



Emergency Preparedness Guidance for Nursing Homes

Long-Term Care Regulatory

HHSC

March 2020



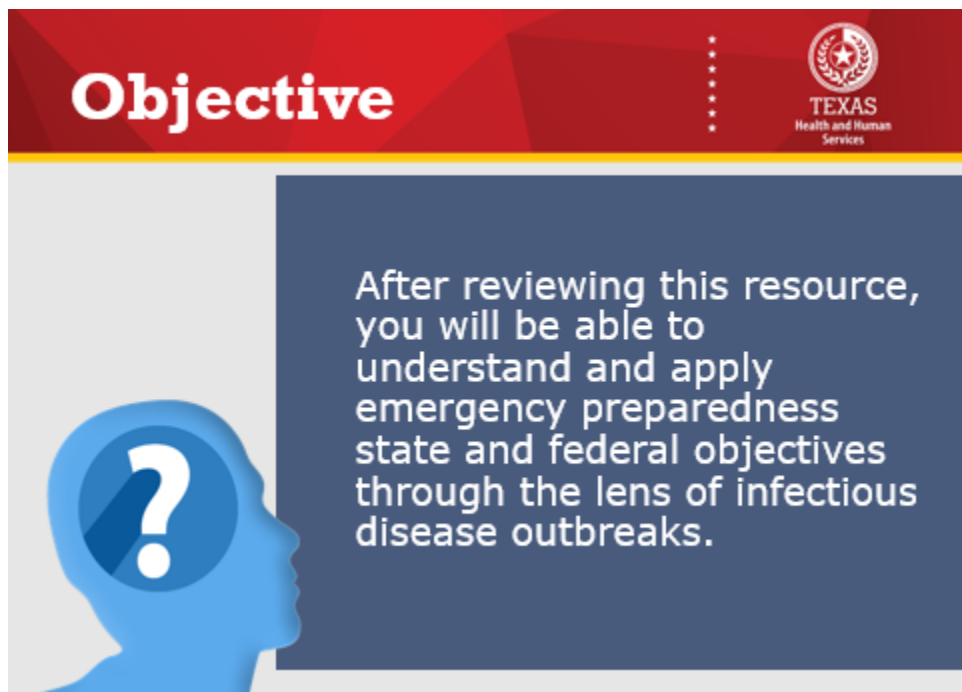
TEXAS
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1. Introduction

Emergency preparedness rules are by nature general, because emergencies can take many forms. In Texas, we are most used to seeing weather-related emergencies, and facilities are most used to planning for those disasters most common to their geographical area. However, the facility should plan for all emergencies, and an infectious disease outbreak is one that can strike any facility—whether it is COVID-19, the flu, or any other infectious disease. In this presentation, we will look at the existing regulations, but give examples, scenarios and considerations based on the infectious disease outbreak type of emergency situation.



Objective

After reviewing this resource, you will be able to understand and apply emergency preparedness state and federal objectives through the lens of infectious disease outbreaks.

The state rules for emergency preparedness are in the Texas Administrative Code ([40 TAC §19.1914](#)). Federal rules are found in [Appendix Z](#) of the State Operations manual.

This resource reviews relevant sections of the rules, starting with the state rules. Texas rules define the term emergency situation and an infectious disease outbreak falls under the definition. The definition excludes a situation that arises from the medical condition of a resident, such as cardiac arrest or cerebrovascular accident.

2. State Rules

Texas rules define the term emergency situation and an infectious disease outbreak falls under the definition. The definition excludes a situation that arises from the medical condition of a resident, such as cardiac arrest or cerebrovascular accident.

The Plan

The facility's emergency plan must be:

- In writing and accessible to staff
- Evaluated at least annually
- Revised upon changes
- Includes a description of the facility's resident population, sections for the 8 core functions, the fire plan, and reporting

The NF must have an emergency plan. It must be written and a current copy must be accessible to staff throughout the facility. Each supervisor who has responsibility under the plan must also have a current copy.

The NF must evaluate the plan every year, and also following a disaster or remodeling of the facility. They must revise the plan within 30 days of a change to the information in the plan.

Risk Assessments

A facility's emergency plan must include a risk assessment of all potential internal and external emergency situations relevant to the facility's operations and geographical area.

