Texas Association for Home Care & Hospice
Leading ★ Advancing ★ Advocating

Administrator Program
Tuesday, November 18, 2025
10:00am-11:30am

5a. Emergency Preparedness

Presented by:
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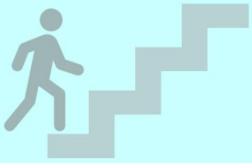
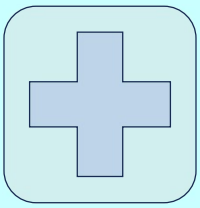


Emergency Preparedness: Building and Sustaining a Compliant Plan



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Learning Outcomes

- Understand the emergency preparedness regulatory requirements for Texas HCSSAs
- Learn how to document emergency drills and actual events to meet compliance standards
- Gain actionable strategies for maintaining ongoing compliance and survey readiness

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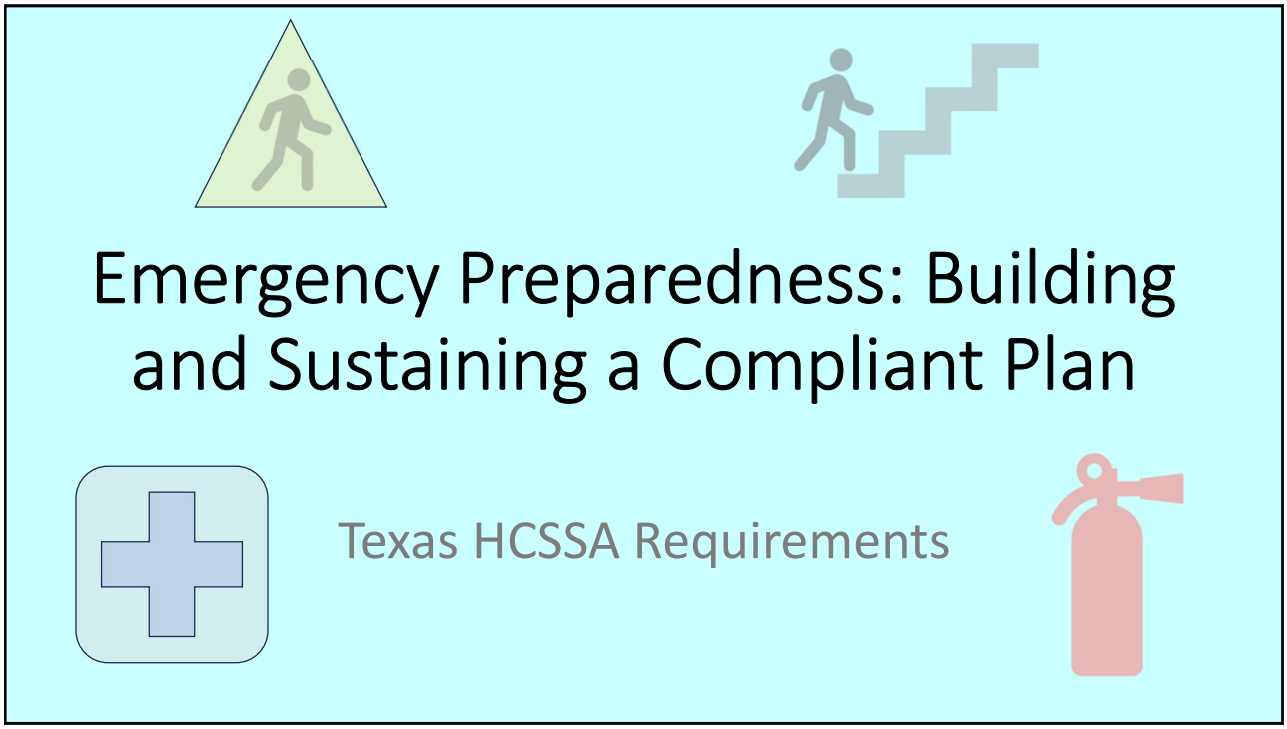

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Texas HCSSA - Home and Community Support Services Agency - Emergency Preparedness

- Provides home health, hospice, or personal assistance services for pay or other consideration in a client's residence, an independent living environment, or another appropriate location.
- Responsible for the care and services it agrees to provide to its clients and for the coordination of care.
- When services provided by the agency must continue uninterrupted to maintain a client's health and safety, the response phase of a HCSSA's emergency preparedness plan must include procedures for communicating with other healthcare providers that can provide the necessary services during an emergency.

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Texas HCSSA - Home and Community Support Services Agency - Emergency Preparedness

- **Evacuation/Transport** - The rules do not require HCSSAs, other than hospice inpatient unit, to evacuate or transport clients in an emergency or 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. Because HCSSA clients do not receive 24-hour care from the HCSSA and because they reside in the community, clients have the same choices and options as other members of the community to shelter in place, evacuate or arrange for evacuation through family, community resources or by calling 2-1-1.

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Texas HCSSA - Home and Community Support Services Agency - Emergency Preparedness

- **HIPAA – Health Insurance Portability and Accountability Act** - During an emergency, an agency may need to share client information when transferring or discharging clients. For example, an agency may transfer or discharge a client when the client's health and safety is at risk, in accordance with the provisions of §558.256 (relating to Emergency Preparedness Planning and Implementation). Agencies must adopt and enforce written procedures regarding the use and removal of records, and the release of information. The agency must ensure that each client's record is treated with confidentiality, is safeguarded against loss and unofficial use, and is maintained according to professional standards of practice and HIPAA policies.

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Emergency Preparedness Planning and Implementation

Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, §558.256:

- (a) An agency (HCSSA) 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 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;
  - (3) the agency disaster coordinator; and
  - (4) the alternate disaster coordinator.

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Emergency Preparedness Planning and Implementation

Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, §558.256:

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

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Emergency Preparedness Planning and Implementation

Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, §558.256:

- (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.

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Emergency Preparedness Planning and Implementation

Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, §558.256:

- (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.

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Emergency Preparedness Planning and Implementation

Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, §558.256:

- (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 legally authorized representative

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Emergency Preparedness Planning and Implementation

Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, §558.256:

- (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;
  - (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

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Emergency Preparedness Planning and Implementation

Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, §558.256:

- (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.

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Emergency Preparedness Planning and Implementation

Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, §558.256:

- (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.

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Emergency Preparedness Planning and Implementation

Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, §558.256:

- (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 Home and Community Support Services Agencies 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.

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Emergency Preparedness Planning and Implementation

Texas Administrative Code (TAC), Title 26, Part 1, Chapter 558, §558.256:

- (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.

