIVES (Facility Information, Vacancy, and Evacuation Status) System**

DADS has a Web-based system that lets facilities help one another during any disaster that requires some facilities to evacuate. Using FIVES, providers can record their vacancies and their evacuation status.

An online, real-time FIVES report shows all vacancies throughout the state by provider type, county, and city. With this information, providers who need to evacuate can easily identify facilities in other areas of Texas that have the capacity to accept evacuees.

FIVES is available at <http://fives.dads.state.tx.us/>.

DADS expects facilities to visit the FIVES system and to enter their current number of vacancies in order to become familiar with the system before the next hurricane or emergency. Each facility is responsible for its own evacuation plan.

During an evacuation event, it is the responsibility of each facility to:

1. use FIVES to update its vacancy data;
2. identify potential partners able to accept evacuees;
3. make resident-transfer arrangements with those partners; and
4. update their evacuation status when the facility evacuates.

## **Core Function Five: Evacuation**

Identify scenarios or conditions that could occur and that would require an evacuation (including an evacuation of only some of your residents, individuals, or clients).

Ensure that your disaster plan considers the following topics.

### **Destination Sites and Alternate Destination Sites**

Identify the destination sites and alternate destination sites of an evacuation. Choose sites that will not be affected by the disaster that affects your facility.

Ensure that the sites can help you meet the needs of your facility's evacuees. Consider questions such as:

1. Does your facility have residents, individuals, or clients who receive critical care?
2. How this information is kept current in the disaster plan?
3. Do they have pre-determined destinations (for example, a nursing home that has a ventilator or oxygen, a hospital, etc.)?
4. Have you used the FIVES system (see the preceding page)?

### **Core Function Five: Evacuation (cont'd)**

If your nursing home is evacuating pediatric residents, the destination site must meet the TAC requirements for such residents.

HCSSAs, nursing facilities, and assisted living facilities can help their clients register with the 211 system. For more information, see Provider Letter #06-25.

### **HCSSAs**

With the exception of a freestanding hospice inpatient unit, DADS does not require an agency to physically evacuate or transport a client.

Agency personnel that must be involved with developing, maintaining, and implementing an agency's emergency preparedness and response plan include:

- (1) the administrator;
- (2) the supervising nurse, if the agency is required to employ or contract with a supervising nurse as required by §97.243 of this subchapter (relating to Administrative and Supervisory Responsibilities);
- (3) the agency disaster coordinator; and
- (4) the alternate disaster coordinator.

An agency must provide and discuss the following information about emergency preparedness with each client:

- (1) the actions and responsibilities of agency staff during and immediately following an emergency;
- (2) the client's responsibilities in the agency's emergency preparedness and response plan;
- (3) materials that describe survival tips and plans for evacuation and sheltering in place; and
- (4) a list of community disaster resources that may assist a client during a disaster, including the Transportation Assistance Registry available through 2-1-1 Texas, and other community disaster resources provided by local, state, and federal emergency management agencies. An agency's list of community disaster resources must include information on how to contact the resources directly or instructions to call 2-1-1 for more information about community disaster resources.

(When contacting the client or person(s) responsible for a client's emergency response plan review the client's supply of adequate amounts of food, water, medications, and critical supplies and equipment for an emergency.)

### **Core Function Five: Evacuation (continuation)**

The agency's emergency preparedness and response plan must include procedures to identify a client who may need evacuation assistance from local or state jurisdictions because the client:

- (1) cannot provide or arrange for his or her transportation; or
- (2) has special health care needs requiring special transportation assistance.

If the agency identifies a client who may need evacuation assistance, agency personnel must provide the client with the amount of assistance the client requests to complete the registration process for evacuation assistance if the client:

- (1) wants to register with the Transportation Assistance Registry, accessed by dialing 2-1-1; and
- (2) is not already registered, as reported by the client or legally authorized representative.

