

AGENCY FOR HEALTH CARE ADMINISTRATION  
DISASTER PREPAREDNESS FOR  
INTERMEDIATE CARE FOR DEVELOPMENTALLY DISABLED

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Criteria and upload portal is available on the Emergency Management website:  
<http://www.seminolecountyfl.gov/health>

**\*\*\*\*\*IMPORTANT SUBMITTAL INFORMATION\*\*\*\*\***

1. All plans **must** be submitted on-line through the Healthcare Upload Portal;
2. It must be in PDF, doc, or docx format;
3. It cannot be password protected;
4. Criteria showing page numbers, Contact Sheet and Review Acknowledgement must be included before the basic plan.
5. Plans must be submitted as one document with all supporting documentation inserted after the basic plan. Use identifiers (blank page with title of next section) between each section to separate the annexes/appendixes/MA Agreements/Floor plans etc;
6. All pages must be numbered; annexes / appendixes should be numbered separately.
7. The **fire plan** must be a separate appendix; if approved by a municipality, ensure the approval letter from the fire marshal is included.



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**I INTRODUCTION**

A. Basic information concerning the facility to include:

- \_\_\_\_\_ 1. Name of facility
- \_\_\_\_\_ 2. Address of facility
- \_\_\_\_\_ 3. Telephone number of facility
- \_\_\_\_\_ 4. 24 hour telephone number (if different from facility number)
- \_\_\_\_\_ 5. Emergency contact telephone number
- \_\_\_\_\_ 6. Fax number

B. \_\_\_\_\_ 1. Name of licensee of the facility  
\_\_\_\_\_ 2. Address of licensee  
\_\_\_\_\_ 3. Telephone number of licensee

C. \_\_\_\_\_ Year facility was built  
\_\_\_\_\_ Type of construction (i.e. concrete block, brick, wood frame etc.)

D. \_\_\_\_\_ 1. Name of Administrator  
\_\_\_\_\_ 2. Address of administrator  
\_\_\_\_\_ 3. Work telephone number  
\_\_\_\_\_ 4. Home telephone number  
\_\_\_\_\_ 5. Other telephone numbers (i.e. cell)

E. \_\_\_\_\_ 1. Name of person(s) implementing the provisions of this plan (if different from administrator)  
\_\_\_\_\_ 2. Address  
\_\_\_\_\_ 3. Work telephone number  
\_\_\_\_\_ 4. Home telephone number  
\_\_\_\_\_ 5. Other telephone numbers (i.e. cell)

F. \_\_\_\_\_ Provide an organization chart showing all positions with key emergency positions, identified by title, name and telephone numbers at home, work and other telephone numbers.

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- G. \_\_\_\_\_ Provide an organizational chart (if different from the previous chart required) identifying the hierarchy of authority in place during emergencies, and all positions on a day to day basis.

**II. HAZARD ANALYSIS**

- A. \_\_\_\_\_ Describe the potential hazards that the facility is vulnerable to such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, including procedures for each of these hazards.
- \_\_\_\_\_ 1. Indicate past history and lessons learned.
- B. \_\_\_\_\_ Identification of flood zone, as indicated on a Flood Insurance Rate Map.
- C. \_\_\_\_\_ Identification of the hurricane evacuation zone within which the facility is located
- D. \_\_\_\_\_ Proximity of the facility to a railroad or major transportation artery (per hazardous materials incidents).
- E. \_\_\_\_\_ If the facility located within 10 or 50 mile emergency planning zone of a nuclear power plant. (10 mile zone is called the Emergency Planning Zone (EPZ) and the 50 mile zone is called the Ingestion Pathway Zone (IPZ).
- F. \_\_\_\_\_ Provide a copy of the Fire Safety Plan as stated in the Life Safety Code 2003 edition.

**III. SITE SPECIFIC INFORMATION CONCERNING THE FACILITY:**

**A. Description of residents:**

- \_\_\_\_\_ 1. Number of facility beds (per license capacity)
- \_\_\_\_\_ 2. Maximum number of residents on site (daily census).
- \_\_\_\_\_ 3. Residents with seizures.
- \_\_\_\_\_ 4. Residents requiring special equipment (wheelchairs, crutches, braces or other ambulatory assistance).
- \_\_\_\_\_ 5. Residents with behavior or psychiatric disorders requiring one-on-one supervision.
- \_\_\_\_\_ 6. Residents requiring special care needs such as oxygen, dialysis, or tube feeding.

