

# *Administrator Alert*

*Policy updates & rule clarifications for Assisted Living,  
Residential Care & Nursing Facilities*

Office of Licensing & Quality — Oregon Department of Human Services

*May 10, 2011*

## *Emergency Response protocols for Assisted Living and Residential Care Facilities*

The CBC News Hour in March was used to discuss the appropriate use of Emergency Medical Services (EMS) in assisted living and residential care facilities. We had guest speakers from various fire and rescue districts speak about the rising use of emergency services. This alert is a reminder of the information that was provided and the importance of proper utilization of this resource.

According to Steve Forster, Division Chief of Tualatin Valley Fire & Rescue, 80 percent of a fire department's workload is comprised of emergency response calls and one out of every four EMS calls comes from ALFs and RCFs. Falls are the single largest type of call from facilities and the greatest source of confusion and frustration for emergency responders and care providers alike. Emergency resources are limited and should be used judiciously and for emergency purposes only.

Assisted living and residential care facilities are required to have:

- Adequate staff to meet the scheduled and unscheduled needs of residents 24 hours a day;
- A licensed nurse that is regularly scheduled for onsite duties and available for telephone consultation;
- Evaluations and interventions in place for residents who are potential fall risks, or who may need the assistance of more than one staff member at any time.



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The intent and expectation for licensed assisted living and residential care facilities are:

- Facilities are expected to assist residents who have fallen and are not injured;
- Facilities are expected to evaluate a resident who experiences a significant change of condition and not use emergency responders to perform evaluations;
- If EMS is called for an emergency situation, there should be a staff available who is familiar with the resident's condition and provides accurate paperwork for transport with the resident;
- If a resident who is competent requests that EMS not be called and does not wish to be transported, the wishes of the resident should be respected and documented;
- If a resident is not competent to make his/her health care decisions, the facility should have paperwork indicating this to provide to EMS;

We strongly recommend that you contact your local fire department and emergency responders to discuss their specific recommendations and practices that will make their job and yours more efficient and safer for the community. Provide information to these agencies to educate them on your specific limitations and concerns. This will allow a better understanding and utilization of the resources that are available.