An agency is not required to continue to provide care to clients in emergency situations that are beyond the agency's control and that make it impossible to provide services, such as when roads are impassable or when a client relocates to a place unknown to the agency. An agency may establish links to local emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area in order for the agency to reach its clients.

All HCSSA must comply with 40 TAC 97.256 relating to an agency's written emergency preparedness plan and implementation.

HCSSAs with an inpatient unit must also comply with 40 TAC 97.403(w) (2).

### **Written and Signed Agreements**

Ensure that you have a written, signed, and current (not more than one-year-old) agreement with each site that will receive your residents, individuals, or clients. Examples of such agreements include: an exchange of letters in which each party commits to providing assistance to the other during disasters, a written Memorandum of Understanding, a mutual aid agreement, etc. Attach a copy of each agreement to your disaster plan.

Consider questions such as:

1. What process will ensure that the destination sites remain available at the time of the evacuation?
2. What process will notify the people in these sites that a decision has been made to evacuate to their sites?
3. What supplies will the destination sites provide?
4. How long can your facility's evacuees stay at the sites?



## **Core Function Five: Evacuation (continuation)**

### **Distance and Routes**

The distance that evacuees have to travel can vary. Sometimes a destination site might be only a few miles away. A hurricane, however, might require a site that is hundreds of miles away and an evacuation that takes more than a day.

Consider questions such as:

1. How far away is each destination site?
2. What route will you use to reach each site? Include a map of these routes.
3. What are the alternate routes? Include a map of these routes.
4. Do you have written driving directions for the drivers?
5. How will you know the condition of roads and highways that you plan to use during an evacuation?
6. Are there any hospitals on or near the evacuation routes?

Highway condition information for all roads on the state highway system in Texas is at: <http://www.dot.state.tx.us/travel/>.

### **Preparing to Leave the Facility**

Consider questions such as:

1. How will you ensure that staff members accompany your residents, individuals, or clients during an evacuation?
2. What procedure will verify that all residents, individuals, or clients have been evacuated? (Note: Do not search for people in a fire-involved building. Instead inform firefighters that people are missing.)
3. How will you account for residents, individuals, or clients who are out on pass during an evacuation?
4. How will you evacuate the pets of your residents, individuals, or clients? (Some evacuation sites might not accept pets).
5. Who will continue or shut down operations while an evacuation is underway? (They must be able to recognize when to abandon the operation and evacuate themselves.)
6. Are there residents who have relatives or caretakers who have agreed to pick them up?

### **Notifying Emergency Contacts and Others of Evacuations**

Consider questions such as:

1. Who will notify the residents' families or emergency contacts of an evacuation and of the destination?

## **Core Function Five: Evacuation (cont'd)**

2. Who will track completion of the notifications
3. What other government agencies will be notified of an evacuation?

### **After Leaving the Facility**

Ensure that your disaster plan considers the following topics.

#### **En Route**

Consider questions such as:

1. Who will track the location of your facility's evacuees?
2. If you have several vehicles traveling together, how will the vehicles avoid getting separated?
3. How will staff stay in contact with each other during an evacuation?
4. Who will feed and clean your facility's evacuees while en route?
5. Who will administer medications?

Your evacuation should provide for stops and layovers so that staff can attend to the needs of the evacuees.

#### **Arrival at the Destination**

Consider questions such as:

1. Who will notify the evacuees' families or emergency contacts that the evacuees have arrived at their destination?
2. Who will track completion of the notifications?

#### **Return to the Facility**

Consider questions such as:

1. Who will remain in contact with officials to determine when the evacuees can return to their facility?
2. What process will determine when the facility is able to return to function, structural or otherwise? (For example, do staff return first to the facility to assess damage and see if a return is possible?)
3. Who gives the "okay to return" signal?
4. How will you ensure the return of the evacuees to their facility after the disaster?
5. What is the process to accept the evacuees back into the facility?

## **Core Function Six: Transportation**

Ensure that your disaster plan considers the following topics.