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**IV. EMERGENCY OPERATIONS:**

- A.** \_\_\_\_\_ 1. Identify by name and title, who's in charge during an emergency.  
\_\_\_\_\_ a. Alternate if person in charge is unable to serve in that capacity.
- \_\_\_\_\_ 2. Identify the chain of command to ensure continuous leadership and authority in key position.
- \_\_\_\_\_ 3. Provide procedures to ensure timely activation and staffing of the facility in emergency functions including any;  
\_\_\_\_\_ a. provision for emergency workers' families.
- \_\_\_\_\_ 4. Provide operational and support roles for **all** facility staff. This may be accomplished through the development of standard operating procedures (SOP) which must be attached to this plan.

**B. Procedures to ensure the following are supplied:**

- \_\_\_\_\_ 1. Food
- \_\_\_\_\_ 2. Water
- \_\_\_\_\_ 3. Sleeping arrangements
- \_\_\_\_\_ 4. Type of emergency power, natural gas, diesel or other.  
\_\_\_\_\_ a. If natural gas, identify alternate means should loss power occur that would affect the natural gas system.  
\_\_\_\_\_ b. Specify the capacity of the emergency fuel system.
- \_\_\_\_\_ 6. 72 hour supply of all essential supplies and resident medications.
- \_\_\_\_\_ 7. 24-hour staffing on a continuing basis until the emergency has abated.

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**C. Notification:**

- \_\_\_\_\_ 1. Procedures for the facility to receive timely information on impending threats and:
  - \_\_\_\_\_ a. how will decision makers, staff and residents be alerted to potential emergency conditions.
  
- \_\_\_\_\_ 2. How will the facility receive warnings, to include evenings, nights, weekends, and holidays.
  
- \_\_\_\_\_ 3. Identify the 24-hour contact number, if different than the number listed in the introduction.
  
- \_\_\_\_\_ 4. Define how key staff will be alerted.
  
- \_\_\_\_\_ 5. Provide the procedures and policy for reporting to work for key workers.
  
- \_\_\_\_\_ 6. Define how residents will be alerted and the precautionary measures that will be taken.
  
- \_\_\_\_\_ 7. Identify primary notification **and** the alternate means of notification should the primary system fail for on duty and off duty staff.
  
- \_\_\_\_\_ 8. Identify procedures for notifying the resident's representative that the facility is being evacuated, including information for continued communication.

**D. Evacuation:**

Provide the policies, responsibilities and procedures for the evacuation of residents from the facility.

If the licensee evacuates, the licensee must immediately, but within no more than 24 hours upon completion of evacuation, report to the Agency's Long Term Care Unit in Tallahassee at (850-488-5861), the location and number of residents evacuated, and contact information for continued communication for the duration of the evacuation. In the event the Long Term Care Unit is unavailable to receive such information, contact the appropriate Agency field office.

- \_\_\_\_\_ 1. Identify the individual responsible for implementing facility evacuation procedures.
  
- \_\_\_\_\_ 2. Identify and provide transportation arrangements through mutual aid agreements that will be used to evacuate residents. These agreements must be in writing, and copies of these agreements must be submitted during plan review.
  
- \_\_\_\_\_ 3. Identify the pre-determined locations to which residents will be evacuated.

