TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 550 LICENSING STANDARDS FOR PRESCRIBED PEDIATRIC EXTENDED CARE CENTERS

SUBCHAPTER C GENERAL PROVISIONS

DIVISION 1 OPERATIONS AND SAFETY PROVISIONS

§550.209. Emergency Preparedness Planning and Implementation.

(a) A center must have a written emergency preparedness and response plan that comprehensively describes its approach to an emergency situation, including a public health disaster that could affect the need for its services or its ability to provide those services.

(b) Administration. A center must:

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

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

 (3) evaluate the plan to determine if information in the plan must change:

 (A) no later than 30 days after an emergency situation;

 (B) as soon as possible after the remodeling or construction of an addition to the center; and

 (C) at least annually;

 (4) revise the plan no later than 30 days after information in the plan changes; and

 (5) maintain documentation of compliance with this section.

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

 (1) include a risk assessment of all potential external and internal emergency situations that pose a risk for harm to minors or property and are relevant to the provision of services at a center and the center's geographical area, such as fire, earthquake, hurricane, tornado, flood, extreme snow and ice conditions for the area, wildfire, terrorism, hazardous materials accident, thunderstorm, wind storm, wave action, oil spill or other water contamination, epidemic, air contamination, infestation, explosion, riot, hostile military or paramilitary action, energy emergency, water outage, failure of heating and cooling systems, power outage, bomb threat, and explosion;

 (2) include a description of minors served at the center;

 (3) include a description of the services and assistance needed by minors served at the center in an emergency situation;

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

 (5) include a section for a fire safety plan that complies with §550.205 of this division (relating to Safety Provisions).

(d) Plan Requirements Regarding Eight Core Functions of Emergency Management.

 (1) Direction and control. A center'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 staff person with the authority to manage the center'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 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 center is located, as identified by the office of the local mayor or county judge;

 (D) includes procedures for notifying the 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 relocating minors to a safe location that is based on the type of emergency situation occurring and a center's decision to either temporarily shelter-in-place or evacuate during an emergency situation.

 (2) Warning. A center's plan must contain a section for warning that:

 (A) describes how the EPC will be notified of an emergency situation;

 (B) identifies who the EPC will notify of an emergency situation and when the 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 the conditions, natural or otherwise, that would cause staff to monitor news and weather reports for a disaster.

 (3) Communication. A center's plan must contain a section for communication that:

 (A) identifies the center's primary mode of communication to be used during an emergency situation and the center's alternate mode of communication to be used in the event of power failure or the loss of the center's primary mode of communication in an emergency situation;

 (B) requires posting of the emergency contact number for the local fire department, ambulance, and police at or near each telephone at the center in communities where a 911 emergency management system is unavailable;

 (C) includes procedures for maintaining a current list of telephone numbers for:

 (i) minors' parents;

 (ii) safe locations; and

 (iii) center staff;

 (D) identifies the location of the lists described in subparagraph (C) of this paragraph;

 (E) includes procedures to notify:

 (i) center staff about an emergency situation;

 (ii) a contact person at a safe location about an impending or actual evacuation of minors; and

 (iii) a minor's parent about an impending or actual evacuation;

 (F) provides a method for staff to obtain a minor's emergency information during an emergency situation;

 (G) includes procedures for the center to maintain communication with:

 (i) center staff during an emergency situation;

 (ii) a contact person at a safe location; and

 (iii) the authorized driver of a vehicle transporting minors, medication, medical records, food, water, equipment, or supplies during an evacuation; and

 (H) includes procedures for reporting to HHSC an emergency situation that caused the death or serious injury of a minor as follows:

 (i) by telephone at 1-800-458-9858 or by using the HHSC website, no later than 24 hours after the death or serious injury of a minor; and

 (ii) in writing on the HHSC Provider Investigation Report Form no later than five days after the center makes the report.

 (4) Shelter-in-place. A center's plan must contain a section that includes procedures to temporarily shelter minors in place during an emergency situation.

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

 (A) requires posting center evacuation routes conspicuously throughout the center;

 (B) identifies evacuation destinations and routes for an authorized driver, and includes a map that shows the destinations and routes;

 (C) includes procedures for implementing a decision to evacuate minors to a safe location;

 (D) includes a current copy of an agreement with a pre-arranged safe location, outlining arrangements for receiving minors in the event of an evacuation, if the evacuation destination identified in accordance with subparagraph (B) of this paragraph is a prearranged safe location that is not owned by the same entity as the evacuating center;

 (E) includes procedures for:

 (i) ensuring that staff accompany evacuating minors;

 (ii) ensuring that minors and staff present at the center have been evacuated;

 (iii) ensuring that visitors, including parents and service providers, evacuate the center;

 (iv) accounting for minors and staff after they have been evacuated;

 (v) accounting for minors absent from the center at the time of the evacuation;

 (vi) releasing minor information in an emergency situation to promote continuity of a minor's care, in accordance with state law;

 (vii) includes procedures for notifying the local EMC regarding an evacuation of the center, if required by the local EMC guidelines;

 (viii) contacting the local EMC, if required by the local EMC guidelines, to find out if it is safe to return to the geographical area after an evacuation; and

 (ix) determining if it is safe to re-enter and occupy the center after an evacuation;

 (x) includes procedures for notifying HHSC by telephone, at 1-800-458-9858, no later than 24 hours after an evacuation that minors have been evacuated; and

 (xi) includes procedures for notifying HHSC Regulatory Services by telephone immediately after the EPC makes a decision to evacuate all minors from the center.

 (6) Transportation. A center's plan must contain a section for transportation that:

 (A) arranges for a sufficient number of vehicles to safely evacuate all minors;

 (B) identifies staff or contractors designated to drive a center owned, leased, or rented vehicle during an evacuation;

 (C) includes procedures for safely transporting minors and staff involved in an evacuation; and

 (D) includes procedures for safely transporting and having timely access to oxygen, medications, medical records, food, water, equipment, and supplies needed during an evacuation.

 (7) Health and Medical Needs. A center's plan must contain a section for health and special needs that:

 (A) identifies the types of services and medical equipment used by minors, including oxygen, respirator care, or hospice services; and

 (B) ensures that a minor's needs identified in subparagraph (A) of this paragraph are met during an emergency situation.

 (8) Resource Management. A center's plan must contain a section for resource management that:

 (A) includes a plan for identifying medications, medical records, food, water, equipment, and supplies needed during an emergency situation;

 (B) identifies staff who are assigned to locate the items in subparagraph (A) of this paragraph and who must ensure the transportation of the items during an emergency situation; and

 (C) includes procedures to ensure that medications are secure and maintained at the proper temperature during an emergency situation.