### **Facility-Owned Transportation**

Consider questions such as:

1. What types of vehicles will your facility use to evacuate (buses, vans, staff vehicles, etc.)?
2. How many vehicles does your facility have available?
3. How often is maintenance performed on each vehicle?
4. Where will the vehicles obtain fuel?

### **Contracted Transportation**

If your facility does not have sufficient vehicles, consider questions such as:

1. Which transportation companies will evacuate your staff and your residents, individuals, or clients?
2. Which transportation companies will transport your supplies and records?

Ensure that you have a written, signed, and current (not more than one-year-old) agreement with a transportation company and an alternate transportation company. Attach a copy of each agreement to your disaster plan.

### **Accessibility**

Consider questions such as:

1. Are residents, individuals, or clients regularly assessed to ensure that the facility can meet their specific transportation needs?
2. How this information is kept current in the disaster plan?
3. Do the vehicles meet the needs of the residents, individuals, or clients?

### **Other Concerns**

Do vehicles for an evacuation have?

1. Communication devices, such as satellite phones?
2. Global positioning devices?
3. Heat and air-conditioning?
4. First aid supplies?
5. Space for medical charts or records and labeled medications?
6. Space for medical gas?

## **Core Function Six: Transportation (cont'd)**

The next page of this manual has a copy of the “Guidance for the Safe Transportation of Medical Oxygen for Personal Use on Buses and Trains” issued by the US Department of Transportation (DOT).

### **DOT Guidance for the Safe Transportation of Medical Oxygen for Personal Use on Buses and Trains**

The Department of Transportation recommends that bus and train operators take the following precautions to assure that medical oxygen being transported for passengers’ personal use is handled and transported safely.

#### **For Transportation in the Passenger Compartment**

- Only transport oxygen in a cylinder maintained in accordance with the manufacturer’s instructions. The manufacturer’s instructions and precautions are usually printed on a label attached to the cylinder.
- Before boarding, inspect each cylinder to assure that it is free of cracks or leaks, including the area around valve and pressure relief device. Listen for leaks; do not load leaking cylinders on the bus or train. Visually inspect the cylinders for dents, gouges or pits. A cylinder that is dented, gouged, or pitted should not be transported.
- Limit the number of cylinders to be transported on board the vehicle to the extent practicable.
- Except in emergency situations, the bus or rail operator should consider limiting the number of passengers requiring medical oxygen.
- Cylinders used for medical oxygen are susceptible to valve damage if dropped. Handle these cylinders with care during loading and unloading operations. Never drag or roll a cylinder. Never carry a cylinder by the valve or regulator.
- Do not handle oxygen cylinders or apparatus with hands or gloves contaminated with oil or grease.
- Secure each cylinder to prevent movement and leakage. “Secured” means that that the cylinder is not free to move when the vehicle or train is in motion. Each cylinder should be equipped with a valve protection cap.
- Never store or secure oxygen cylinders or other medical support equipment in the aisle. Make sure that the seating of the passenger requiring oxygen does not restrict access to exits or use of the aisle.
- Since the release of oxygen from a cylinder could accelerate a fire, secure each cylinder away from sources of heat or potential sparks.
- Under no circumstances should smoking or open flames (cigarette lighter or matches) be permitted in the passenger compartment when medical oxygen is present.
- When you reach your destination, immediately remove all cylinders from the bus or train.

#### **For Transportation in the Cargo Compartment**

- Place each cylinder in a box or crate or load and transport in an upright position or horizontal position.
- Valves must be protected against damage, except when in use.
- Secure each cylinder against movement.
- The total weight for oxygen cylinders permitted in a bus cargo compartment is 45 kg (99 lbs.) except under extraordinary circumstances.
- Oxygen cylinders offered for transportation and transported in rail cars on a passenger train may not exceed 34 lbs (75 kg) gross weight per cylinder.
- A copy of the above is available at <http://www.phmsa.dot.gov/hazmat>.

## **Core Function Seven: Health and Medical Needs**

Describe the procedures for managing and mobilizing health and medical services during a disaster.

Ensure that your disaster plan considers the following topics.