An emerging infectious disease outbreak is an example of a relevant emergency situation.

Because a nursing home is a congregate living environment and with residents who are generally at high risk for complications from infection, we would expect a facility to have a risk assessment for an infectious disease outbreak.

Core Function: Warning

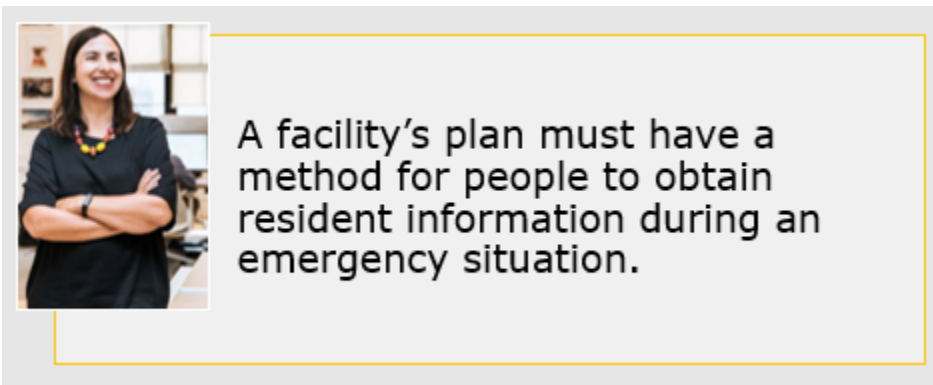
A facility's plan must have a section for warning that addresses:

- Communication with outside entities
- Monitoring of news information

The facility has to designate an EPC, or Emergency Preparedness Coordinator. The facility's plan must state how the EPC finds out about an emergency situation and who the EPC notifies of the emergency after finding out. In an outbreak, timely information about the situation is essential to preventing the spread of illness. Not having a designated EPC or communication protocols could delay the implementation of isolation or other safety measures, thus enabling the spread of disease. Note that other sections of the TAC require the facility to notify DSHS of infectious diseases.

Also included under warning is how the facility gets information. In a weather-related emergency, facilities may monitor news channels and weather reports. While the news channels may report on COVID-19, we would encourage the facility to obtain information on outbreaks from DSHS or CDC. Both agencies have a COVID-19 webpage, with reliable, current information.

Core Function: Communication



In an outbreak, as with an emergency, residents' families are likely to want current information on resident status. The emergency plan's communication section is where the facility describes how community members obtain information from the facility. This is particularly relevant in an outbreak type of emergency, should the facility be forced to isolate residents or implement a quarantine.

The communication function includes requirements related to ensuring phone lists for staff and for resident responsible parties is current and available. Some of the state requirements, such as for receiving facilities, would not generally apply to an outbreak (i.e., quarantine is a more likely response than evacuation). However, current contact information and procedures are an essential part of communication.

Core Function: Sheltering Arrangements

A facility's plan must have a section for sheltering arrangements that includes procedures for implementing a decision to shelter-in-place that includes having access to medications, records, food, water, equipment and supplies.

COVID-19 quarantines in other countries and for evacuees to the US have typically lasted 14-28 days. What are the facility's plans for obtaining food and supplies in the event of a quarantine? How will the facility ensure that equipment and physical plant repairs, if needed, can be performed?

The next two core functions, Evacuation and Transportation, are not likely to apply to an infectious disease outbreak. However, they are required components of the facility's emergency plan, and must be present.

Core Function: Health and Medical Needs



A facility's plan must have a section for health and medical needs that identifies the types of services used by residents (such as dialysis, oxygen, and respirator care) and that ensures those services are met during an emergency situation.

What is the facility's plan if outside providers, such as dialysis centers, are closed or unable to provide services to the residents? The facility is required to provide ordered services, even during a disaster.

Core Function: Resource Management



A facility must have a plan for identifying medications, records, food, water, equipment and supplies needed during an emergency situation.

A facility must also identify staff who are assigned to locate the above items.

What is the facility's plan for ensuring uninterrupted supplies of medications and supplies? For example, what is the facility doing to ensure that sufficient, non-expired Personal Protective Equipment (PPE), such as masks, is available to staff?