(e) Training. A center must:

 (1) train staff on their responsibilities under the plan no later than 30 days from their hire date;

 (2) train staff on the staff 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 staff for severe weather and other emergency situations identified by a center as likely to occur, based on the results of the risk assessment required by subsection (c) of this section.

(f) Fire Emergency Response Plan.

 (1) The center must have a comprehensive written fire emergency response plan. Copies of the plan must be available to all staff. The center must periodically instruct and inform staff about the duties of their positions under the plan. The written fire emergency response plan must provide for the following:

 (A) use of alarms;

 (B) transmission of an alarm to a fire department;

 (C) response to alarms;

 (D) isolation of fire;

 (E) evacuation of the immediate area;

 (F) preparation of floors and building for evacuation; and

 (G) fire extinguishment;

 (2) The fire emergency response plan must include procedures to contact HHSC by telephone, at 1-800-458-9858, no later than 24 hours after activation of its Fire Emergency Response Plan.

 (3) The staff must conduct emergency egress and relocation drills as follows:

 (A) perform a monthly fire drill with all occupants of the building at expected and unexpected times and under varying conditions;

 (B) relocate, during the monthly drill, all occupants of the building to a predetermined location where occupants must remain until a recall or dismissal is given; and

 (C) complete the HHSC Fire Drill Report Form for each required drill.

 (4) The EPC or a designee must conduct fire prevention inspections on a monthly basis and prepare a report of the inspection results. The center must maintain copies of the fire prevention inspection report prepared by the center within the last 12 months. The center must post a copy of the most recent fire prevention inspection report in a conspicuous place at the center.

(g) Emergency Response System.

 (1) The center administrator and alternate administrator must enroll in an emergency communication system in accordance with instructions from HHSC.

 (2) The center must respond to requests for information received through the emergency communication system in the format established by HHSC.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 551 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY OR RELATED CONDITIONS

SUBCHAPTER C STANDARDS FOR LICENSURE

§551.50. Emergency Preparedness and Response.

(a) Definitions. In this section:

 (1) "emergency situation" means an impending or actual situation that:

 (A) may interfere with normal activities of a facility or its residents;

 (B) may cause:

 (i) injury or death to a resident or staff member of the facility; or

 (ii) 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, cerebrovascular accident;

 (2) "plan" means a facility's emergency preparedness and response plan; and

 (3) "receiving facility" means a facility that has agreed to receive the 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 written copy of the plan that is accessible to all staff at all times;

 (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 potential internal and external emergency situations, including a fire, failure of heating and cooling systems, a power outage, an explosion, a hurricane, a tornado, a flood, extreme snow and ice conditions for the area, a wildfire, terrorism, or a hazardous materials accident;

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

 (3) include a description of the services and assistance needed by the residents in an emergency situation;

 (4) include a section for each core function of emergency management that complies with subsection (d) of this section and is based on a facility's decision to either shelter-in-place or evacuate during an emergency situation; and

 (5) include a fire safety plan that complies with subsection (f) of this section.

(d) Plan Requirements Regarding Eight Core Functions of Emergency Management.

 (1) Direction and control. A facility's plan must contain a section for direction and control that:

 (A) identifies the emergency preparedness coordinator (EPC), who is the facility staff person with the authority to manage the facility's response to an emergency situation in accordance with the plan;

 (B) identifies 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

 (C) documents the name and contact information for the local emergency management coordinator (EMC) for the area in which the facility is located, as identified by the office of the local mayor or county judge.

 (2) Warning. A facility's plan must contain a section for warning that:

 (A) describes how the EPC will be notified of an emergency situation;

 (B) identifies who the EPC will notify of an emergency situation and when the notification will occur, including during off hours, weekends, and holidays; and

 (C) ensures monitoring of local news and weather reports.

 (3) Communication. A facility's plan must contain a section for communication that:

 (A) identifies the facility's primary mode of communication and alternate mode of communication to be used in an emergency situation;

 (B) includes procedures for maintaining a current list of telephone numbers for residents' responsible parties;

 (C) includes procedures for maintaining a current list of telephone numbers for potential places to which to evacuate, such as hotels, motels, and other facilities licensed under this chapter or certified to participate in the Medicaid ICF/MR Program;

 (D) includes procedures for maintaining a current list of telephone numbers for the facility's staff, by residence or unit, that identifies the facility's EPC and administrative staff;

 (E) identifies the location of the lists described in subparagraphs (B) - (D) of this paragraph, which must be a place where facility staff can obtain the information quickly;

 (F) 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, legally authorized representatives, and other persons about an impending or actual evacuation;

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

 (H) includes procedures for the facility to maintain communication with:

 (i) facility staff involved in an emergency situation;

 (ii) a receiving facility, if applicable; and

 (iii) the driver of a vehicle transporting residents, medications, 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 include:

 (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 the HHSC regional office for the area in which the facility is located by telephone immediately after a decision to shelter-in-place has been made; and

 (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) requires posting building evacuation routes prominently throughout the facility, except in small one-story buildings where all exits are obvious;

 (B) includes procedures for implementing a decision to evacuate residents to a receiving facility in an emergency situation, if applicable;

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

 (D) includes a current copy of the agreement with a receiving facility, if the evacuation destinations identified in accordance with subparagraph (C) of this paragraph include a receiving facility that is not owned by the same entity as the facility;

 (E) includes procedures for:

 (i) ensuring that facility staff accompany evacuating residents;

 (ii) ensuring that residents and facility staff present in the building have been evacuated;

 (iii) accounting for residents after they have been 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 the local EMC to find out if it is safe to return to the geographical area; and

 (vii) determining if it is safe to re-enter and occupy the building after an evacuation;

 (F) includes procedures for notifying the local EMC regarding an evacuation of the facility;

 (G) includes procedures for notifying the HHSC regional office for the area in which the facility is located by telephone immediately after a decision to evacuate is made; and

 (H) includes procedures for notifying HHSC regional office for the area in which the facility is located by telephone that residents have returned to the facility, within 48 hours of their return to the facility after an evacuation.

 (6) Transportation. A facility's plan must contain a section for transportation that:

 (A) provides for a sufficient number of facility-owned vehicles to evacuate all residents and for alternate transportation arrangements if the facility-owned vehicles are not available;

 (B) includes procedures for safely transporting residents, facility staff involved in an evacuation and, if necessary, their family members, and the facility's and residents' pets during an evacuation; and

 (C) includes procedures to safely transport and have 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 all of the facility's residents with special medical needs; and

 (B) ensures that the needs of those residents are met during an emergency situation.

