

## ***Assisted Living Emergency Preparedness Workgroup: A Collaboration of Long-term Care Associations***

### **Recommendations and Areas to Explore**

1. Explore options for developing a method by which high occupancy vehicles containing frail populations could be allowed to travel faster than other vehicles in designated lanes.
2. Require hospice and home health agencies serving assisted living residents to coordinate services for residents who have to be relocated due to an emergency if the hospice or home health agency has an affiliate company. For a hospice or a home health agency that does not have an affiliate, the hospice or home health agency shall assist with procuring new services.
3. HHSC should have a designated staff person to communicate with LTC associations during emergency situations. Person could arrange coordinated calls to avoid duplicative conversations.
4. Assisted Living Communities should reach out to local emergency agencies and familiarize such agencies with fragile populations and the special needs they present during an emergency.
5. Encourage early declaration of waivers / regulations to allow providers the resources and flexibility to meet the needs of their residents.
6. Establish an advanced communication process for local OEM / law enforcement with supply companies and healthcare providers to mitigate support disruption.
7. Expand the Texas Medical Reserve Corps and secure interstate reciprocity as early as possible.

### **Regulation Recommendations for Assisted Living Communities**

1. Better coordination with local office of emergency management - Identification of and coordination with the local emergency management coordinator and/or state district TDEM coordinator (share plan and engage in dialouge with an aim to conduct tabletop drills and moc drills);
2. Register with the Texas Information and Referral Network.
3. Register with EMResource. The EMResource is a system that is used statewide for tracking available long-term care beds, hospital and Emergency Medical Services resources, and other emergency response data. Users can access the EMResource from multiple sources such as computers, smartphones, iPads or tablets.
4. A facility must evacuate if a mandatory evacuation order is given by the county judge of the county in which the facility is located or is given by the mayor of the municipality in which the facility is located.
5. In the event of an emergency, the facility must notify a resident's emergency contact as soon as practical – notification can be through electronic messaging or website that is disclosed beforehand. Emergency contact information shall be obtained upon admission and updated annually.

6. Include in a resident's initial and annual assessment any special emergency needs.
7. All staff must be trained in their duties and are responsible for implementing the emergency management plan.
8. Emergency preparedness training shall be made available to residents and their families.
9. If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or the local OEM in maintaining communications.
10. In the event a state of emergency has been declared, a facility that has not evacuated may accept emergency placements as long as the additional individuals do not compromise the health and safety of the residents and the needs of residents and other individuals sheltered at the facility can be met by the facility.
11. In the event a state of emergency has been declared, a facility removed from the impacted area may accept residents from an evacuating facility as long as the facility does not go over 15% of its licensed capacity and the additional residents do not compromise the health and safety of the residents and the needs of residents and other individuals sheltered at the facility can be met by the facility. Any facility to facility transfer that exceeds 15% must have prior approval from HHSC.
12. EMERGENCY SHELTER. In the event a state of emergency has been declared, and a facility is acting as an emergency shelter, the following applies:
  - (a) Disclosures and normal admission practices do not have to be observed;
  - (b) An assessment does not need to be performed;
  - (c) The facility must report the number of individuals over its licensed capacity and the conditions causing it to HHSC within 48 hours or as soon as practical. If the facility will continue to be over capacity after the declared emergency ends, the agency will review requests for excess capacity on a case-by-case basis; and,
  - (d) The facility maintains a log of the additional individuals being housed in the facility. The log must include the individual's name, address, and the dates of arrival and departure.
13. The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to HHSC and the local OEM.
14. Emergency Plan Components. The emergency management plan must, at a minimum, address the following:
  - (a) Provision for the following events: bomb threat/suspicious object; explosion; fire; flood (internal and external); hurricane; intruder/active shooter; power outage; tornado; water outage; and windstorm;
  - (b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment;
  - (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications;
  - (d) Provision for the care of additional residents who may be evacuated to the facility during an emergency

including the identification of such residents, staffing, and supplies;

(e) Identification of residents with Alzheimer’s disease or related disorders, and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation;

(g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the local emergency management agency the number of residents who have been relocated, and the place of relocation; and,

(h) The identification of staff responsible for implementing each part of the plan.