Training

A facility must train staff on their responsibilities under the plan within 30 days after they assume job duties.

The training must also occur at least annually and when a staff member's responsibilities under the plan change.

The training part of the rule also requires an annual drill for a natural disaster. While we would not expect an infectious disease outbreak drill specifically, if the facility's documentation must show that a drill was performed.

Self-Reported Incidents

A facility must report an emergency situation that caused the death or serious injury of a resident to HHSC by calling 1-800-458-9858 immediately after the death or serious injury.

See [Provider Letter #19-17](#) for more guidance.

For infectious diseases, the facility is required to report to the local health department, regardless of whether death or serious injury occurred. In the case of COVID-19, DSHS and CDC will immediately evaluate the situation.

3. Federal Rules

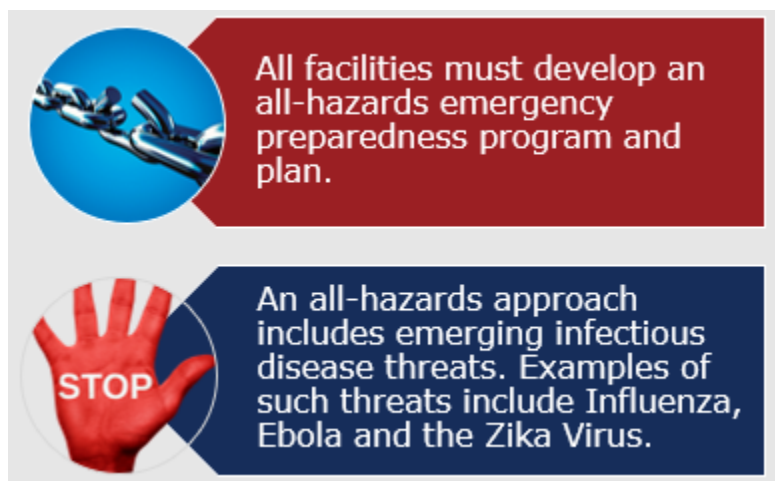
The federal rules are in Appendix Z of the State Operations Manual (SOM). The U.S. Centers for Medicare & Medicaid Services publishes the SOM.

Appendix Z addresses emergency preparedness rules for all provider and supplier types, including providers that LTCR doesn't regulate. CMS recently revised Appendix Z; however, for nursing facilities, the changes were limited.

The requirements are focused on three key essentials necessary for maintaining access to healthcare during disasters or emergencies: safeguarding human resources, maintaining business continuity, and protecting physical resources.

You will also find the rules in the U.S. Code of Federal Regulations (42 CFR §483.73).

The All-Hazards Approach



An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. Appendix Z specifically states that the emergency plan should include planning for emerging infectious disease threats.

The Emergency Plan

The plan:

- Must comply with state/local/tribal law (E-0001)
- Must be reviewed & updated at least annually (E-0004)
- Must address resident population (E-0006)

Note the difference between state and federal law. The state rules require a plan to be evaluated annually, but only updated within 30 days of a change. The federal language requires both review and updating at least annually and does not specify a timeframe for updates after a change.

The plan must address the facility's resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

Per E-0042, if the NF is part of an integrated healthcare system (consisting of a number of separately certified providers), they can choose to participate in the healthcare system's emergency preparedness program; however they have to be able to show that the facility participated in the development of the program and that the program takes into account the NF's unique circumstances, services, and population, and the NF has to be able to implement and comply with the program.

Risk Assessment (E-0006)

A facility's emergency plan must include strategies for addressing emergency events identified by the risk assessment.

The risk assessment must include emerging infectious disease threats.

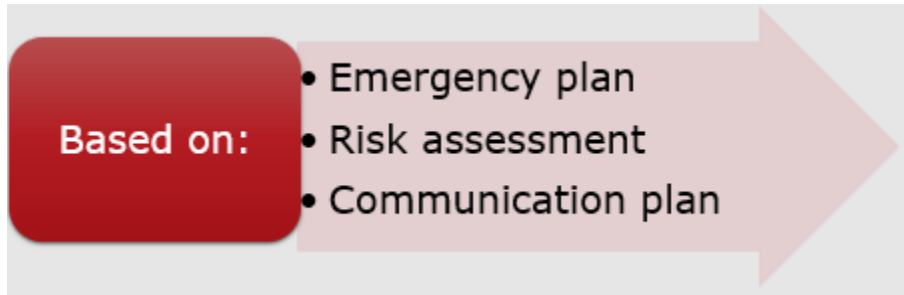
Emergency Plan: Coordination (E-0009)

The plan must include a process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response.