 (8) Resource Management. A facility's plan must contain a section for resource management that:

 (A) includes procedures for maintaining accurate and detailed checklists of medications, records, food, water, equipment and supplies needed during an emergency situation;

 (B) identifies facility staff who are assigned to locate and ensure the transportation of the items on the list described in subparagraph (A) of this paragraph during an emergency situation; and

 (C) includes procedures to ensure that medications are secure and stored at the proper temperatures during an emergency situation.

(e) Training. A facility must:

 (1) inform a facility staff member of the staff member's responsibilities under the plan within five working days after assuming job duties;

 (2) re-train a facility staff member at least annually on the staff member's responsibilities under the plan and when the staff member's responsibilities under the plan change; and

 (3) conduct unannounced, annual drills with facility staff for severe weather and other emergency situations identified by the facility as likely to occur, based on the results of the risk assessment required by subsection (c)(1) of this section.

(f) Fire Safety Plan. A facility's fire safety plan must:

 (1) for a large facility, include the provisions described in the Operating Features section of NFPA 101, Chapter 18 (for new healthcare occupancies) and Chapter 19 (for existing healthcare occupancies) concerning:

 (A) use of alarms;

 (B) transmission of alarm to fire department;

 (C) emergency phone call to fire department;

 (D) response to alarms;

 (E) isolation of fire;

 (F) evacuation of immediate area;

 (G) evacuation of smoke compartment;

 (H) preparation of floors and building for evacuation; and

 (I) extinguishment of fire;

 (2) for a small facility, include the provisions described in the Operating Features section of NFPA 101, Chapter 32 (for new residential board and care occupancies) and Chapter 33 (for existing residential board and care occupancies) concerning:

 (A) use of alarms;

 (B) staff response in the event of a fire;

 (C) fire protection procedures for a resident;

 (D) actions to take if the primary escape route is blocked; and

 (E) specification of an assembly point after a resident evacuates from the facility; and

 (3) include procedures for:

 (A) rehearsing the fire safety plan at least once per quarter on each work shift;

 (B) evacuating residents as follows:

 (i) for a small facility that has a prompt or slow evacuation capability, during every fire drill; or

 (ii) for a large facility or facility with an impractical evacuation capability, during at least one fire drill each year on each work shift;

 (C) completing the form titled " HHSC Fire Drill Report" or a form containing, at a minimum, the information on the HHSC form; and

 (D) providing residents and facility staff with experience in egressing through all exits and means of escape.

(g) Reporting Fires. A facility must report a fire at the facility to HHSC as follows:

 (1) by calling 1-800-458-9858 within 24 hours after the fire; and

 (2) by submitting a completed HHSC form titled "Fire Report for Long Term Care Facilities" within 15 days after the fire.

(h) Emergency Response System.

 (1) The facility administrator and designee must enroll in an emergency communication system in accordance with instructions from HHSC.

 (2) The facility must respond to requests for information received through the emergency communication system in the format established by HHSC.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 553 LICENSING STANDARDS FOR ASSISTED LIVING FACILITIES

SUBCHAPTER A INTRODUCTION

§553.275. Emergency Preparedness and Response.

(a) Definitions. The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise.

 (1) Designated emergency contact--A person that a resident, or a resident's legally authorized representative, identifies in writing for the facility to contact in the event of a disaster or emergency.

 (2) Disaster or emergency--An impending, emerging, or current 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) except as it relates to an epidemic or pandemic, or to the extent it is incident to another disaster or emergency, does not include a situation that arises from the medical condition of a resident, such as cardiac arrest, obstructed airway, or cerebrovascular accident.

 (3) Emergency management coordinator (EMC)--The person who is appointed by the local mayor or county judge to plan, coordinate, and implement public health emergency preparedness planning and response within the local jurisdiction.

 (4) Emergency preparedness coordinator (EPC)--The facility staff person with the responsibility and authority to direct, control, and manage the facility's response to a disaster or emergency.

 (5) Evacuation summary--A current summary of the facility's emergency preparedness and response plan that includes:

 (A) the name, address, and contact information for each receiving facility or pre-arranged evacuation destination identified by the facility under subsection (g)(3)(B) of this section;

 (B) the procedure for safely transporting residents and any other individuals evacuating a facility;

 (C) the name or title, and contact information, of the facility staff member to contact for evacuation information;

 (D) the facility's primary mode of communication to be used during a disaster or emergency and the facility's supplemental or alternate mode of communication;

 (E) the facility's procedure for notifying persons referenced in subsection (g)(5) of this section as soon as practicable about facility actions affecting residents during a disaster or emergency, including an impending or actual evacuation, and for maintaining ongoing communication with them for the duration of the disaster, emergency, or evacuation;

 (F) a statement about training that is available to a resident, the resident's legally authorized representative, and each designated emergency contact for the resident, on procedures under the facility's plan that involve or impact each of them, respectively; and

 (G) the facility's procedures for when a resident evacuates with a person other than a facility staff member.

 (6) Plan--A facility's emergency preparedness and response plan.

 (7) Receiving facility--A separate licensed assisted living facility:

 (A) from which a facility has documented acknowledgement, from an identified authorized representative, as described in subsection (i)(2)(C) of this section; and

 (B) to which the facility has arranged in advance of a disaster or emergency to evacuate some or all of a facility's residents, on a temporary basis due to a disaster or emergency, if, at the time of evacuation:

 (i) the receiving facility can safely receive and accommodate the residents; and

 (ii) the receiving facility has any necessary licensure or emergency authorization required to do so.

 (8) Risk assessment--The process of evaluating, documenting, and examining potential disasters or emergencies that pose the highest risk to a facility, and their foreseeable impacts, based on the facility's geographical location, structural conditions, resident needs and characteristics, and other influencing factors, in order to develop an effective emergency preparedness and response plan.

(b) A facility must conduct and document a risk assessment that meets the definition in subsection (a)(8) of this section for potential internal and external emergencies or disasters relevant to the facility's operations and location, and that pose the highest risk to a facility, such as:

 (1) a fire or explosion;

 (2) a power, telecommunication, or water outage; contamination of a water source; or significant interruption in the normal supply of any essential, such as food or water;

 (3) a wildfire;

 (4) a hazardous materials accident;

 (5) an active or threatened terrorist or shooter, a detonated bomb or bomb threat, or a suspicious object or substance;

 (6) a flood or a mudslide;

 (7) a hurricane or other severe weather conditions;

 (8) an epidemic or pandemic;

 (9) a cyber attack; and

 (10) a loss of all or a portion of the facility.