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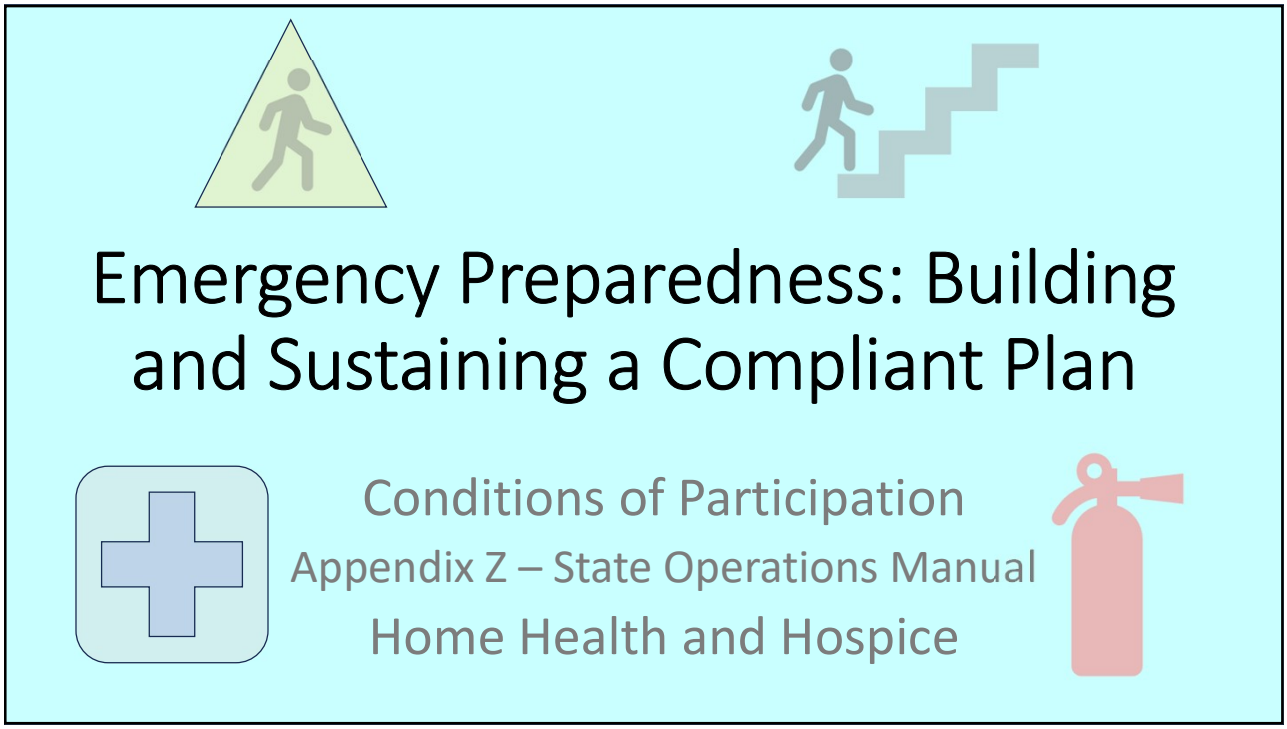

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Conditions of Participation

Home Health - §484.102 Condition of participation: Emergency preparedness	• The Home Health Agency (HHA) must comply with all applicable Federal, State, and local emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program (EPP) that meets the requirements of this section.
Hospice - §418.113 Condition of participation: Emergency preparedness	• The hospice must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospice must establish and maintain an emergency preparedness program (EPP) that meets the requirements of this section.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(a) Emergency plan. The HHA must develop/maintain an emergency preparedness plan that must be reviewed/updated at least every 2 years. The plan must do the following: (1)Be based on/include a facility and community-based risk assessment, utilizing an all-hazards approach. (2)Include strategies for addressing emergency events identified by the risk assessment. (3)Address patient population, including, services the HHA can provide in an emergency, and continuity of operations. (4)Include a process for cooperation/collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.	(a) Emergency plan. The hospice must develop/maintain an emergency preparedness plan that must be reviewed/updated at least every 2 years. The plan must do the following: (1)Be based on/include a facility and community-based risk assessment, utilizing an all-hazards approach. (2)Include strategies for addressing emergency events identified by the risk assessment. (3)Address patient population, including, services the hospice can provide in an emergency, and continuity of operations. (4)Include a process for cooperation/collaboration with local, tribal, regional, State, or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(b) The HHA must develop and implement emergency preparedness policies and procedures that must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address: (1)The plans for the HHA's patients during a natural or man-made disaster. Individual plans for each patient must be included as part of the comprehensive patient assessment. (2)The procedures to inform State and local emergency preparedness officials about HHA patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.	(b) The hospice must develop and implement emergency preparedness policies and procedures that must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address: (1)Procedures to follow up with on-duty staff and patients to determine services that are needed if there is an interruption in services during or due to an emergency. The hospice must inform State and local officials of any on-duty staff or patients that they are unable to contact. (2)Procedures to inform State and local officials about hospice patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(3) The procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The HHA must inform State and local officials of any on-duty staff or patients that they are unable to contact. (4) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records. (5) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.	(3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records. (4) The use of hospice employees in an emergency and 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. (5) The development of arrangements with other hospices and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospice patients.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
N/A	(6) Additional requirements for hospice-operated inpatient care facilities only. The policies/procedures must address: (i)A means to shelter in place for patients and employees. (ii)Safe evacuation (consideration of care/treatment needs, staff responsibilities, transportation, location(s), communication) (iii)Subsistence for employees and patients, whether they evacuate or shelter in place, including: (A)Food, water, medical, and pharmaceutical supplies. (B)Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety. • (2) Emergency lighting. • (3) Fire detection, extinguishing, and alarm systems. • (C) Sewage and waste disposal.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
N/A	(iv) The role of the hospice 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. • (v) A system to track the location of hospice employees' on-duty and sheltered patients in the hospice's care during an emergency. If the on-duty employees or sheltered patients are relocated during the emergency, the hospice must document the specific name and location of the receiving facility or other location

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(c) The HHA must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every 2 years. The communication plan must include: (1)Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Volunteers. (2)Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.	(c) The hospice must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every 2 years. The communication plan must include: (1)Names and contact information for the following: (i) Hospice employees. (ii) Entities providing services under arrangement. (iii) Patients' physicians. (iv) Other hospices. (2)Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) Other sources of assistance.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(3) Primary and alternate means for communicating with the HHA's staff, Federal, State, tribal, regional, and local emergency management agencies. (4) A method for sharing information and medical documentation for patients under the HHA's care, as necessary, with other health care providers to maintain the continuity of care. (5) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4). (6) A means of providing information about the HHA's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.	(3) Primary and alternate means for communicating with the Hospice's employees, Federal, State, tribal, regional, and local emergency management agencies. (4) A method for sharing information and medical documentation for patients under the hospice's care, as necessary, with other health care providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). (6) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4). (7)A means of providing information about the hospice's inpatient occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(d) Training and testing. The HHA must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.	(d) Training and testing. The hospice must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(1)Training program. The HHA must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new/existing staff (Including under arrangement), and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the HHA must conduct training on the updated policies and procedures.	(1) Training program. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles. (ii) Demonstrate staff knowledge of emergency procedures. (iii) Provide emergency preparedness training at least every 2 years. (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others. (v) Maintain documentation of all emergency preparedness training. (vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(2) Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following: (i) Participate in a full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or. (B) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.	(2) Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following: (i) Participate in a full-scale exercise that is community-based every 2 years; or (A) When a community-based exercise is not accessible, conduct an individual facility-based functional exercise every 2 years; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full-scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or (B) A mock disaster drill; or (C) 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.	(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise, that may include, but is not limited to the following: (A) A second full-scale exercise that is community-based or a facility-based functional exercise; or (B) A mock disaster drill; or (C) 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.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
N/A	(3) Testing for hospices that provide **inpatient care directly**. The hospice must conduct exercises to test the emergency plan **twice per year**. The hospice must do the following: (i) Participate in an **annual** full-scale exercise that is community-based; or (A) When a community-based exercise is not accessible, conduct an **annual** individual facility-based functional exercise; or (B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community-based or facility-based functional exercise following the onset of the emergency event.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
N/A	(ii) Conduct an **additional annual** exercise that may include, but is not limited to the following: (A) A **second** full-scale exercise that is community-based or a facility-based functional exercise; or (B) A mock disaster drill; or (C) A tabletop exercise or workshop led by a facilitator that 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.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.	(iii) Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(e) Integrated healthcare systems. If a HHA is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency plan, the HHA may choose to participate in the healthcare system's coordinated plan. If elected, the unified and integrated emergency plan must do all of the following: (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency plan. (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered. (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency plan and is in compliance with the program.	(e) Integrated healthcare systems. If a hospice is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency plan, the hospice may choose to participate in the healthcare system's coordinated plan. If elected, the unified and integrated emergency plan must do the following: (1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency plan. (2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered. (3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency plan and is in compliance with the program.