In the case of an emerging infectious disease outbreak, cooperation and collaboration with local health departments, DSHS, and CDC is essential.

Policies and Procedures (E-0013)

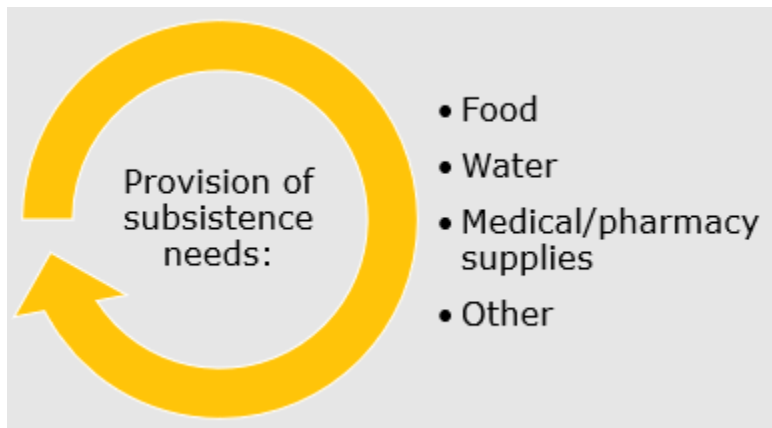
The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually.



Policies and Procedures: Provision of Needs (E-0015)

Policies and procedures must address the provision during an emergency of subsistence needs for staff and residents that include, but are not limited to the following: food, water, medical and pharmaceutical supplies.

E-0015 also addressed alternate sources of energy (i.e., backup power), which is not an anticipated outcome of an outbreak. However, the facility's plan must address alternate energy sources.



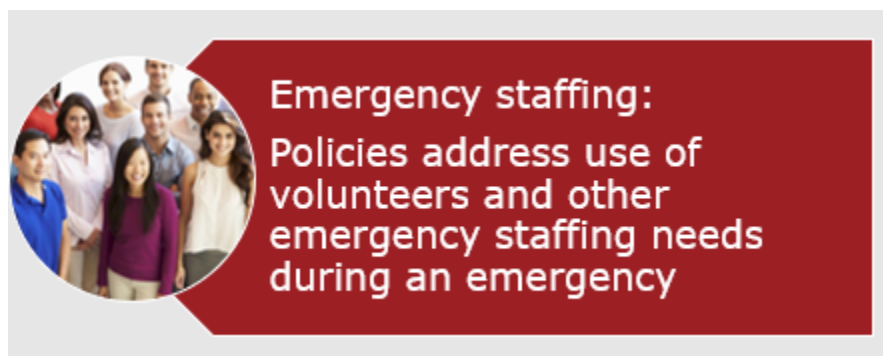
Policies and Procedures: Sheltering-in-Place

E-0018 requires the NF to have a system for tracking residents, whether evacuated or sheltered in place. E-0020 covers evacuation. While we would not expect evacuation for a facility experiencing an outbreak, the plan must include the required elements.

E-0022 requires the NF to have a means to shelter in place for patients, staff, and volunteers who remain in the facility.

Policies and Procedures: Emergency Staffing

In an emergency situation of any type, a facility is likely to experience additional emergency staffing needs. In other disasters, the situation may be blocked roads or staff who have evacuated with their families. In an infectious disease outbreak, the cause might be staff staying home due to illness or to care for sick family members. How does the facility's plan provide for emergency staffing, if needed?



E-0025 requires arrangements with receiving facilities, should the facility no longer be able to operate or be able to provide services. Likewise, E-0026 speaks to the requirement for the facility to be able to provide care at an alternate location. While these requirements are not likely to apply in an outbreak, they must be addressed in the plan.

Communication Plan (E-0029)

The nursing home must have a communication plan. The communication plan must be reviewed and updated every year. It must include contact information for facility staff, entities providing services under arrangement, residents' physicians, other facilities involved in the plan, and volunteers.