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- \_\_\_\_\_ 4. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive residents. It **must** include name, address, telephone number and contact person for the host facility. It **must** include the number or evacuees to be sheltered, including residents, staff, and family members.
- \_\_\_\_\_ 5. Provide evacuation routes, maps, written instructions and secondary routes that will be used should the primary route be impassable.
- \_\_\_\_\_ 6. Specify the amount of time it will take to evacuate all residents successfully to the receiving facility.
- \_\_\_\_\_ 7. Provide the procedures that ensure facility staff will accompany evacuating residents.
- \_\_\_\_\_ 8. Provide the procedures to include a log system that will be used to keep track of residents once they have been evacuated.
- \_\_\_\_\_ 9. Determine the items and supplies and the amount of each that should accompany each resident during the evacuation. Provide for a minimum 72-hour stay, with provisions to extend this period of time if needed.
- \_\_\_\_\_ 10. Provide procedures for notifying resident representatives of evacuation.
- \_\_\_\_\_ 11. Provide procedures for ensuring all residents are accounted for **and** are out of the facility.
- \_\_\_\_\_ 12. Describe when the facility will begin pre-positioning of necessary medical supplies and provisions.
- \_\_\_\_\_ 13. Describe how **and** when alternate facility will be notified to where you will be evacuating.

**E. Transportation:**

- \_\_\_\_\_ 1. How will you transport residents to host facility?
- \_\_\_\_\_ 2. How will you transport staff?
- \_\_\_\_\_ 3. How will you transport supplies?
- \_\_\_\_\_ 4. Describe transportation arrangements for logistical support to include moving records, medications, food, water, equipment and other necessities.
  - \_\_\_\_\_ a. Provide copies of agreements if transportation is provided by other than the licensee.
- \_\_\_\_\_ 5. Describe when **and** at what point the mutual aid agreements for transportation will begin.

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**F. Re-entry:**

Provide the procedures that specify prerequisites needed and the process for residents to re-enter the facility.

- \_\_\_\_\_ 1. Identify the responsible person for authorizing re-entry to occur.
- \_\_\_\_\_ 2. Provide procedures for inspecting the facility to ensure it is structurally sound.
- \_\_\_\_\_ 3. Identify how residents will be transported from the receiving facility back to their home facility and
  - \_\_\_\_\_ a. How the facility staff will receive accurate and timely data on re-entry operations.

**G. Sheltering:**

If the facility is to be used as a receiving facility for an evacuating facility, describe the sheltering or hosting procedures that will be used once the evacuating residents arrive.

- \_\_\_\_\_ 1. Describe the receiving procedures for residents arriving from the evacuating facility.
- \_\_\_\_\_ 2. Identify where the additional residents will reside.
  - \_\_\_\_\_ a. provide a floor plan, which identifies the room area where residents will be housed, room size, and number of residents per room or area.
- \_\_\_\_\_ 3. Identify provisions of additional food, water, and medical needs of residents being hosted for a minimum of 72 hours.
- \_\_\_\_\_ 4. Describe the procedures for ensuring 24-hour operations.
- \_\_\_\_\_ 5. Describe procedures for providing shelter for family members of key workers.
- \_\_\_\_\_ 6. Provide procedures for tracking additional residents sheltered within the facility.

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**H. Information and Training:**

Identify the procedures for increasing employee awareness of possible emergency situations and provide training on the emergency roles before, during, and after an emergency, and on an annual basis.

- \_\_\_\_\_ 1. Identify how key workers will be instructed in their emergency roles during non-emergency times.
- \_\_\_\_\_ 2. Provide a training schedule for all employees and identify the providers of the training.
- \_\_\_\_\_ 3. Identify the provisions for training new employees regarding their disaster related roles.
- \_\_\_\_\_ 4. Provide the schedule for exercising all or portions of the emergency plan on an annual basis with all staff and all shifts.

**SEMINOLE COUNTY EMERGENCY MANAGEMENT INFORMATION NEEDED**

- \_\_\_\_\_ Facility Email Address
- \_\_\_\_\_ Administrator's Email address and cell number. (This information can be placed on the introduction page.)
- \_\_\_\_\_ Contact Information Sheet
- \_\_\_\_\_ Facility Acknowledgment of Plan Review Sheet
- \_\_\_\_\_ AHCA license and expiration date (This information can be placed on the introduction page and provide a copy of AHCA's license.)
- \_\_\_\_\_ Identify the Safety Liaison Officer (per 2011 Florida Statute 408.82) (This information can be placed on the introduction page.)
- \_\_\_\_\_ Identify by title the person responsible for, and the procedure to, update the EMResource (per Section 408.821(4), Florida Statutes) place information on Introduction page.