### **During and After a Disaster**

Consider questions such as:

1. Will staff be able to reach your facility?
2. Will staff have to live at your facility during or immediately after the disaster?
3. Do you have a phone number for a 24-hour nurse available for emergencies?
4. How will you ensure that your facility continues to have adequate medical supplies? (See also Core Function Eight)
5. How will staff ensure that food and water is safe to consume?

### **Health and Medical Considerations for an Evacuation**

Consider questions such as:

1. How will staff know which equipment and supplies to take in an evacuation?
2. How will staff protect medications that have temperature or security requirements? (You might have to consult your pharmacist.)
3. How will you ensure that each set of medical records, medications list, and medications stays with the correct resident, individual, or client?
4. How will you ensure that each resident, individual, or client remains correctly identified throughout an evacuation?
5. How will your facility ensure physician-to-physician contact to promote continuity of care?
6. How will you meet the special needs of those who require dialysis, oxygen, and ventilators?
7. Is there a 24-hour pharmacy phone number for each destination site?
8. How will you meet the special needs of individuals who have behavior management programs?
9. How will you maintain the confidentiality of records throughout the evacuation?  
See the reference to the HIPAA Privacy Decision Tool on the next page of this manual.

U.S. Department of Health &amp; Human Services

**HHS.gov**Search:  Improving the health, safety, and well-being of  
AmericaSearch  OCR  All HHSFont Size   Print  [Download Reader](#)  [HHS Home](#) [HHS News](#) [About HHS](#)

Health Information Privacy

[Office for Civil Rights](#)[Civil Rights](#)[Health Information Privacy](#)[OCR Home](#) > [Health Information Privacy](#) > [HIPAA](#) > [Understanding HIPAA Privacy](#) > [Special Topics](#) > [Emergency Preparedness](#) >

## Disclosures for Emergency Preparedness - A Decision Tool

The Web site of the Office for Civil Rights within the US Department of Health and Human Services (DHHS) has posted the following tool: the “HIPAA Privacy Rule: Disclosures for Emergency Preparedness – A Decision Tool.” This Web-based, interactive tool helps emergency preparedness and recovery planners determine how to access and use health information about people with disabilities, consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

The tool guides emergency preparedness and recovery planners through a series of questions regarding how the privacy rule applies to a particular disclosure. By helping users focus on the source of the information being disclosed, to whom it is being disclosed, and for what purpose, users will better meet the needs of the elderly or persons with disabilities in the event of an evacuation.

The tool is available at

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/decisiontool.html>

## Core Function Eight: Resource Management

List your emergency supplies, their amount, and their location. Such supplies include:

1. food
2. water (see, for example, §19.1701(8)(A) for nursing homes);
3. medications and medical supplies (including wipes, gloves, etc.);
4. wheelchairs and other specific equipment used by the residents, individuals, or clients;
5. garbage bags (for managing waste products in the absence of toilet water);
6. flashlights and batteries;
7. fans;
8. disposable plates and cups;
9. linen and blankets; and
10. Generators.

List the resources that your facility might have to obtain when you receive a warning of a disaster. Keep your lists updated. Nursing homes (see §19.312(c)) and ICF-MR/RC facilities (see §90.61(f)(12)) must have working flashlights.

Describe the means and process by which your facility will find, obtain, allocate, and distribute resources to meet all needs.

Consider questions such as:

1. Will your facility need to hire tanker trucks to bring water?
2. How will staff ensure supplies such as hygiene supplies, clothing, clean linen, oxygen, fuel, etc.?
3. What procedures will ensure the selection, preservation, and availability of records essential to the effective functioning under disaster conditions and to maintain the continuity of operations: (Such records include medical, staff, financial, and construction records.)

Written, signed, and current (not more than one-year-old) agreements with vendors can help meet your needs both at your facility and, if you evacuate, at your destination site. Such agreements can address any number of needs you might have in an emergency, such as emergency supplies, laundry needs, food, nursing equipment, and emergency storage. Attach a copy of each agreement to your disaster plan.