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Conditions of Participation

Home Health The EPP must include, but not limited to:	Hospice The EPP must include, but not limited to:
(4) 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 all of 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. (5) 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.	(4) 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. (5) 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.

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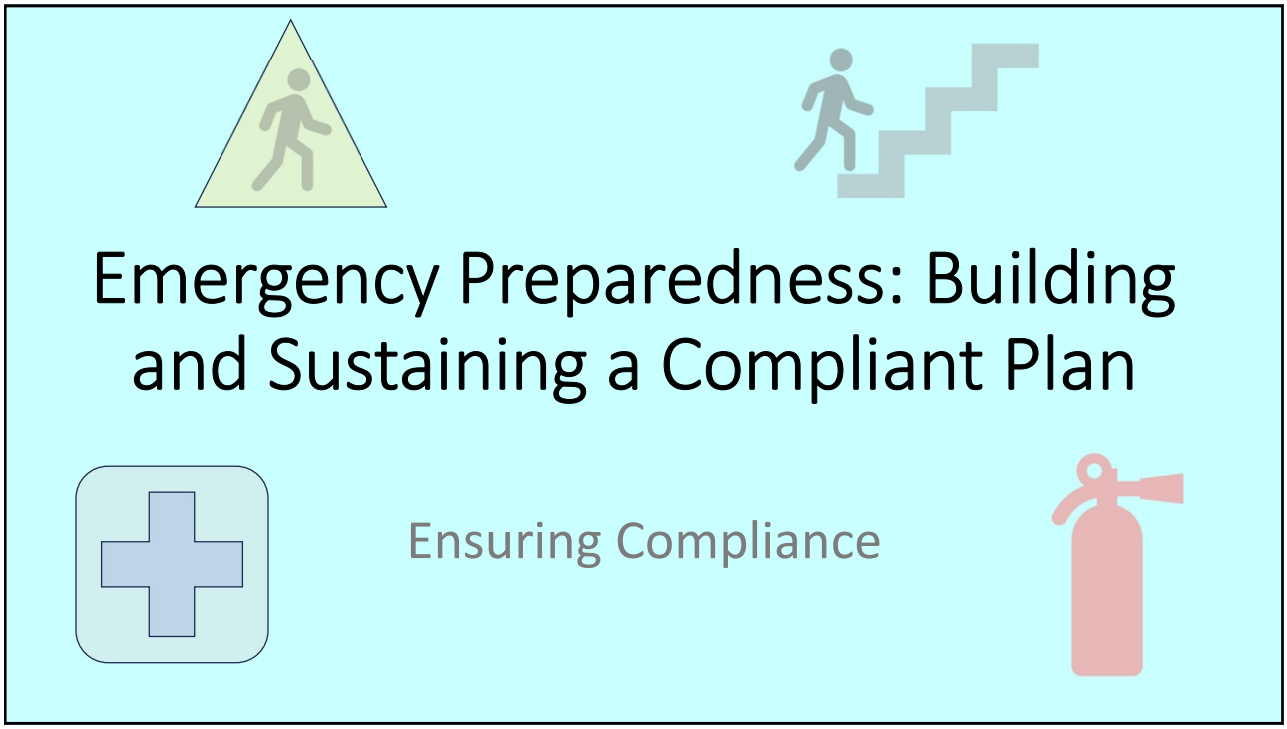

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Emergency Preparedness and Compliance

The agency must comply with all applicable Federal, State, and local emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not limited to, the following elements:

- (a) Emergency plan – risk assessment and planning
- (b) Policies and procedures
- (c) Communication plan
- (d) Training and testing
- (e) Integrated healthcare systems

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Emergency Preparedness and Compliance

The agency must comply with all applicable Federal, State, and local emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not limited to, the following elements:

- (a) Emergency plan – risk assessment and planning
- (b) Policies and procedures
- (c) Communication plan
- (d) Training and testing
- (e) Integrated healthcare systems

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Emergency Preparedness and Compliance

- **Emergency plan – risk assessment and planning:** The written emergency preparedness and response plan ***must:***
  - Address patient/client population, including, but not limited to, persons at-risk;
  - Address the type of services the agency has the ability to provide in an emergency
  - Designate, by title, a disaster coordinator and at least one alternate
  - 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, including delegations of authority and succession plans
  - 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
  - Include procedures to release client information in the event of a disaster, in accordance with agency policy
  - 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

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Emergency Preparedness and Compliance

- **Emergency plan – risk assessment and planning:** The written emergency preparedness and response plan ***must:***
  - Describe the actions and responsibilities of agency staff in each phase of emergency planning, including mitigation, preparedness, response, and recovery
- The response and recovery phases of the plan must describe:
  - the actions and responsibilities of agency staff when warning of an emergency is not provided;
  - who at the agency will initiate each phase;
  - a primary mode of communication and alternate communication or alert systems in the event of telephone or power failure; and
  - procedures for communicating with:
    - staff;
    - clients or persons responsible for a client's emergency response plan;
    - local, state, and federal emergency management agencies; and
    - other entities including HHSC and other health care providers and suppliers.