(c) A facility must develop and maintain a written emergency preparedness and response plan based on its risk assessment under subsection (b) of this section and that is adequate to protect facility residents and staff in a disaster or emergency.

 (1) The plan must address the eight core functions of emergency management, which are:

 (A) direction and control;

 (B) warning;

 (C) communication;

 (D) sheltering arrangements;

 (E) evacuation;

 (F) transportation;

 (G) health and medical needs; and

 (H) resource management.

 (2) The facility must prepare for a disaster or emergency based on its plan and follow each plan procedure and requirement, including contingency procedures, at the time it is called for in the event of a disaster or emergency. In addition to meeting the other requirements of this section, the emergency preparedness plan must:

 (A) document the contact information for the EMC for the area, as identified by the office of the local mayor or county judge;

 (B) include a process that ensures communication with the EMC, both as a preparedness measure and in anticipation of and during a developing and occurring disaster or emergency; and

 (C) include the location of a current list of the facility's resident population, which must be maintained as required under subsection (g)(3) of this section, that identifies:

 (i) residents with Alzheimer's disease or related disorders;

 (ii) residents who have an evacuation waiver approved under §553.41(f)(2) of this chapter (relating to Decrease in Capacity); and

 (iii) residents with mobility limitations or other special needs who may need specialized assistance, either at the facility or in case of evacuation.

 (3) A facility must notify the EMC of the facility's emergency preparedness and response plan, take actions to coordinate its planning and emergency response with the EMC, and document communications with the EMC regarding plan coordination.

(d) A facility must:

 (1) maintain a current printed copy of the plan in a central location that is accessible to all staff, residents, and residents' legally authorized representatives at all times;

 (2) at least annually and after an event described in subparagraphs (A)-(D) of this paragraph, review the plan, its evacuation summary, if any, and the contact lists described in subsection (g)(3) of this section, and update each:

 (A) to reflect changes in information, including when an evacuation waiver is approved under §553.41(f)(2) of this chapter;

 (B) within 30 days or as soon as practicable following a disaster or emergency if a shortcoming is manifested or identified during the facility's response;

 (C) within 30 days after a drill, if, based on the drill, a shortcoming in the plan is identified; and

 (D) within 30 days after a change in a facility policy or HHSC rule that would impact the plan;

 (3) document reviews and updates conducted under paragraph (2) of this subsection, including the date of each review and dated documentation of changes made to the plan based on a review;

 (4) provide residents and the residents' legally authorized representatives with a written copy of the plan or an evacuation summary, as defined in subsection (a)(5) of this section, upon admission, on request, and when the facility makes a significant change to a copy of the plan or evacuation summary it has provided to a resident or a resident's legally authorized representative;

 (5) provide the information described in subsection (a)(5)(A) of this section to a resident or legally authorized representative who does not receive an evacuation summary under paragraph (4) of this subsection and requests that information;

 (6) notify each resident, next of kin, or legally authorized representative, in writing, how to register for evacuation assistance with the Texas Information and Referral Network (2-1-1 Texas); and

 (7) register as a provider with 2-1-1 Texas to assist the state in identifying persons who may need assistance in a disaster or emergency. In doing so, the facility is not required to identify or register individual residents for evacuation assistance.

(e) Core Function One: Direction and Control. A facility's plan must contain a section for direction and control that:

 (1) designates the EPC, who is the facility staff person with the responsibility and authority to direct, control, and manage the facility's response to a disaster or emergency;

 (2) designates an alternate EPC, who is the facility staff person with the responsibility and authority to act as the EPC if the EPC is unable to serve in that capacity; and

 (3) assigns responsibilities to staff members by designated function or position and describes the facility's system for ensuring that each staff member clearly understands the staff member's own role and how to execute it, in the event of a disaster or emergency.

(f) Core Function Two: Warning. A facility's plan must contain a section for warning that:

 (1) describes applicable procedures, methods, and responsibility for the facility and for the EMC and other outside organizations, based on facility coordination with them, to notify the EPC or alternate EPC, as applicable, of a disaster or emergency;

 (2) identifies who, including during off hours, weekends, and holidays, the EPC or alternate EPC, as applicable, will notify of a disaster or emergency, and the methods and procedures for notification;

 (3) describes a procedure for keeping all persons present in the facility informed of the facility's present plan for responding to a potential or current disaster or emergency that is impacting or threatening the area where the facility is located; and

 (4) addresses applicable procedures, methods, and responsibility for monitoring local news and weather reports regarding a disaster or potential disaster or emergency, taking into consideration factors such as:

 (A) location-specific natural disasters;

 (B) whether a disaster is likely to be addressed or forecast in the reports; and

 (C) the conditions, natural or otherwise, under which designated staff become responsible for monitoring news and weather reports for a disaster or emergency.

(g) Core Function Three: Communication. A facility's plan must contain a section for communication that:

 (1) identifies the facility's primary mode of communication to be used during an emergency and the facility's supplemental or alternate mode of communication, and procedures for communication if telecommunication is affected by a disaster or emergency;

 (2) includes instructions on when to call 911;

 (3) includes the location of a list of current contact information, where it is easily accessible to staff, for each of the following:

 (A) the legally authorized representative and designated emergency contacts for each resident;

 (B) each receiving facility and pre-arranged evacuation destination, including alternate pre-arrangements, together with the written acknowledgement for each, as described and required in subsection (i)(2)(C) of this section;

 (C) home and community support services agencies and independent health care professionals that deliver health care services to residents in the facility;

 (D) personal contact information for facility staff, and

 (E) the facility’s resident population, which must identify residents who may need specialized assistance at the facility or in case of evacuation, as described in subsection (c)(2)(C) of this section;

(4) provides a method for the facility to communicate information to the public about its status during an emergency; and

 (5) describes the facility’s procedure for notifying at least the following persons, as applicable and as soon as practicable, about facility actions affecting residents during an emergency, including an impending or actual evacuation, and for maintaining ongoing communication for the duration of the emergency or evacuation:

 (A) all facility staff members, including off-duty staff;

 (B) each facility resident;

 (C) any legally authorized representative of a resident;

 (D) each resident’s designated emergency contacts;

 (E) each home and community support services agency or independent health care professional that delivers health care services to a facility resident;

 (F) each receiving facility or evacuation destination to be utilized, if there is an impending or actual evacuation, which, if utilized at the time of evacuation, must be utilized in accordance with the pre-arranged acknowledged procedures described in subsection (i)(2)(C) of this section, where applicable, and must verify with the applicable destination that it is available, ready, and legally authorized at the time to receive the evacuated residents and can safely do so;

 (G) the driver of a vehicle transporting residents or staff, medication, records, food, water, equipment, or supplies during an evacuation, and the employer of a driver who is not a facility staff person, and

 (H) the EMC.