## **Review and Update of the Disaster Plan**

Conduct a formal audit of your entire disaster plan at least once a year.

In addition to the yearly audit, evaluate and modify the plan:

1. after each response to a disaster;
2. after each training, drill, or exercise;
3. after new hazards are identified;
4. when staff or their responsibilities change;
5. when emergency phone numbers change;
6. after each renovation, modernization, or new construction;
7. when facility (or agency) policies or procedures change; and
8. after applicable regulatory changes.

Among the issues to consider are:

1. Does the plan reflect lessons learned from trainings and actual events?
2. Do staff members understand their respective responsibilities?
3. Should there be more training?
4. Does the facility need new equipment?
5. Does the plan reflect changes in the physical layout of the facility?
6. Does the plan reflect new facility processes?
7. Does the facility face disasters that were not previously considered?
8. Are the phone numbers in the disaster plan current?
9. Should community agencies and organizations evaluate the plan?

Correct each problem identified in the audit.

## **Documentation**

Document each review of the disaster plan. Record each change made to the plan. Remember to brief staff on changes to the plan.

## **Response**

“Response” refers to the decisions that staff members implement during a disaster to address this disaster’s immediate and short-term effects.

Keep a detailed log of your facility’s or agency’s response to a disaster. Describe what happened, at what time, the decisions made, and any deviations from the disaster plan. Such details will help you evaluate the plan after the disaster is over.



### **Examples of Possible Responses to a Disaster**

The following applies directly to nursing homes. However, other types of facilities can have similar responses.

#### **Administrative Staff Executive in Charge**

##### **Possible Responses**

1. Establish an emergency operations center.
2. Notify staff and residents of the impending disaster, its strength, and location.
3. Have supervisors review staffing needs.
4. Have nursing staff review resident needs.
5. Order special purchases as required, such as water, ice, and coolers.
6. Notify the medical doctor.
7. Establish hospital arrangements, if necessary.
8. Oversee the notification of family members.
9. Ensure that vehicles and drivers are available to evacuate residents and transport supplies.
10. Check that vehicles are supplied with communication devices and destination maps.
11. Make sure drivers know the evacuation routes.
12. Alert the evacuation site and an alternate evacuation site.

#### **Nursing Staff Director of Nursing**

##### **Possible Responses**

1. Help the administrator make executive decisions.
2. Review and prioritize resident health care needs.
3. Coordinate staffing needs based on resident needs.
4. Inform staff who are on-site of the intent to evacuate.
5. Tell other staff to report to the facility.
6. Supervise resident removal from the building.
7. Ensure that staff members check resident ID bands.
8. Ensure the availability of medications and clinical supplies needed for the provision of care.

#### **Assistant Director of Nursing**

1. Help the Director of Nursing notify staff of the intent to evacuate.
2. Help supervise the transfer of residents to departure areas for evacuation.
3. Help allocate medications and clinical supplies for evacuating residents as necessary.

**Examples of Possible Responses to a Disaster (continuation)**

- Charge Nurse and Other Nurses**
1. Coordinate pharmaceutical needs with the pharmacist as early as possible while delivery service is still operating.
  2. Supervise and direct the preparation of all residents.
  3. See that each resident has an adequate supply of medications.
  4. Prepare resident charts for evacuation.
  5. Check all bedrooms to ensure that residents are being properly prepared for evacuation.
  6. Make sure that all flashlights are in working order.

**Certified Nursing Assistants (CNAs)** Prepare residents for evacuation.

**All Nursing Staff** Be available to accompany residents to evacuation site.

- Other Staff**
- Dietary Department**
- Possible Responses**
1. Ensure that there is an adequate supply of food.
  2. When evacuation is considered, report to the administrator to discuss food supplies and needs.
  3. Notify all dietary staff members of the intent to evacuate.
  4. Help separate and pack food items for delivery to the evacuation site.
  5. Supervise and record the placement of utensils and food in departing vehicles.
  6. Assist or supervise the storage of kitchen equipment and secure the kitchen area.