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Emergency Preparedness and Compliance

- **Emergency plan – risk assessment and planning:**
- Personnel ***required*** to be involved with developing, maintaining, and implementing the emergency preparedness plan:
  - Administrator
  - Supervising nurse
  - Disaster coordinator
  - Alternate disaster coordinator

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Emergency Preparedness and Compliance

- **Emergency plan – risk assessment and planning:** The written emergency preparedness and response plan ***must:***
  - Be reviewed and updated *at least ~~every 2 years~~ annually*, and after each actual emergency response in TX, and must:
    - Be based on and include facility and community-based risk assessments using an all-hazards approach
    - Include strategies for addressing emergency events identified
    - Address patient population (persons at risk and types of services provided) and continuing operations (delegation of authority and succession plans)
    - Include cooperation and collaboration with emergency preparedness officials to maintain an integrated response

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Emergency Preparedness and Compliance

Emergency Plan - **risk assessment and planning**

- All-hazards approach - Hazard Vulnerability Assessment (HVA)
- Integrated approach focusing on need for services/ability to provide services in a disaster
- Natural or man-made disasters likely to occur in the service area
- Analyze most common weather events in the last 10 years and other potential hazards
- Choose or create a hazard template and evaluate your agency for probability, risk, and preparedness for each event and calculate score to determine need for further planning
  - Probability - Frequency or likelihood of the event occurring
  - Risk - Degree of impact - consider health hazard, financial impact, service disruption, infrastructure damage, and possible life-threatening incidents
  - Preparedness - Your ability to address events

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Emergency Preparedness and Compliance

- Risk assessment should include:
  - Natural disasters (hurricane, tornado, flood, etc)
  - Man-made disasters (human intent, error, negligence, or failure of systems)
  - Facility-based disasters (care-related emergencies, equipment/utility failures, interruptions in communications, loss of all or portion of a facility, and interruptions in the normal supply of essentials such as water, food, fuel, supplies, adequate staff, etc)
  - Emerging Infectious Diseases (EIDs)
    - Potential staff shortages, staff/patient/caregiver screening, reporting suspected/confirmed cases, symptom tracking, safety/social distancing/work remotely, isolation and personal protective equipment (PPE), surge planning, education, coordination with local/state/federal emergency officials
- Develop a written emergency plan based on documented risk assessments/hazard vulnerability ratings and strategies for addressing responses to the events/disasters

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Agency Location (City, State):

Risk Vulnerability Analysis

INSTRUCTIONS: Use the electronic version of the following form to calculate ratings (addition of numbers by row) for each event for a total score. The highest scores indicate events that have the highest risk and may need further agency planning.

EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HIGH	MEDIUM	LOW	NONE	LIFE THREAT	HEALTH/ SAFETY	HIGH DISRUPTION	MODERATE DISRUPTION	LOW DISRUPTION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
Drought													0
Earthquake													0
Epidemic													0
Explosion													0
Fire, External													0
Flood, External													0
Hurricane													0
Ice Storm													0

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Emergency Preparedness and Compliance

Emergency Plan – Patient Population

- Evaluate your patient population and specific risks in the event of an emergency
- Services the agency can provide in an emergency
- Identify patients who may need evacuation assistance from local/state jurisdictions due to:
  - Cannot provide or arrange his/her own transportation
  - Has special health care needs requiring special transportation assistance
- For patients that need evacuation assistance, the agency must provide the patient with assistance requested to register for assistance. If the patient:
  - wants to register with the State of Texas Emergency Assistance Registry (STEAR) - accessed by dialing 211, and
  - is not already registered

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Emergency Preparedness and Compliance

Emergency Plan – Patient Population

- Patient plan and discussions regarding emergency preparedness and safety
  - Actions/responsibilities of agency and patient during and after a disaster
  - Information about survival tips and evacuation or shelter in place plans
  - Local, state, and/or federal disaster resources (including STEAR) with contact information
- 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.

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Emergency Preparedness and Compliance

Emergency Plan – Patient Population

- Process to triage patients and **ability to access information readily in an emergency**
  - Categories or groups based on:
    - Services provided
    - Need for continuing services in an emergency
    - Availability of someone to assume responsibility if needed
  - Example of triage categories:
    - Class I -- Clients who would suffer adverse effects if care were to be interrupted. This could include, patients requiring insulin injections, oxygen-dependent bed bound patients, patients requiring sterile wound care of open wounds, and those with enteral feeding.
    - Class II -- Clients who require services less than daily, but more than twice a week who may not have the availability of someone who can assume responsibility and would have adverse consequences if services were delayed.
    - Class III -- Clients who require services less than twice a week and who would not suffer adverse effects if services were delayed.

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Emergency Preparedness and Compliance

Emergency Plan – Release of Information and Staff Responsibilities

- Release of client information will only occur for continuation of care in the event of a disaster. Information will be only be released in accordance with agency policy and only necessary demographic and clinical information will be released.
- The disaster coordinator and alternate(s) will coordinate efforts in each phase of emergency planning, response, and recovery.
- Emergency planning and implementation of the plan is the responsibility of the disaster coordinator/alternate(s) and administrative staff with input from all disciplines and support staff.
- The disaster coordinator and alternate(s) have the responsibility of initiating the disaster plan and notifying key members to alert all staff using the communication plan. They also are responsible to return to normal operations and evaluate, with other key staff, how the plan worked and what modifications need to be made.
- During a disaster, each staff member has assigned roles and responsibilities.

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Emergency Preparedness and Compliance

Emergency Plan – Monitoring Disaster Information

The agency is required to monitor disaster-related information and news for warnings. Examples:

- The disaster coordinator/alternate(s) will monitor weather and news reports for updates and will establish communications with the local emergency communications as applicable.
- The disaster coordinator/alternate(s) will sign up for weather and emergency alerts recommended by HHSC and will monitor alerts at all times to be prepared in case of imminent or occurring disasters.
- The agency will have a weather radio available in case of power failure to monitor weather conditions.
- If there is no warning before a disaster happens, the disaster coordinator/alternate(s) will initiate the plan as soon as possible and notify staff of the situation and inability to prepare. This should be noted and evaluated after the disaster to identify any areas that can be improved.

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Emergency Preparedness and Compliance

Emergency Plan – Records and Emergency Response System

- If written records are damaged during a disaster, the agency must not reproduce/recreate client records, except from existing electronic records. Records reproduced from existing electronic records must include:
  - the date the record was reproduced;
  - the agency staff member who reproduced the record; and
  - how the original record was damaged.
- Emergency Response System
  - The agency administrator and alternate administrator must enroll in an emergency communication system in accordance with instructions from HHSC.
  - The agency must respond to requests for information received through the emergency communication system in the format established by HHSC.

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Emergency Preparedness and Compliance

Emergency Plan - Continuing operations

- Plan for agency operations to continue during and after an emergency.
  - Critical personnel:
    - Administrative staff/disaster coordinator will monitor alerts
    - Clinical management will coordinate care assignments and support field staff
    - Clinical staff will care for patients as determined necessary
    - Office staff will coordinate and assist with scheduling, supply management, maintaining communication as needed
  - Emergency financial needs will be met by agency resources and line of credit to sustain operations during emergency event
  - Essential functions for client services will continue based on client need and availability of other persons to be responsible
  - Plan and monitor risks ongoing to facilitate return to normal operations as soon as possible

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Emergency Preparedness and Compliance

Emergency Plan – Temporary Relocation

- If the agency has to temporarily relocate or expand the service area because of an emergency or disaster, it must notify HHSC licensing unit within five working days. The following information must be provided:
  - Temporarily relocating a place of business:
    - the license number for the place of business and the date of relocation;
    - the physical address and phone number of the location; and
    - the date the agency returns to a place of business after the relocation;
  - Temporarily expanding the service area to provide services during a disaster:
    - the license number and revised boundaries of the service area;
    - the date the expansion begins; and
    - the date the expansion ends.
- The notice and information must be provided by email or fax. 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.