(h) Core Function Four: Sheltering Arrangements. A facility's plan must contain a section for sheltering arrangements that:

 (1) describes the procedure for making and implementing a decision to remain in the facility during a disaster or emergency, that includes:

 (A) the arrangements, staff responsibilities, and procedures for accessing and obtaining medication, records, equipment and supplies, water and food, including food to accommodate an individual who has a medical need for a special diet;

 (B) facility arrangements and procedures for providing, in areas used by residents during a disaster or emergency, power and ambient temperatures that are safe under the circumstances, but which may not be less than 68 degrees Fahrenheit or more than 82 degrees Fahrenheit; and

 (C) if necessary, sheltering facility staff or emergency staff involved in responding to an emergency and, as necessary and appropriate, their family members; and

 (2) includes a procedure for notifying HHSC Regulatory Services regional office for the area in which the facility is located and, in accordance with subsection (g)(5)(H) of this section, the EMC, immediately after the EPC or alternate EPC, as applicable, makes a decision to remain in the facility during a disaster or emergency.

(i) Core Function Five: Evacuation.

(1) A facility has the discretion to determine when an evacuation is necessary for the health and safety of residents and staff. However, a facility must evacuate if the county judge of the county in which the facility is located, the mayor of the municipality in which the facility is located mandates it by an evacuation order issued independently or concurrently with the governor.

 (2) A facility’s plan must contain a section for evacuation that:

 (A) identifies evacuation destinations and routes, including at least each pre-arranged evacuation destination and receiving facility described in subparagraph (C) of this paragraph, and includes a map that shows each identified destination and route;

 (B) describes the procedure for making and implementing a decision to evacuate some or all residents to one or more receiving facilities or pre-arranged evacuation destinations, with contingency procedures, and a plan for any pets or service animals that reside in the facility;

 (C) includes the location of a current documented acknowledgment with an identified authorized representative of at least one receiving facility or pre-arranged evacuation destination, and at least one alternate. The documented acknowledgment must include acknowledgement by the receiving facility or pre-arranged evacuation destination of:

 (i) arrangements for the receiving facility or pre-arranged destination to receive an evacuating facility’s residents; and

 (ii) the process for the facility to notify each applicable receiving facility or pre-arranged destination of the facility’s plan to evacuate and to verify with the applicable destination that it is available, ready, and not legally restricted at the time from receiving the evacuated residents, and can do so safely;

 (D) includes the procedure and the staff responsible for:

 (i) notifying HHSC Regulatory Services regional office for the area in which the facility is located and, in accordance with subsection (g)(5)(H) of this section, the EMC, immediately after the EPC or alternate EPC, as applicable, makes a decision to evacuate, or as soon as feasible thereafter, if it is not safe to do so at the time of decision;

 (ii) ensuring that sufficient facility staff with qualifications necessary to meet resident needs accompany evacuating residents to the receiving facility, pre-arranged evacuation destination, or other destination to which the facility evacuates, and remain with the residents, providing any necessary care, for the duration of the residents’ stay in the receiving facility or other destination to which the facility evacuates;

 (iii) ensuring that residents and facility staff present in the building have been evacuated;

 (iv) accounting for and tracking the location of residents, facility staff, and transport vehicles involved in the facility evacuation, both during and after the facility evacuation, through the time the residents and facility staff return to the evacuated facility;

 (v) accounting for residents absent from the facility at the time of the evacuation and residents who evacuate on their own or with a third party, and notifying them that the facility has been evacuated;

 (vi) overseeing the release of resident information to authorized persons in an emergency to promote continuity of a resident's care;

 (vii) contacting the EMC to find out if it is safe to return to the geographical area after an evacuation;

 (viii) making or obtaining, as appropriate, a comprehensive determination whether and when it is safe to re-enter and occupy the facility after an evacuation;

 (ix) returning evacuated residents to the facility and notifying persons listed in subsection (g)(5) of this section who were not involved in the return of the residents; and

 (x) notifying the HHSC Regulatory Services regional office for the area in which the facility is located immediately after each instance when some or all residents have returned to the facility after an evacuation.

(j) Core Function Six: Transportation. A facility's plan must contain a section for transportation that:

 (1) identifies current arrangements for access to a sufficient number of vehicles to safely evacuate all residents;

 (2) identifies facility staff designated during an evacuation to drive a vehicle owned, leased, or rented by the facility; notification procedures to ensure designated staff’s availability at the time of an evacuation; and methods for maintaining communication with vehicles, staff, and drivers transporting facility residents or staff during evacuation, in accordance with subsection (g)(5)(A) and (G) of this section;

 (3) includes procedures for safely transporting residents, facility staff, and any other individuals evacuating a facility; and

 (4) includes procedures for the safe and secure transport of, and staff’s timely access to, the following resident items needed during an evacuation: oxygen, medications, records, food, water, equipment, and supplies.

(k) Core Function Seven: Health and Medical Needs. A facility's plan must contain a section for health and medical needs that:

 (1) identifies special services that residents use, such as dialysis, oxygen, or hospice services;

 (2) identifies procedures to enable each resident, notwithstanding an emergency, to continue to receive from the appropriate provider the services identified under paragraph (1) of this subsection; and

 (3) identifies procedures for the facility to notify home and community support services agencies and independent health care professionals that deliver services to residents in the facility of an evacuation in accordance with subsection (g)(5)(E) of this section.

(l) Core Function Eight: Resource Management. A facility's plan must contain a section for resource management that:

 (1) identifies a plan for identifying, obtaining, transporting, and storing medications, records, food, water, equipment, and supplies needed for both residents and evacuating staff during an emergency;

 (2) identifies facility staff, by position or function, who are assigned to access or obtain the items under paragraph (1) of this subsection and other necessary resources, and to ensure their delivery to the facility, as needed, or their transport in the event of an evacuation;

 (3) describes the procedure to ensure medications are secure and maintained at the proper temperature throughout an emergency; and

 (4) describes procedures and safeguards to protect the confidentiality, security, and integrity of resident records throughout an emergency and any evacuation of residents.