Per E-0032, the plan includes both a primary AND an alternate device or method staff can use to contact staff and emergency management agencies. (This doesn't refer to having multiple phone numbers, although that is a best practice.)

It must also include the contact information for federal, state, tribal, regional or local emergency preparedness staff. The plan must also have the contact information for the state licensing and certification agency, the Ombudsman, and other sources of assistance.

The communication plan must include a method for sharing information and medical documentation of residents as necessary with other health providers to maintain the continuity of care. In an outbreak, it is critical that EMS and hospital staff assuming care of the resident be informed if the resident has an infectious disease so that they can adequately protect themselves and others. As mentioned earlier, in the event of a quarantine, the facility might expect to receive numerous status inquiries from concerned friends and family who are unable to visit the resident. How will the facility handle these requests?

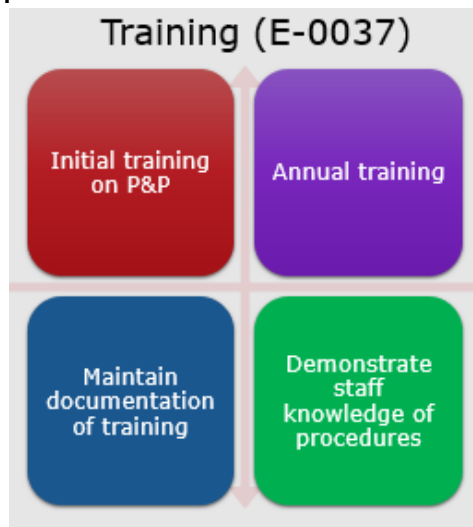
E-0033 also requires a means of releasing resident information in the event of an evacuation.

E-0034 requires a means of providing occupancy information to the authority having jurisdiction. This relates to evacuation, and whether the facility needs to evacuate (or is able to accept) residents. While occupancy information is unlikely to apply in an outbreak, it is required.

The communication plan must include a method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents and their families or representatives. (E-0035)

Training (E-0036)

The facility must develop and maintain a training and testing program that is based on its emergency plan and risk assessment, its policies and procedures, and its communication plan. The facility must review and update its training and testing program at least annually.



The NF is required to conduct initial training for new and existing staff, contractors, and volunteers that is consistent with their role. They must provide refresher training annually. The NF must have documentation of all training, and staff must be able to demonstrate knowledge to surveyors of emergency procedures.

Testing (E-0039)

Nursing facilities are required to test their emergency plan twice a year.

One of these tests must be a full-scale, community-based exercise. However, if a community-based exercise is not available, the facility can conduct a facility-based functional exercise. If the facility has experienced an actual disaster that required activation of the emergency plan, the facility is exempt from doing its next required full-scale exercise.

The other test may be either another full-scale community or facility-based exercise, a mock disaster drill, or a tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

The facility must document these tests. It must analyze how it responded to the tests and revise its plan if needed.

4. Additional Resources

HHSC recommends that you visit the following webpages for the latest details regarding the current infectious disease outbreak.

- <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- <https://dshs.texas.gov/coronavirus/>

Please also review the following guidance:

- HHSC [alerts and communications](#)
- [CMS guidance](#), especially [QSO-20-14-NH-REVISED](#)
- CDC [guidance to nursing homes](#)

5. Emergency Preparedness Tool (NF)

NF Emergency Preparedness Checklist

FEDERAL (42 CFR §483.73)			
Met?	Not Met?	TAG	Rule
		E001	The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements.
		E001	The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section.
		E004	The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.
		E006	The emergency plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. Note: According to the definition of <i>All-Hazards Approach</i> in <i>Appendix Z</i> , planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others.
		E006	The emergency plan must include strategies for addressing emergency events identified by the risk assessment.
		E007	The emergency plan must address resident population, including, but not limited to, persons at-risk, the type of services the facility has the ability to provide in an emergency, and the continuity of operations, including delegations of authority and succession plans.
		E009	The emergency plan must include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.
		E013	The LTC facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan, the risk assessment and the communication plan.
		E013	The policies and procedures must be reviewed and updated at least annually.
		E015	At a minimum, the policies and procedures must address the provision of subsistence needs for staff and residents whether they evacuate or shelter in place, include, but are not limited to the following: food, water, medical and pharmaceutical supplies.
		E015	At a minimum, the policies and procedures must address the provision of subsistence needs for staff and residents whether they evacuate or shelter in place, include, but are not limited to the following: Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal
		E018	At a minimum, the policies and procedures must address a system to track the location of on-duty staff and sheltered residents in the LTC facility's care during an emergency.
		E018	If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.