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Emergency Preparedness and Compliance

The agency must comply with all applicable Federal, State, and local emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not limited to, the following elements:

- (a) Emergency plan – risk assessment and planning
- (b) Policies and procedures
- (c) Communication plan
- (d) Training and testing
- (e) Integrated healthcare systems

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Emergency Preparedness and Compliance

Policies and Procedures:

- Develop and implement policies and procedures, based on the emergency plan, risk assessment, and the communication plan
- Reviewed and updated at least every 2 years, and must address:
  - Plans for patients during a disaster, including individualized plans
  - Individualized emergency plans as part of the comprehensive assessment should be in writing (example: detailed emergency information kept with patient and documentation of discussions and copy in patient record)
  - Notification of State or local officials of homebound patients needing evacuation
  - Follow-up with staff and patients to determine services that are needed and informing State and local officials of any staff or patients unable to contact
  - System of documentation that preserves information, protects confidentiality, and securely maintains the availability of records
  - Use of volunteers or other emergency staffing strategies

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Emergency Preparedness and Compliance

The agency must comply with all applicable Federal, State, and local emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not limited to, the following elements:

- (a) Emergency plan – risk assessment and planning
- (b) Policies and procedures
- (c) Communication plan
- (d) Training and testing
- (e) Integrated healthcare systems

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Emergency Preparedness and Compliance

Communication Plan

- Develop/maintain communication plan that complies with Federal, State, and local laws showing how the agency will coordinate care of the patient internally and with others who will manage care in an emergency.
  - Names/contact information for:
    - All staff (employed and contract)
    - Patient's physician(s)
    - Volunteers
    - Patients/Caregivers/responsible persons
  - Local, state, and federal emergency management agencies. Examples:
    - Local emergency management office
    - Texas Division of emergency management
    - Ready.gov (Federal Emergency Management Agency)
    - American Red Cross
  - HHSC and other healthcare providers/suppliers specific to your needs.

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Emergency Preparedness and Compliance

Communication Plan

- Primary and alternate means of communication - specific to your area/resources. Examples:
  - Cell phones
  - Electronic health record (EHR/EMR)
  - Secure messaging
  - Landlines
  - 2-way radios
  - Ham radio
- Method for sharing information and medical documentation, patient location/needs, agency needs and/or ability to help:
  - Information in patient home
  - EMR for employees
  - Shared documentation system

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Emergency Preparedness and Compliance

The agency must comply with all applicable Federal, State, and local emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not limited to, the following elements:

- (a) Emergency plan – risk assessment and planning
- (b) Policies and procedures
- (c) Communication plan
- (d) Training and testing
- (e) Integrated healthcare systems

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Emergency Preparedness and Compliance

Training and Testing

- Develop/maintain training and testing program based on the emergency plan, risk assessment, policies and procedures, and communication plan
- Training and testing program must be reviewed and updated at least every 2 years
- Training program: The agency must do all of the following:
  - Initial training for policies and procedures to all new and existing staff, including under arrangement, and volunteers
  - Provide training at least every 2 years
  - Maintain documentation of training
  - Demonstrate staff knowledge of emergency procedures
  - If emergency preparedness policies/procedures are significantly updated, the HHA must conduct training on the updated policies and procedures

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Emergency Preparedness and Compliance

Training and Testing

- Testing: The agency must conduct exercises to test the emergency plan at least annually. The HHA must do the following:
  1. Participate in a full-scale community-based exercise every 2 years, *OR*
     - When a community-based exercise is not accessible, conduct a facility-based functional exercise every 2 years, *OR*
     - If the HHA experiences an actual emergency requiring activation of the emergency plan, the HHA is exempt from the next required community-based exercise
  2. Conduct an additional exercise (exercise of choice) at least every 2 years, on the opposite year. The additional exercise may include, but not limited to:
     - Another full-scale exercise that is community-based or facility-based functional exercise, *OR*
     - A mock disaster drill, *OR*
     - A tabletop exercise or workshop led by a facilitator with a narrated, clinically-relevant emergency scenario to challenge the emergency plan

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Emergency Preparedness and Compliance

- **Training and Testing**
  - CMS defines the testing exercises as:
    - Required exercises -full-scale, functional, and individual-facility-based exercises:
      - Operations-based exercises that typically involve multiple agencies, jurisdictions, and disciplines performing functional and integration of operational elements involved in disaster response
      - Focused on exercising plans, policies, procedures, and staff involved in the management direction, command, and control functions during a disaster response
  - Exercises of choice - mock disaster drills, table-top exercises, or workshops:
    - A drill is a coordinated, supervised activity to validate a specific function or capability in a single agency or organization
    - A table-top exercise is a discussion with simulated scenarios in an informal setting used to assess plans, policies, and procedures. Generally, involves senior staff and other key decision-making personnel on a hypothetical scenario.
    - A workshop, for the purposes of this guidance, is a planning meeting/workshop, which establishes the strategy and structure for an emergency program

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Emergency Preparedness and Compliance

- **Training and Testing**
  - For all drills, exercises, and activations of the emergency preparedness plan, the agency is required to:
    - Analyze the response to and maintain documentation.
    - Document the lessons learned and demonstrate any necessary improvements have been incorporated into their emergency preparedness program.
    - Consider completing an after-action report (AAR). This would include a roundtable discussion of key staff to analyze the activation or testing exercise.
    - The AAR, at a minimum, should determine 1) what was supposed to happen; 2) what occurred; 3) what went well; 4) what the facility can do differently or improve upon; and 5) a plan with timelines for incorporating necessary improvement.
    - Agencies that are part of a healthcare system may participate in the system's integrated emergency preparedness plan but would still be responsible for documenting and demonstrating compliance with the exercise and training requirements.