(m) Receiving Facility. To act as a receiving facility, as defined in paragraph (a)(7) of this section, a facility’s plan must include procedures for accommodating a temporary emergency placement of one or more residents from another assisted living facility, only in an emergency and only if:

 (1) the facility does not exceed its licensed capacity, unless pre-approved in writing by HHSC, and the excess is not more than 10 percent of the facility’s licensed capacity;

 (2) the facility ensures that the temporary emergency placement of one or more residents evacuated from another assisted living facility does not compromise the health or safety of any evacuated or facility resident, facility staff, or any other individual;

 (3) the facility is able to meet the needs of all evacuated residents and any other persons it receives on a temporary emergency basis, in accordance with §553.18(h) of this chapter, while continuing to meet the needs of its own residents, and of any of its own staff or other individuals it is sheltering at the facility during an emergency, in accordance with its plan under subsection (h) of this section;

 (4) the facility maintains a log of each additional individual being housed in the facility that includes the individual’s name, address, and the date of arrival and departure.

 (5) the receiving facility ensures that each temporarily placed resident has at arrival, or as soon after arrival as practicable and no later than necessary to protect the health of the resident, each of the following necessary to the resident’s continuity of care:

 (A) necessary physician orders for care;

 (B) medications;

 (C) a service plan;

 (D) existing advance directives; and

 (E) contact information for each legally authorized representative and designated emergency contact of an evacuated resident, and a record of any notifications that have already occurred.

(n) Emergency preparedness and response plan training. The facility must:

 (1) provide staff training on the emergency preparedness plan at least annually;

 (2) train a facility staff member on the staff member’s responsibilities under the plan:

 (A) prior to the staff member assuming job responsibilities; and

 (B) when a staff member’s responsibilities under the plan change;

 (3) conduct at least one unannounced annual drill with facility staff for severe weather or another emergency identified by the facility as likely to occur, based on the results of the risk assessment required by subsection (b) of this section;

 (4) offer training, and document, for each, the provision or refusal of such training, to each resident, legally authorized representative, if any, and each designated emergency contact, on procedures under the facility’s plan that involve or impact each of them, respectively; and

 (5) document the facility's compliance with each paragraph of this subsection at the time it is completed.

(o) Self-reported incidents related to a disaster or emergency.

 (1) A facility must report a fire to HHSC as follows:

 (A) by calling 1-800-458-9858 immediately after the fire or as soon as practicable during the course of an extended fire; and

 (B) by submitting a completed HHSC form titled "Fire Report for Long Term Care Facilities" within 15 calendar days after the fire.

 (2) A facility must report to HHSC a death or serious injury of a resident, or threat to resident health or safety, resulting from an emergency or disaster as follows:

 (A) by calling 1-800-458-9858 immediately after the incident, or, if the incident is of extended duration, as soon as practicable after the injury, death, or threat to the resident; and

 (B) by conducting an investigation of the emergency and resulting resident injury, death, or threat, and submitting a completed HHSC Form 3613-A titled "SNF, NF, ICF/IID, ALF, DAHS and PPECC Provider Investigation Report with Cover Sheet.” The facility must submit the completed form within five working days after making the telephone report required by paragraph (2)(A) of this subsection.

(p) Emergency Response System.

 (1) The facility manager and designee must enroll in an emergency communication system in accordance with instructions from HHSC.

 (2) The facility must respond to requests for information received through the emergency communication system in the format established by HHSC.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 554 NURSING FACILITY REQUIREMENTS FOR LICENSURE AND MEDICAID CERTIFICATION

SUBCHAPTER T ADMINISTRATION

§554.1914. Emergency Preparedness and Response.

(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 the 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 §554.326 of this chapter (relating to Safety Operations); and

 (5) include a section for self reporting incidents that complies with subsection (f) of this section.

(d) 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 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 the 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 the EPC will be notified of an emergency situation;

 (B) identifies who the EPC will notify of an emergency situation and when the 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 the 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 the facility's alternate mode of communication to be used in the event of power failure or the loss of the facility's primary mode of communication in an emergency situation;

 (B) requires posting of the emergency contact number for the local fire department, ambulance, and police on or near each telephone in the facility in communities where a "911" emergency management system is unavailable;

 (C) includes procedures for maintaining a current list of telephone numbers for residents' responsible parties;

 (D) includes procedures for maintaining a current list of telephone numbers for pre-arranged receiving facilities;

 (E) includes procedures for maintaining a current list of telephone numbers for the facility's staff;

 (F) identifies the location of the lists described in subparagraphs (C) through (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 HHSC Regulatory Services regional office for the area in which the facility is located by telephone immediately after the EPC makes a decision to shelter-in-place:

 (i) before, during, or after a hurricane or flood impacts a facility, if the 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 that residents and facility staff present in the building have been evacuated;

 (iii) accounting for residents and facility staff after they have been 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 the local EMC to find out if it is safe to return to the 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 the local EMC regarding an evacuation of the facility;

 (F) includes procedures for notifying HHSC Regulatory Services regional office for the area in which the facility is located by telephone immediately after the EPC makes a decision to evacuate; and

 (G) includes procedures for notifying HHSC Regulatory Services regional office for the area in which the facility is located by telephone 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; and

 (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 the types of services used by residents, such as dialysis, oxygen, respirator care, or hospice services; and

 (B) ensures the 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 the transportation of the 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 the 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 HHSC as follows:

 (A) by calling 1-800-458-9858 immediately after the fire; and

 (B) by submitting a completed HHSC 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 the death or serious injury of a resident to HHSC as follows:

 (A) by calling 1-800-458-9858 immediately after the death or serious injury; and

 (B) by submitting a completed HHSC form titled "HHSC Provider Investigation Report" within 5 working days after making the telephone report required by paragraph (2)(A) of this subsection.

(g) Emergency Response System.

 (1) The facility administrator and director of nurses must enroll in an emergency communication system in accordance with instructions from HHSC.

 (2) The facility must respond to requests for information received through the emergency communication system in the format established by HHSC.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 558 LICENSING STANDARDS FOR HOME AND COMMUNITY SUPPORT SERVICES AGENCIES

SUBCHAPTER C MINIMUM STANDARDS FOR ALL HOME AND COMMUNITY SUPPORT SERVICES AGENCIES

DIVISION 1 GENERAL PROVISIONS

§558.256. Emergency Preparedness Planning and Implementation.

(a) An agency must have a written emergency preparedness and response plan that comprehensively describes its approach to a disaster that could affect the need for its services or its ability to provide those services. 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. Except for a freestanding hospice inpatient unit, HHSC does not require an agency to physically evacuate or transport a client.

(b) 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 §558.243 of this subchapter (relating to Administrative and Supervisory Responsibilities);

 (3) the agency disaster coordinator; and

 (4) the alternate disaster coordinator.