- Maintenance Department**
1. Check all rooms and equipment prior to leaving the facility.
  2. If there is no evacuation, carry out periodic checks to ensure a continued state of readiness in all buildings and surrounding grounds.
  3. Perform any emergency repairs and maintain appropriate inventories of emergency supplies.
  4. Document and report any building repairs needed and any supplies needed to properly secure the building during a disaster.
  5. Secure all loose objects around the exterior of the building.

### **Examples of Possible Responses to a Disaster (continuation)**

- Housekeeping/Laundry**
1. Ensure that an adequate amount of linen is available in resident areas.
  2. Make sure that adequate cleaning supplies are available.
  3. In the event of an evacuation, see how much clean laundry is available and report to the administrator or DON.
  4. Supervise the movement of clean laundry for transport to the evacuation site.
  5. Shut down all laundry equipment and secure the laundry area.

## **Recovery and Continuity**

“Recovery” and “continuity” refers to the activities and programs designed to maintain or return buildings, equipment, supplies, and services to a level that, at a minimum, meets regulatory (or licensure) requirements.

Examples of these activities include the restoration of utilities, the repair of damaged walls, and the return of evacuees.

### **Condition of the Building and Equipment**

Assess damages and identify resources needed to support the recovery and continuity of your facility.

Examples of questions to consider:

1. What damage did the building(s) sustain? Does the condition of the roof, walls, floor, ceiling, windows, etc., meet the requirements?
2. How much debris is there to remove?
3. Does the facility have electricity?
4. Is there emergency power? Does the emergency power operate as required?
5. What is the temperature inside the facility?
6. Does the fire alarm system operate as required?
7. Does the automatic sprinkler system operate as required?
8. Is the kitchen equipment operational?
9. Is the sewer system operational?
10. Do the phone lines work?
11. Is there incoming tap water? Does this water need treating?
12. Is the facility still accessible?
13. Does the means of egress meet the requirements?
14. What equipment needs repair or replacement?

## **Recovery and Continuity (cont'd)**

The repair of a building can take a significant amount of time. Coordinate activities with appropriate authorities and resources. Test all new equipment.

### **Organizations that Can Help a Facility or Agency Prepare for a Disaster**

A mitigation strategy requires teamwork and cooperation with other organizations. Have regular meetings with community emergency personnel to review your disaster plans and procedures. Seek assistance from organizations, such as:

1. First responders (for example, the local fire department and emergency medical services);
2. State and federal agencies; and
3. Charity, volunteer, and nonprofit groups.

Involve community fire, police, and emergency management personnel in drills and exercises. Show them what your facility or agency is doing to prepare for and prevent emergencies.

## **Web Sites**

Web sites have useful information. For example, the US Department of Health and Human Services has posted a checklist that home health agencies can use to prepare for an influenza pandemic. This checklist can be helpful in other types of emergencies.

The Texas Department of State Health Services has a draft of a preparedness plan for an influenza pandemic at:

<http://www.dshs.state.tx.us/commprep/planning/pandemic.aspx>

### **Local Fire Departments**

Local fire departments often have fire education programs for their communities. Your local fire department might be able to educate your staff about fire safety.

Contact information for some fire departments is available at:

<http://tfsfrp.tamu.edu/fdd/>

## Web Sites

### City and County

Some cities have information on emergency preparedness. For example:

1. Carrollton has information at:  
<http://www.texasprepares.org/>
2. Houston has information at: <http://www.houstonoem.net/go/site/1855/>.
3. Baytown Office of Emergency Management has posted a nursing home sample emergency plan and a nursing home checklist at:
  - a. <http://oembaytown.org/forms/NursingHomeSamplePlan.pdf>
  - b. <http://oembaytown.org/forms/NrsngHomeChecklist.pdf>

Some counties have information on emergency preparedness. For example:

1. Collin County has information on emergencies at:  
<http://www.co.collin.tx.us/emergencies/index.jsp>.

Examples of agencies that provide helpful information include the following:

The Governor's Office of Homeland Security has useful information on disaster Preparedness at:

<http://www.governor.state.tx.us/homeland>

The Texas Department of Public Safety has useful information on emergency preparedness at:

<http://www.txdps.state.tx.us/dem/about.htm>

The Texas Department of Public Safety also has useful information on mitigation at:

<http://www.txdps.state.tx.us/dem/Mitigation/index.htm>

Texas Prepares.org of the Texas Department of State Health Services has useful information on emergency preparedness at:

<http://www.texasprepares.org/survivingdisaster.htm>

The Community Preparedness Section of Texas Department of State Health Services has several on line preparedness trainings at:

<http://www.dshs.state.tx.us/commprep/training/availablecourses.aspx>

The Texas Commission on Fire Protection has a resource library that provides training material. The library's Web site is:

[http://www.tcfp.texas.gov/library/library\\_services.asp](http://www.tcfp.texas.gov/library/library_services.asp)

## Web Sites

Texas.gov has useful information at:

<http://emergency.portal.texas.gov/en/Pages/Home.aspx>

## Federal Agencies

Examples of agencies that provide helpful information include the following:

The US Department of Homeland Security's Federal Emergency Management Agency (FEMA) has useful information on how to deal with hazards at:

<http://www.fema.gov/hazard/>.

FEMA has more resources for mitigation strategies at:

<http://www.fema.gov/government/mitigation.shtm>.

The Centers for Disease Control and Prevention has information on emergency preparedness and response at:

<http://www.bt.cdc.gov/>.

## Charities, Volunteer, and Non-Profit Groups

Examples of groups that provide assistance include the following:

The American Red Cross

The American Red Cross provides direct assistance to disaster victims in the form of shelter, food, clothing, and other services intended to alleviate the immediate needs caused by a disaster. Your local chapter might provide training on emergency preparedness. More information is available at: <http://www.redcross.org/>.

Amateur (or "Ham") Radio Operators

Amateur radio is a noncommercial, two-way transmission of signals over short-wave frequencies. Amateur radio can serve as a backup emergency communication system, especially because there is little or no fixed infrastructure that a disaster might destroy. Amateur radio operators can improvise and restore communications under the primitive conditions following a disaster. Some have stationed themselves at long-term care facilities to help with communication.

## Web Sites

The American Radio Relay League has information about amateur radio operators at:  
<http://www.arrl.org/>.

National Fire Protection

The National Fire Protection Association has training videos for sale at:  
<http://www.nfpa.org>.

Letters to providers with New  
Emergency Preparedness Rules can  
be found at:

<http://www.dads.state.tx.us/providers/communications/letters.cfm>

## Hospice

Number	Title	Date
<a href="#">PL 2011-25</a>	Emergency Preparedness Planning for an External or Internal Disaster (Replaces PL 06-18)	8/24/2011

## Home & Community Care Service Agencies (HCCSA)

Number	Title	Date
<a href="#">PL 2009-17</a>	Guidelines for Temporary Relocation or Expansion, Voluntary Suspension of Operations, or Permanent Closure due to a Disaster or Emergency (Replaces PL #05-42)	9/03/2009

# Letters to providers with New Emergency Preparedness Rules can be found at:

<http://www.dads.state.tx.us/providers/communications/letters.cfm>

## Intermediate Care Facilities for Persons with Mental Retardation or Related Conditions (ICFs/MR)

Number	Title	Date
<a href="#">PL 2011-14</a>	New Emergency Preparedness and Safety Operations Rules	3/21/2011

## Nursing Facilities

Number	Title	Date
<a href="#">PL 2011-27</a>	New Safety Operations and Emergency Preparedness Rules	7/22/2011

## Adult Day Care Facilities

Number	Title	Date
<a href="#">PL 2011-26</a>	New Emergency Preparedness and Safety Operations Rules	7/22/2011