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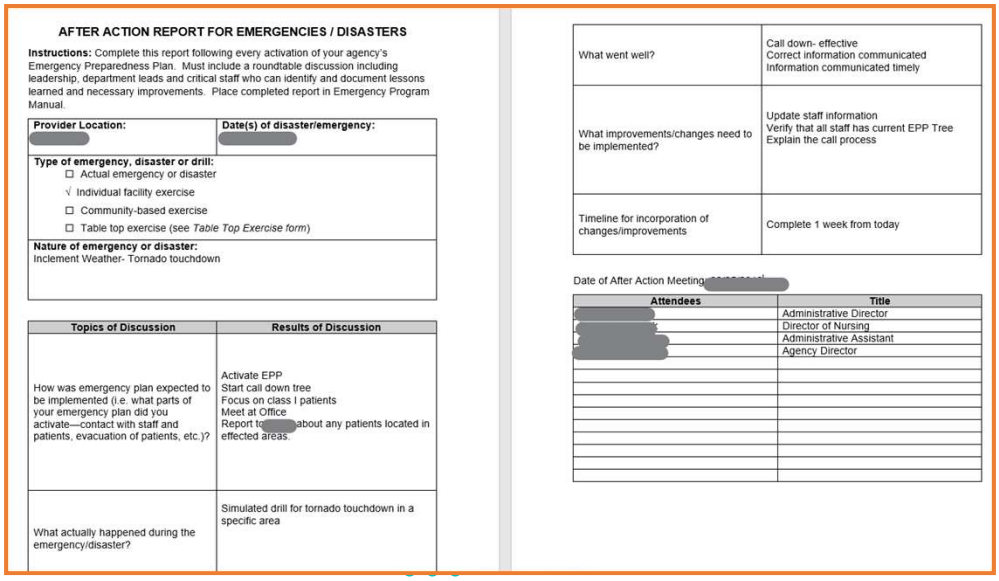
After-Action Report Example



AFTER ACTION REPORT FOR EMERGENCIES / DISASTERS

Instructions: Complete this report following every activation of your agency's Emergency Preparedness Plan. Must include a roundtable discussion including leadership, department leads and critical staff who can identify and document lessons learned and necessary improvements. Place completed report in Emergency Program Manual.

Provider Location:	Date(s) of disaster/emergency:
[redacted]	[redacted]

Type of emergency, disaster or drill:
- ☐ Actual emergency or disaster
- √ Individual facility exercise
- ☐ Community-based exercise
- ☐ Table top exercise (see *Table Top Exercise form*)

Nature of emergency or disaster:
Inclement Weather- Tornado touchdown

Topics of Discussion	Results of Discussion
How was emergency plan expected to be implemented (i.e. what parts of your emergency plan did you activate—contact with staff and patients, evacuation of patients, etc.)?	Activate EPP Start call down tree Focus on class I patients Meet at Office Report to [redacted] about any patients located in effected areas.
What actually happened during the emergency/disaster?	Simulated drill for tornado touchdown in a specific area

What went well?	Call down- effective Correct information communicated Information communicated timely
What improvements/changes need to be implemented?	Update staff information Verify that all staff has current EPP Tree Explain the call process
Timeline for incorporation of changes/improvements	Complete 1 week from today

Date of After Action Meeting [redacted]

Attendees	Title
[redacted]	Administrative Director
[redacted]	Director of Nursing
[redacted]	Administrative Assistant
[redacted]	Agency Director

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Emergency Preparedness and Compliance

The agency must comply with all applicable Federal, State, and local emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not limited to, the following elements:

- (a) Emergency plan – risk assessment and planning
- (b) Policies and procedures
- (c) Communication plan
- (d) Training and testing
- (e) Integrated healthcare systems

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Emergency Preparedness and Compliance

Integrated healthcare systems

- If the agency is part of a healthcare system and elects to have a unified and integrated emergency preparedness plan, it must:
  - Demonstrate each separate facility participated in the development of the emergency preparedness plan
  - Consider each facility's circumstances, patient populations, and services
  - Demonstrate that each facility is in compliance and is capable of actively using the emergency preparedness plan
  - Include a unified and integrated emergency preparedness plan
  - Include an individual facility-based risk assessment for each facility, utilizing an all-hazards approach
  - Include integrated policies and procedures, communication plan, and training and testing that meet the requirements for each facility

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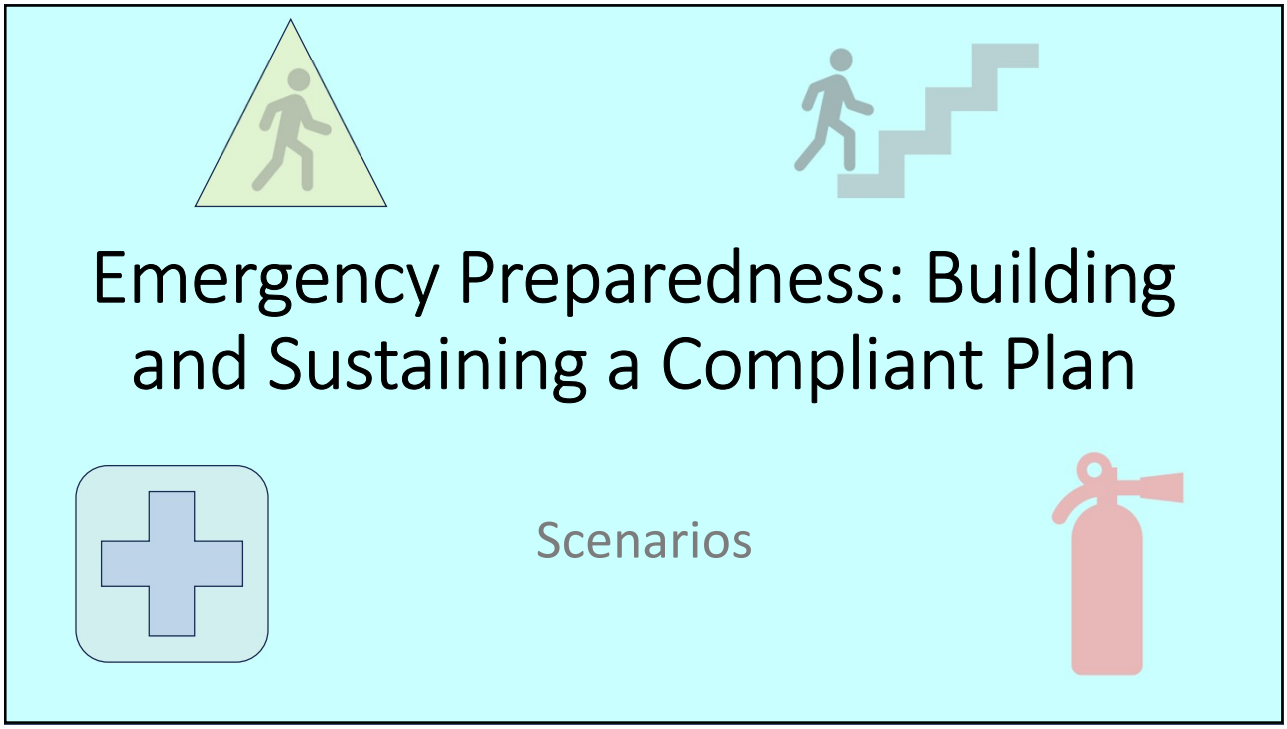

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Severe Weather Event

A Category 3 hurricane is forecasted to hit the service area in 48 hours.

- How do you respond before the storm?
  - Activate Emergency Plan
    - Disaster coordinator and alternate assume roles and begin monitoring alerts/weather updates
    - Notify staff, patients, and caregivers early. Set up after-hours alert system for staff.
    - Test backup communication and confirm alternate site in the event office is not accessible.
    - Assign critical staff and backup coverage and secure needed supplies.
    - Ensure access to medical records or alternate methods for documentation.
    - Educate patients to have important documents and medications available at all times.
    - Use emergency triage classification:
      - Identify high-risk patients needing evacuation or special equipment and notify local emergency management immediately.
      - Others: Identify who will evacuate and who will stay. Prepare caregivers for care management.
    - Document all actions for compliance and after-action review (AAR)
    - ???