(c) An agency's written emergency preparedness and response plan must:

 (1) designate, by title, an employee, and at least one alternate employee, to act as the agency's disaster coordinator;

 (2) include a continuity of operations business plan that addresses emergency financial needs, essential functions for client services, critical personnel, and how to return to normal operations as quickly as possible;

 (3) include how the agency will monitor disaster-related news and information, including after hours, weekends, and holidays, to receive warnings of imminent and occurring disasters;

 (4) include procedures to release client information in the event of a disaster, in accordance with the agency's written policy required by §558.301(a)(2) of this subchapter (relating to Client Records); and

 (5) describe the actions and responsibilities of agency staff in each phase of emergency planning, including mitigation, preparedness, response, and recovery.

(d) The response and recovery phases of the plan must describe:

 (1) the actions and responsibilities of agency staff when warning of an emergency is not provided;

 (2) who at the agency will initiate each phase;

 (3) a primary mode of communication and alternate communication or alert systems in the event of telephone or power failure; and

 (4) procedures for communicating with:

 (A) staff;

 (B) clients or persons responsible for a client's emergency response plan;

 (C) local, state, and federal emergency management agencies; and

 (D) other entities including HHSC and other health care providers and suppliers.

(e) An agency's emergency preparedness and response plan 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, as described in subsection (d) of this section; 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.

(f) 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.

(g) If the agency identifies a client who may need evacuation assistance, as described in subsection (f) of this section, 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 State of Texas Emergency Assistance Registry (STEAR), accessed by dialing 2-1-1; and

 (2) is not already registered, as reported by the client or LAR.

(h) 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 STEAR, for which registration is 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.

(i) An agency must orient and train employees, volunteers, and contractors about their responsibilities in the agency's emergency preparedness and response plan.

(j) 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.

(k) 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.

(l) An agency must make a good faith effort to comply with the requirements of this section during a disaster. If the agency is unable to comply with any of the requirements of this section, it must document in the agency's records attempts of staff to follow procedures outlined in the agency's emergency preparedness and response plan.

(m) 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 for the agency to reach its clients.

(n) If written records are damaged during a disaster, the agency must not reproduce or recreate client records, except from existing electronic records. Records reproduced from existing electronic records must include:

 (1) the date the record was reproduced;

 (2) the agency staff member who reproduced the record; and

 (3) how the original record was damaged.

(o) Notwithstanding the provisions specified in Division 2 of this subchapter (relating to Conditions of a License), no later than five working days after an agency temporarily relocates a place of business, or temporarily expands its service area resulting from the effects of an emergency or disaster, an agency must notify and provide the following information to the HHSC HCSSA licensing unit:

 (1) if temporarily relocating a place of business:

 (A) the license number for the place of business and the date of relocation;

 (B) the physical address and phone number of the location; and

 (C) the date the agency returns to a place of business after the relocation; or

 (2) if temporarily expanding the service area to provide services during a disaster:

 (A) the license number and revised boundaries of the service area;

 (B) the date the expansion begins; and

 (C) the date the expansion ends.

(p) An agency must provide the notice and information described in subsection (o) of this section by fax or email. If fax and email are unavailable, the agency may notify the HHSC licensing unit by telephone but must provide the notice and information in writing as soon as possible. If communication with the HHSC licensing unit is not possible, the agency must provide the notice and information by fax, email, or telephone to the designated survey office.

(q) Emergency Response System.

 (1) The agency administrator and alternate administrator must enroll in an emergency communication system in accordance with instructions from HHSC.

 (2) The agency must respond to requests for information received through the emergency communication system in the format established by HHSC.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 559 DAY ACTIVITY AND HEALTH SERVICES REQUIREMENTS

SUBCHAPTER D LICENSURE AND PROGRAM REQUIREMENTS

§559.64. Emergency Preparedness and Response.

(a) Definitions. In this section:

 (1) "emergency situation" means an impending or actual situation that:

 (A) interferes with normal activities of a facility or its clients;

 (B) may:

 (i) cause injury or death to a client 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 client such as cardiac arrest, obstructed airway, cerebrovascular accident; and

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

(b) Administration. A facility must:

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

 (2) maintain a written copy of the plan that is accessible to all staff at all times;

 (3) evaluate and revise the plan as necessary:

 (A) within 30 days after an emergency situation;

 (B) as soon as possible after the remodeling or construction of an addition to the facility; and

 (C) at least annually; and

 (4) revise the plan within 30 days after information included in the plan changes.

(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 operations and geographical area, such as a fire, failure of heating and cooling systems, a power outage, an explosion, a hurricane, a tornado, a flood, extreme snow and ice for the area, a wildfire, terrorism, or a hazardous materials accident;

 (2) include a description of the facility's client population;

 (3) include a description of the services and assistance needed by the clients in an emergency situation;

 (4) 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; and

 (5) include a fire safety plan that complies with subsection (f) of this section.

(d) Plan Requirements Regarding Eight Core Functions of Emergency Management.

 (1) Direction and control. A 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 staff person with the authority to manage the facility's response to an emergency situation in accordance with the plan;

 (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;

 (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; and

 (D) documents coordination with the local EMC as required by the local EMC's guidelines relating to emergency situations.

 (2) Warning. A facility's plan must contain a section for warning that:

 (A) describes how the EPC will be notified of an emergency situation;

 (B) identifies who the EPC will notify of an emergency situation and when the notification will occur; and

 (C) ensures monitoring of local news and weather reports.

 (3) Communication. A facility's plan must contain a section for communication that:

 (A) identifies the facility's primary mode of communication and alternate mode of communication to be used in the event of power failure or the loss of the facility's primary mode of communication in an emergency situation;

 (B) includes procedures for maintaining a current list of telephone numbers for clients and responsible parties;

 (C) includes procedures for maintaining a current list of telephone numbers for the facility's staff that also identifies the facility's EPC;

 (D) identifies the location of the lists described in paragraphs (B) and (C) of this subsection where facility staff can obtain the list quickly;

 (E) includes procedures to notify:

 (i) facility staff about an emergency situation;

 (ii) a receiving facility about an impending or actual evacuation of clients; and

 (iii) clients, legally authorized representatives and other persons about an emergency situation;

 (F) describes how the facility will provide, during an emergency situation, general information to the public, such as the change in the facility's location and hours, or that the facility is closed due to the emergency situation;

 (G) includes procedures for the facility to maintain communication with:

 (i) facility staff during an emergency situation;

 (ii) a receiving facility if applicable; and

 (iii) facility staff who will transport clients to a secure location during an evacuation in a facility vehicle;

 (H) includes procedures for reporting to HHSC an emergency situation that caused the death or serious injury of a client as follows:

 (i) by telephone, at 1-800-458-9858, within 24 hours after the death or serious injury; and

 (ii) in writing, on the HHSC form titled "HHSC Provider Investigation Report," within 5 working days after the facility makes the telephone report required by clause (i) of this subparagraph.