NF Emergency Preparedness Checklist

FEDERAL (42 CFR §483.73)			
		E020	At a minimum, the policies and procedures must address safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
		E022	At a minimum, the policies and procedures must address a means to shelter in place for patients, staff, and volunteers who remain in the LTC facility.
		E023	At a minimum, the policies and procedures must address a system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains availability of records
		E024	At a minimum, the policies and procedures must address the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.
		E025	At a minimum, the policies and procedures must address the development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to facility LTC residents.
		E026	At a minimum, the policies and procedures must address the role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.
		E029	The LTC facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws.
		E029	The emergency preparedness communication plan must be reviewed and updated at least annually.
		E030	The communication plan must include names and contact information for staff, entities providing services under arrangement, residents' physicians, other facilities and volunteers.
		E031	The communication plan must include contact information for Federal, State, tribal, regional and local emergency preparedness staff; the State Licensing and Certification Agency; the Office of the State Long-term Care Ombudsman; and for other sources of assistance.
		E032	The communication plan must include primary and alternate means for communicating with the following: (i) LTC facility's staff. (ii) Federal, State, tribal, regional, and local emergency management agencies.
		E033	The communication plan must include a method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health providers to maintain continuity of care.
		E033	The communication plan must include a means, in the event of an evacuation, to release resident information as permitted under 45 CFR §164.510(b)(1)(ii).
		E033	The communication plan must include a means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR §164.510(b)(4).

NF Emergency Preparedness Checklist

FEDERAL (42 CFR §483.73)			
		E034	The communication plan must include a means of providing information about the LTC facility's occupancy, needs and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.
		E035	The communication plan must include a method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents and their families or representatives.
		E036	The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, the risk assessment, the policies and procedures, and the communication plan.
		E036	The training and testing program must be reviewed and updated at least annually.
		E037	The LTC facility must do initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role.
		E037	The LTC facility must provide emergency preparedness training at least annually.
		E037	The LTC facility must maintain documentation of all emergency preparedness training.
		E037	The LTC facility must demonstrate staff knowledge of emergency procedures.
		E039	The LTC facility must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using the emergency procedures.
		E039	<p>The LTC facility must participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.</p> <p>(B) If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging its next required a full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.</p>
		E039	<p>The LTC facility must conduct an additional annual exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or an individual, facility based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A tabletop exercise or workshop that is led by a facilitator includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p>
		E039	The LTC facility must analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.
		E041	The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.

NF Emergency Preparedness Checklist

FEDERAL (42 CFR §483.73)			
		E041	The generator must be located in accordance with the location requirements found in the <i>Health Care Facilities Code</i> (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), <i>Life Safety Code</i> (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.
		E041	The LTC facility must implement the emergency power system inspection, testing, and maintenance requirements found in the <i>Health Care Facilities Code</i> , NFPA 110, and <i>Life Safety Code</i> .
		E041	LTC facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.
		E042	If a LTC facility is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the LTC facility may choose to participate in the healthcare system's coordinated emergency preparedness program.
		E042	If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
		E042	If elected, the unified and integrated emergency preparedness program must be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
		E042	If elected, the unified and integrated emergency preparedness program must demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
		E042	If elected, the unified and integrated emergency preparedness program must include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following: (i) a documented community-based risk assessment, utilizing an all-hazards approach. (ii) a documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
		E042	If elected, the unified and integrated emergency preparedness program must include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