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Severe Weather Event

A Category 3 hurricane hit the area with flooding to coastal areas. The storm has passed, and cleanup is underway.

You are in the process of contacting patients and so far, 8 are still out of their homes and outside the service area.

- How do you execute your emergency plan and work to resume normal operations?
  - Continue Emergency Plan Activation until normal operations have resumed
    - Contact local emergency management to determine if it is safe to visit patients.
    - Ensure all staff is accounted for and is able to communicate with agency.
    - Continue to contact patients/caregivers and determine needs-provide an estimated date to resume visits if possible.
    - Stay in contact with patients/caregivers that remain outside the service and determine if and when they will return. What resources are needed to transport those needing evacuation assistance or special equipment back to their home?
    - Document all actions for compliance and after-action review (AAR)
    - ???

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Severe Weather Event

It is 2 days after a Category 3 hurricane hit the area with flooding to coastal areas.

The main roads are clear, and it is safe to begin seeing patients. All patients have been contacted are accounted for with a total of 10 still out of their homes and outside the service area.

- How do you resume normal operations?
  - Continue Emergency Plan Activation until normal operations have resumed
    - Use emergency triage classification system to determine patients with the greatest need and visit those patients as soon as possible.
    - Coordinate schedules to avoid multiple disciplines and see as many patients as possible as quickly as possible to resume ordered frequencies and treatments.
    - Coordinate with providers to ensure all needs are being met (medication refills, potential injuries or exacerbations, need for supplies or equipment, etc)
    - End emergency plan activation when operations have returned to normal and complete the after-action review (AAR) with all steps from the initial notification to the end of the activation.
    - Meet for debrief to determine 1) what should have happened; 2) what did happen; 3) what went well; 4) what can be done differently or improved upon; and 5) a plan with timelines for incorporating necessary improvements/changes.
    - ???

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Example AAR:

- Type of emergency/disaster – actual event – Category 3 hurricane (brief description)
- What should have happened? Plan activated and all patients classified correctly and triaged according to emergency preparedness data collected. All patients appropriately cared for with no interruption in service. Normal operations within 3 days after event.
- What did happen? Patients contacted and evacuated as classified in triage data collected. Some patients remained out of the service area due to evacuation. Services for some patients were delayed due to inability to access after storm. Normal operations resumed 4 days after event. (list steps taken and timelines for: Prior and up to event and Immediately after event and until normal operations resumed.
- What went well? List (i.e. Coordination with local authorities and evacuation of patients that needed assistance, Communication with all patients prior to and after the event)
- What can be done differently or improved upon? List (i.e. Patients did not have medications or important documents with them when evacuated, Patients classified incorrectly when emergency triage classification completed, Return to normal operations delayed due to incorrect emergency contacts listed for patients, etc)
- Plan with timeline for changes/improvements: Write a “plan of correction” based on findings from event, i.e.,
  - Verify emergency contacts are correct monthly (90% compliance within 3 months)
  - Check for updated med list/important documents each visit. Educate patients to keep meds together and take with them in an emergency. (90% compliance within 3 months)
  - Conduct triage training for all staff (100% compliance in 30 days)

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Hazmat Situation

The building your office is in has a generator on the roof and fuel is running down the walls and flooding the office when you enter the building in at 7:30 on Monday morning.

- How do you respond immediately?
  - Activate Emergency Plan
    - Exit the building - do not allow anyone to enter (computers/tablets, paperwork, supplies, etc)
    - Disaster coordinator and alternate assume roles and contact local emergency authorities and building manager.
    - Use communication plan to notify staff and ensure they can communicate with directors and/or administrative staff. Ensure staffing needs are met and scheduling can continue.
    - Ensure patients have a way to contact the office for any needs.
    - Follow agency policy/procedure when office is compromised and unusable (work at alternate site, work from home, etc).
    - Ensure HIPAA complaint access to medical records or alternate methods for documentation (secure connections on laptops/home computers, etc).
    - Ensure supplies are available as needed (are all supplies in the office building?).
    - Document all actions for compliance and after-action review (AAR)
    - ???

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Hazmat Situation

You have evacuated the building and emergency services have arrived to assess the situation. Using protective equipment, a fireman was able to go into the building and retrieve 3 laptop computers and 2 tubs of supplies from the supply room that were not affected by the fuel spill.

- How do you execute your emergency plan and work to resume normal operations?
  - Continue Emergency Plan Activation until normal operations have resumed
    - Assess damage and consider length of time until office can safely be used.
    - Follow agency policy/procedure when office is compromised and unusable (consider temporary alternate location).
      - If the agency temporarily relocates because of an emergency or disaster, it must notify HHSC licensing unit within **five working days**. And provide the following:
        - Temporarily relocating a place of business
        - License number for the place of business and the date of relocation
        - Physical address and phone number of the location
        - Date the agency returns to a place of business after the relocation
    - Document all actions for compliance and after-action review (AAR)
    - ???

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Hazmat Situation

Your office is determined to be unsafe to use for approximately 2 weeks until a hazmat cleanup can be completed. You have decided to relocate temporarily to a vacant office down the street.

- How do you resume normal operations?
  - Continue Emergency Plan Activation until normal operations have resumed
    - Continue to follow agency policy/procedure when office is compromised and unusable.
    - Get utilities and internet installed on an emergency basis, if possible, at the temporary location.
    - Make operations at temporary location as close as possible to "normal operations".
    - Continue communication plan to ensure staff and patients are not affected.
    - Notify HHSC within 5 days of the temporary location and notify when able to return to permanent office.
    - End emergency plan activation when operations have returned to normal and complete the after-action review (AAR) with all steps from the initial event to the return to the permanent office.
    - Meet for debrief to determine 1) what should have happened; 2) what did happen; 3) what went well; 4) what can be done differently or improved upon; and 5) a plan with timelines for incorporating necessary improvements/changes.
    - ???