 (4) Sheltering-in-place. A facility's plan must contain a section that includes procedures to shelter clients in place during an emergency situation.

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

 (A) requires posting building evacuation routes prominently throughout the facility, except in small, one-story buildings where all exits are obvious;

 (B) includes procedures for evacuating clients to a pre-arranged location in an emergency situation, if applicable;

 (C) includes a mutual aid agreement with a receiving facility which must specify the arrangements for receiving clients in the event of an evacuation;

 (D) identifies primary and alternate evacuation destinations and routes, and includes a map that shows the destination and routes;

 (E) includes procedures for:

 (i) ensuring facility staff accompany evacuating clients;

 (ii) ensuring that all persons present in the building have been evacuated;

 (iii) accounting for clients and staff after they have been evacuated;

 (iv) accounting for clients who are absent from the facility at the time of the evacuation;

 (v) contacting the local EMC, if required by the local EMC guidelines, to find out if it is safe to return to the geographical area; and

 (vi) determining if it is safe to re-enter and occupy the building after an evacuation;

 (F) includes procedures for notifying the local EMC regarding an evacuation of the facility, if required by the local EMC guidelines;

 (G) includes procedures for notifying HHSC by telephone, at 1-800-458-9858, within 24 hours after an evacuation that clients have been evacuated;

 (H) includes procedures for notifying HHSC Regulatory Services regional office for the area in which the facility is located, by telephone, as soon as safely possible after a decision to evacuate is made; and

 (I) includes procedures for notifying HHSC regional office for the area in which the facility is located, by telephone, that clients have returned to the facility after an evacuation, within 48 hours after their return.

 (6) Transportation. A facility's plan must contain a section for transportation that:

 (A) provides for a sufficient number of vehicles that are safe and suitable for any special needs of the clients or requires that the facility maintain a contract for transporting clients during an evacuation;

 (B) identifies facility staff authorized to drive a vehicle during an evacuation;

 (C) establishes alternate transportation arrangements if the vehicles or contracted transportation described in subparagraph (A) of this paragraph are not available;

 (D) includes procedures for safely transporting oxygen tanks currently being used by clients and any extra oxygen tanks that may be needed during an evacuation; and

 (E) includes procedures that will ensure:

 (i) safe transport of records, food, water, equipment, and supplies needed during an evacuation; and

 (ii) that the records, food, water, equipment, and supplies, described in clause (i) of this subparagraph, arrive at the receiving facility at the same time as the clients.

 (7) Health and Medical Needs. A facility's plan must contain a section for client health and special needs that:

 (A) identifies all of the facility's special needs clients including clients with conditions requiring assistance during an evacuation; and

 (B) ensures the needs of those clients are met during an emergency.

 (8) Resource Management. A facility's plan must contain a section for resource management that:

 (A) includes procedures for accessing medications, records, food, water, equipment and supplies needed during an emergency;

 (B) identifies facility staff who are assigned to locate and ensure the transportation of items described in subparagraph (A) of this paragraph during an emergency situation; and

 (C) includes procedures to ensure medications are secure and stored at the proper temperatures during an emergency situation.

(e) Training. A facility must:

 (1) train all staff on their responsibilities under the plan when hired in accordance with §559.62(e) of this chapter (relating to Program Requirements);

 (2) retrain staff at least annually on the staff member's responsibilities under the plan and when the staff member's responsibilities under the plan change; and

 (3) conduct unannounced drills with facility staff for severe weather and other emergency situations identified by the facility as likely to occur, based on the results of the risk assessment required by subsection (c)(1) of this section.

(f) Fire Safety Plan. A facility's fire safety plan must:

 (1) include the provisions described in the Operating Features section of the NFPA 101 Life Safety Code, 2000 Edition, Chapter 16 (for new day-care occupancies) and Chapter 17 (for existing day-care occupancies) concerning:

 (A) use of alarms;

 (B) transmission of alarm to fire department;

 (C) response to alarms;

 (D) isolation of fire;

 (E) evacuation of immediate area;

 (F) evacuation of smoke compartment;

 (G) preparation of floors and building for evacuation; and

 (H) fire extinguishment;

 (2) include procedures to contact HHSC by telephone, at 1-800-458-9858, within 24-hours after a fire in accordance with §559.42 of this chapter (relating to Safety); and

 (3) include procedures to submit to HHSC , within 15 days after the fire, the form entitled "Fire Report for Long Term Care Facilities";

 (4) include in the fire safety plan the provisions described in the Operating Features section of the NFPA 101 Life Safety Code, 2000 Edition, Chapter 16 (for new day-care occupancies) and Chapter 17 (for existing day-care occupancies) concerning drills and inspections, except as superseded by this section; and

 (5) establish procedures to:

 (A) perform a monthly fire drill with all occupants of the building at expected and unexpected times and under varying conditions;

 (B) relocate, during the monthly fire drill, all occupants of the building to a predetermined location where participants must remain until a recall or dismissal signal is given;

 (C) complete the HHSC Fire Drill Report Form for each required fire drill;

 (D) conduct a monthly fire prevention inspection performed by a trained and senior member of the facility and prepare a report of the inspection results;

 (E) maintain copies of the fire prevention inspection report, described in subparagraph (D) of this paragraph, that were prepared by the facility within the last 12 months; and

 (F) post a copy of the most recent fire prevention inspection report, described in subparagraph (D) of this paragraph, in a conspicuous place in the facility.

(g) Emergency Response System.

 (1) The facility director and designee must enroll in an emergency communication system in accordance with instructions from HHSC.

 (2) The facility must respond to requests for information received through the emergency communication system in the format established by HHSC.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 565 HOME AND COMMUNITY-BASED SERVICES (HCS) PROGRAM AND COMMUNITY FIRST CHOICE (CFC)

§565.1 Emergency Response System

(a) The program provider designee must enroll in an emergency communication system in accordance with instructions from HHSC.

(b) The program provider designee must respond to requests for information received through the emergency communication system in the format established by HHSC.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 566 TEXAS HOME LIVING (TXHML) PROGRAM AND COMMUNITY FIRST CHOICE (CFC)

§566.1. Emergency Response System

(a) The program provider designee must enroll in an emergency communication system in accordance with instructions from HHSC.

(b) The program provider designee must respond to requests for information received through the emergency communication system in the format established by HHSC.