NF Emergency Preparedness Checklist

STATE (40 TAC §19.1914)				
Met?	Not Met?	TAG	TAC	Rule
			§19.1914(a)(1)	<p>Definitions. In this section:</p> <p>(1) "emergency situation" means an impending or actual situation that:</p> <p>(A) interferes with normal activities of a facility and its residents;</p> <p>(B) may:</p> <p>(i) cause injury or death to a resident or staff member of the facility; or</p> <p>(ii) cause damage to facility property;</p> <p>(C) requires the facility to respond immediately to mitigate or avoid the injury, death, damage or interference; and</p> <p>(D) does not include a situation that arises from the medical condition of a resident, such as cardiac arrest, obstructed airway, or cerebrovascular accident.</p>
			§19.1914(a)(2)	<p>Definitions. In this section:</p> <p>(2) "plan" refers to a facility's emergency preparedness and response plan.</p>
			§19.1914(a)(3)	<p>Definitions. In this section:</p> <p>(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.</p>
			§19.1914(b)(1)	<p>Administration. A facility must develop and implement a written plan as described in subsection (c) of this section.</p>
			§19.1914(b)(2)	<p>Administration. A facility must 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.</p>
			§19.1914(b)(3)	<p>Administration. A facility must evaluate the plan to determine if information in the plan needs to change:</p> <p>(A) within 30 days after an emergency situation;</p> <p>(B) due to remodeling or making an addition to the facility; and</p> <p>(C) at least annually.</p>
			§19.1914(b)(4)	<p>Administration. A facility must revise the plan within 30 days after information in the plan changes.</p>
			§19.1914(b)(5)	<p>Administration. A facility must maintain documentation of compliance with this section.</p>

NF Emergency Preparedness Checklist

			STATE (40 TAC §19.1914)	
			§19.1914(c)(1)	A facility's plan must 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.
			§19.1914(c)(2)	A facility's plan must include a description of the facility's resident population.
			§19.1914(c)(3)	A facility's plan must 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.
			§19.1914(c)(4)	A facility's plan must include a section for a fire safety plan that complies with §19.326 of this chapter (relating to Safety Operations).
			§19.1914(c)(5)	A facility's plan must include a section for self reporting incidents that complies with subsection (f) of this section.
			§19.1914(d)(1)(A)	The facility's plan must contain a section for direction and control that 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.
			§19.1914(d)(1)(B)	The facility's plan must contain a section for direction and control that 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.
			§19.1914(d)(1)(C)	The facility's plan must contain a section for direction and control that 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.
			§19.1914(d)(1)(D)	The facility's plan must contain a section for direction and control that includes procedures for notifying the local EMC of the execution of the plan.
			§19.1914(d)(1)(E)	The facility's plan must contain a section for direction and control that includes a plan for coordinating a staffing response to an emergency situation.

NF Emergency Preparedness Checklist

			STATE (40 TAC §19.1914)	
			§19.1914(d)(1)(F)	The facility's plan must contain a section for direction and control that 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.
			§19.1914(d)(2)(A)	A facility's plan must contain a section for warning that describes how the EPC will be notified of an emergency situation.
			§19.1914(d)(2)(B)	A facility's plan must contain a section for warning that identifies who the EPC will notify of an emergency situation and when the notification will occur, including during off hours, weekends, and holidays.
			§19.1914(d)(2)(C)	A facility's plan must contain a section for warning that 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.
			§19.1914(d)(3)(H)	Communication: Plan provides a method for a person to obtain resident information during an emergency situation.
			§19.1914(d)(3)(A)	A facility's plan must contain a section for communication that 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.
			§19.1914(d)(3)(B)	A facility's plan must contain a section for communication that 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.
			§19.1914(d)(3)(C)	A facility's plan must contain a section for communication that includes procedures for maintaining a current list of telephone numbers for residents' responsible parties.
			§19.1914(d)(3)(D)	A facility's plan must contain a section for communication that includes procedures for maintaining a current list of telephone numbers for pre-arranged receiving facilities.
			§19.1914(d)(3)(E)	A facility's plan must contain a section for communication that includes procedures for maintaining a current list of telephone numbers for the facility's staff.
			§19.1914(d)(3)(F)	A facility's plan must contain a section for communication that 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.