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Example AAR:

- Type of emergency/disaster – actual event – Fuel spill (brief description)
  - What should have happened? Plan activated and essential in-house operations continue uninterrupted. All staff notified of inability to access office, but care of patients continue with no interruption in service. Normal operations within 5 days after event.
  - What did happen? Building was immediately evacuated and staff notified. Patient schedules were not affected and communication was not affected for patients or staff. Some in-house operations were interrupted until a temporary location could be secured and required utilities/internet secured. Normal operations resumed 14 days after event. (list steps taken and timelines for: During event, immediately after event, and until normal operations resumed.
  - What went well? List (i.e. Communication plan worked well with no interruption, Temporary location secured quickly to facilitate in-house operations)
  - What can be done differently or improved upon? List (i.e. Some staff did not have equipment/supplies, Some operations, such as billing, eligibility verification, DDE access, were interrupted due to access/security from home/temporary location)
  - Plan with timeline for changes/improvements: Write a "plan of correction" based on findings from event.
    - Verify remote access security and test quarterly (complete within 30 days and verify quarterly)
    - Educate clinicians to have devices and supplies per policy. (100% compliance within 30 days)
    - Conduct quarterly relocation drills (complete within 30 days and verify quarterly)

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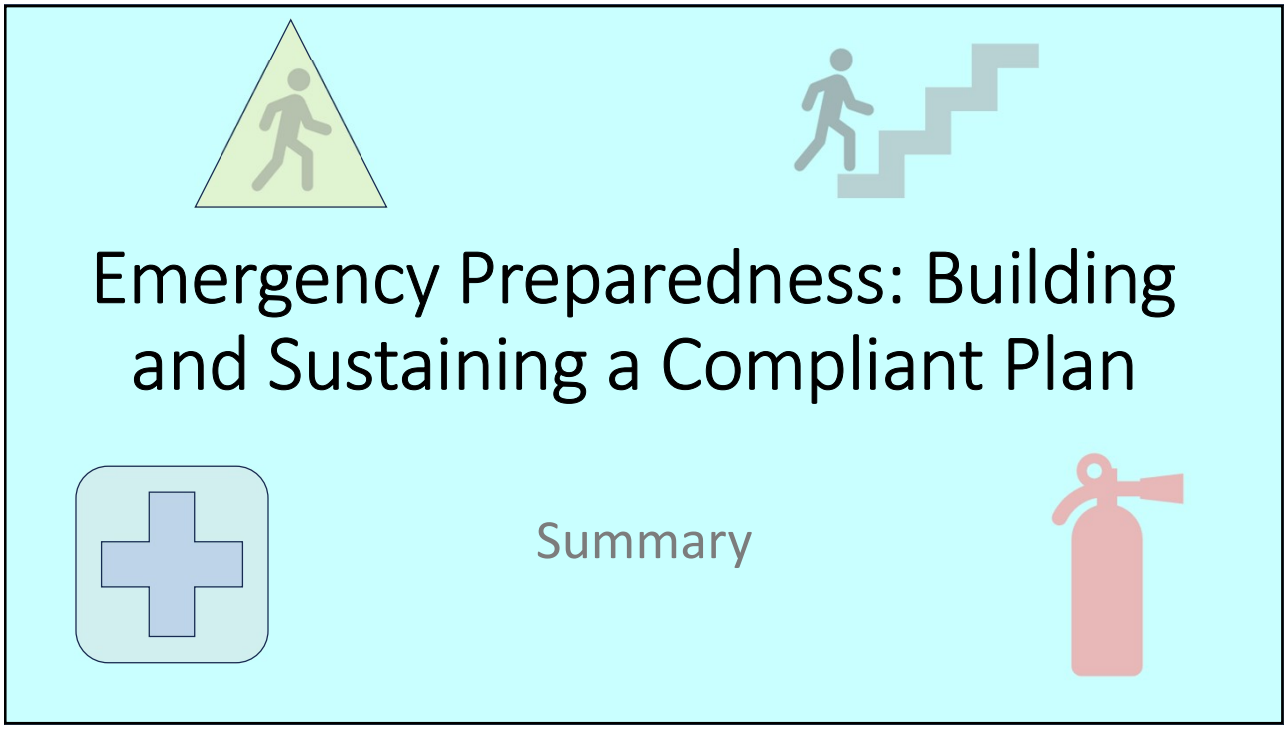

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Summary

- Emergency Plan
  - Risk assessment – All-hazards approach
  - Develop plan based on identified risks and patient population
  - Disaster coordinator and alternate – by title
  - Continuity of operations plan (financial needs, critical staff, return to normal operations)
  - Monitoring disaster alerts (including after hours)
  - Provide required assistance for patients that need evacuation assistance to register with the State of Texas Emergency Assistance Registry (STEAR)

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Summary

- Policies and Procedures
  - Develop and implement policies and procedures, based on the emergency plan, risk assessment, and the communication plan to include actions and responsibilities for mitigation, preparedness, response, recovery
  - Individualized emergency plans
  - Procedures for:
    - Releasing client information (HIPAA-compliant)
    - Client triage and identifying those needing evacuation assistance
    - Maintaining essential functions during emergencies
    - Use of volunteers or other emergency staffing strategies

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Summary

- Communication Plan
  - Modes and procedures for:
    - Contacting staff, clients, caregivers
    - Coordinating with local emergency management and healthcare providers
  - Must include:
    - Disaster-related news monitoring
    - Primary and alternate means of communication
  - HIPAA considerations for sharing client info during transfers

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Summary

- Training/Testing
  - Initial staff training and every 2 years or with substantial changes to the plan
  - Training for all staff with demonstration of knowledge
  - Testing every year (full-scale alternating with exercise of choice)
  - Documentation of response for activations, drills, exercises with lessons learned and after-action report (AAR)
  - The AAR, at a minimum, should determine 1) what was supposed to happen; 2) what occurred; 3) what went well; 4) what the facility can do differently or improve upon; and 5) a plan with timelines for incorporating necessary improvement

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Summary

- Integrated Health System
  - Emergency plan may be integrated
  - Must demonstrate:
    - Agency-specific risk assessment
    - Integrated policies and procedures, communication plan, and training and testing that meet the requirements
    - Staff training and testing participation
    - Agency is in compliance and is capable of actively using the emergency preparedness plan

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Summary

- Organization is key
- Documentation of all activations/exercises
- Train all staff and document knowledge/competency
- Involve staff in drills/exercises and ask for feedback
- Use practical scenarios for exercises
- Communication is essential in an emergency
- Participate in regional or community exercises if available
- When possible, partner with other healthcare providers
- Revise plan as needed

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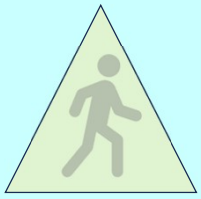
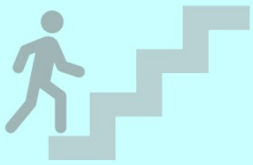
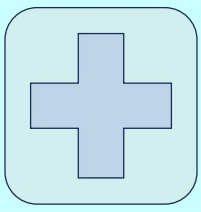




Emergency Preparedness: Building and Sustaining a Compliant Plan



Resources/References

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Resources/References

- Code of Federal Regulations – HHA COPs - https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-484
- Code of Federal Regulations – Hospice COPs - https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418
- Texas Administrative Code - Emergency Preparedness Planning and Implementation - https://texas-sos.appianportalsgov.com/rules-and-meetings?$locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=04%2F15%2F2025&recordId=212046
- Texas Health and Human Services – HCSSA Emergency Preparedness - https://www.hhs.texas.gov/providers/long-term-care-providers/home-community-support-services-agencies-hcssa/hcssa-emergency-preparedness

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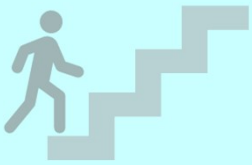

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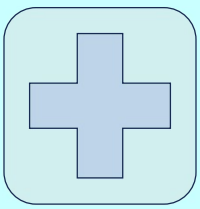

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