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			STATE (40 TAC §19.1914)
		§19.1914(d)(3)(G)	A facility's plan must contain a section for communication that includes procedures to notify: <ul style="list-style-type: none"> (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.
		§19.1914(d)(3)(H)	A facility's plan must contain a section for communication that provides a method for a person to obtain resident information during an emergency situation.
		§19.1914(d)(3)(I)	A facility's plan must contain a section for communication that includes procedures for the facility to maintain communication with: <ul style="list-style-type: none"> (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.
		§19.1914(d)(4)(A)	A facility's plan must contain a section for sheltering arrangements that includes procedures for implementing a decision to shelter-in-place that includes: <ul style="list-style-type: none"> (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.
		§19.1914(d)(4)(B)	A facility's plan must contain a section for sheltering arrangements that 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: <ul style="list-style-type: none"> (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.
		§19.1914(d)(4)(C)	A facility's plan must contain a section for sheltering arrangements that includes procedures for accommodating evacuated residents, if the facility serves as a receiving facility for a facility that has evacuated.
		§19.1914(d)(5)(A)	A facility's plan must contain a section for evacuation that identifies evacuation destinations and routes, and includes a map that shows the destinations and routes.
		§19.1914(d)(5)(B)	A facility's plan must contain a section for evacuation that includes procedures for implementing a decision to evacuate residents to a receiving facility.

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			STATE (40 TAC §19.1914)
		§19.1914(d)(5)(C)	A facility's plan must contain a section for evacuation that 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.
		§19.1914(d)(5)(D)	A facility's plan must contain a section for evacuation that includes procedures for: <ul style="list-style-type: none"> (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.
		§19.1914(d)(5)(E)	A facility's plan must contain a section for evacuation that includes procedures for notifying the local EMC regarding an evacuation of the facility.
		§19.1914(d)(5)(F)	A facility's plan must contain a section for evacuation that 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.
		§19.1914(d)(5)(G)	A facility's plan must contain a section for evacuation that 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.
		§19.1914(d)(6)(A)	A facility's plan must contain a section for transportation that arranges for a sufficient number of vehicles to safely evacuate all residents.
		§19.1914(d)(6)(B)	A facility's plan must contain a section for transportation that identifies facility staff designated to drive a facility owned, leased or rented vehicle during an evacuation.
		§19.1914(d)(6)(C)	A facility's plan must contain a section for transportation that includes procedures for safely transporting residents, facility staff involved in an evacuation.
		§19.1914(d)(6)(D)	A facility's plan must contain a section for transportation that includes procedures for safely transporting and having timely access to oxygen, medications, records, food, water, equipment, and supplies needed during an evacuation.

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			STATE (40 TAC §19.1914)	
			§19.1914(d)(7)(A)	A facility's plan must contain a section for health and medical needs that identifies the types of services used by residents, such as dialysis, oxygen, respirator care, or hospice services.
			§19.1914(d)(7)(B)	A facility's plan must contain a section for health and medical needs that ensures the resident's needs identified in subparagraph (A) of this paragraph are met during an emergency situation.
			§19.1914(d)(8)(A)	A facility's plan must contain a section for resource management that includes a plan for identifying medications, records, food, water, equipment and supplies needed during an emergency situation.
			§19.1914(d)(8)(B)	A facility's plan must contain a section for resource management that 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.
			§19.1914(d)(8)(C)	A facility's plan must contain a section for resource management that includes procedures to ensure medications are secure and maintained at the proper temperature during an emergency situation.
			§19.1914(e)(1)	The facility must train a facility staff member on the staff member's responsibilities under the plan within 30 days after assuming job duties.
			§19.1914(e)(2)	The facility must 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.
			§19.1914(e)(3)	The facility must 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.
			§19.1914(f)(1)(A)	A facility must report a fire to HHSC by calling 1-800-458-9858 immediately after the fire.
			§19.1914(f)(1)(B)	A facility must report a fire to HHSC by submitting a completed HHSC form titled "Fire Report for Long Term Care Facilities" within 15 calendar days after the fire.
			§19.1914(f)(2)(A)	A facility must report an emergency situation that caused the death or serious injury of a resident to HHSC by calling 1-800-458-9858 immediately after the death or serious injury.

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			STATE (40 TAC §19.1914)
			<p>§19.1914(f)(2)(B) A facility must report an emergency situation that caused the death or serious injury of a resident to HHSC 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.</p>