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EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ASSISTED LIVING FACILITIES

The following minimum criteria are to be used when Comprehensive Emergency Management Plans (CEMP) for all Residential Health Care Facilities (Facilities), including, but not limited to Assisted Living Facilities (ALFs), nursing homes, hospitals, and other residential health care providers. The criteria will serve as the recommended plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, Florida Statutes.

These minimum criteria satisfy the basic emergency management plan requirements of § 395.1055, Florida Statutes (F.S.), and Rule Chapter 59A-3, Florida Administrative Code (F.A.C.), for Hospitals and Ambulatory Surgical Centers; § 400.23, F.S., and Rule Chapter 59A-4, F.A.C., for Nursing Homes; § 429.41, F.S., and Rule Chapter 58A-5, F.A.C., for ALF's; § 393.067, F.S., and Rule Chapter 65B-6, F.A.C., for residential care facilities for the developmentally disabled.

These criteria are not intended to limit or exclude additional information that facilities may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. Any additional information which is included in the plan will not be subject to approval by county emergency management personnel, although they may provide information comments.

This form must be attached to your facility's comprehensive emergency management plan upon submission for approval to the county emergency management agency. Use it as a cross reference to your plan, by listing the page number and paragraph where the criteria are located in your plan on the line to the left of each item. This will ensure accurate review of your facility's plan by the county emergency management agency.

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; include the approval letter from the fire marshal.



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** ITALIZED ITEMS ARE BEING REQUESTED BY THE OFFICE OF EMERGENCY MANAGEMENT**

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CEMP TABLE OF CONTENTS (Example)

- I. Introduction
- II. Authorities and References
- III. Hazards Analysis
- IV. Concept of Operations
 - A. Direction and Control
 - B. Notification
 - C. Evacuation
 - D. Re-entry
 - E. Sheltering
- V. Information, Training and Exercise
 - A. Training and Exercises Schedule
 - 1. Calendar / schedule showing drills and exercises for 12 months

Annexes

- A. Roster of Employees and Companies with Key Disaster Roles
 - 1. List of company / emergency service providers
 - 2. Agreements and Understandings
- B. Agreements and Understandings
- C. Evacuation Route Maps
 - 1. Map of evacuation routes and description to receiving facility
- D. Support Materials (to support information provided in the plan)
 - 1. Any additional material to support the plan: (SOP, supply list, menu, floor plans)
 - 2. Facility Approved Fire Safety Plan

EM Requirements

- 1. Contact Information Form
- 2. Facility Acknowledgement Plan Review Form
- 3. Location map of facility

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I INTRODUCTION

A. Provide basic information concerning the facility, to include:

- _____ 1. Name of facility,
Address of facility,
Facility telephone number,
Emergency contact's telephone number and pager number, if available, and
Fax number,
Type of facility, and
License (copy of license).
Facility Email Address (if applicable).
- _____ 2. Owner of facility,
Address,
Telephone number.
- _____ 3. Year facility was built,
Type of construction,
Date of any subsequent construction.
- _____ 4. Name of administrator,
Address,
Work/ home telephone number of his/her alternate.
Email Address
- _____ 5. Name of person implementing the provisions of this plan, (if different from administrator)
Address,
Work and home telephone number.
- _____ 6. Name and work and home telephone number of person(s) who developed this plan.
- _____ 7. Provide an organizational chart, including phone numbers, with key management positions identified.
- _____ Identify the Safety Liaison Officer (per 2011 Florida Statute 408.821(1))
Email Address
- _____ Identify, by title, of the person responsible for registering and updating the DOH-EMResource per Section 408.821(4), Florida Statutes.

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- _____ B. Provide an introduction to the Plan which describes its **purpose, time of implementation**, and the **desired outcome** that will be achieved through the planning process.
- _____ Also provide any other information concerning the facility that has bearing on the implementation of this plan.

II AUTHORITIES & REFERENCES

- _____ A. Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc
- _____ B. Identify reference materials used in the development of the Plan.
- _____ C. Identify the hierarchy of authority in place during emergencies.
- _____ Provide an organizational chart, if different from the previous chart required.

III HAZARDS ANALYSIS

- _____ A. Describe the potential hazards that the facility is vulnerable to such as hurricanes, tornadoes, flooding, fires, and hazardous materials, incidents from fixed facilities or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, etc.
- _____ Indicate past history and lessons learned.
- B. Provide site specific information concerning the facility to include:
1. _____ Number of facility beds
 - _____ a. Maximum number of clients on site
 - _____ b. Average number of clients on site
 2. Type of residents/patients served by the facility to include but not limited to:
 - _____ a. Patients with Alzheimer's disease
 - _____ b. Patients requiring special equipment or other special care such as oxygen or dialysis
 - _____ c. Number of patients who are self-sufficient
 3. Identification of hurricane evacuation zone facility is in.
 4. Identification of which flood zone facility is in as identified on Flood Insurance Rate Map.
To obtain what flood zone your facility is located in, contact the appropriate entity like Seminole County Building & Zoning Department at 407-665-7335 or online at <http://gis2.seminolecountyfl.gov/InformationKiosk/>
 5. Proximity of facility to a railroad **or**
_____ major transportation artery (per hazardous materials incidents)
 6. Identify if facility is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant.

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IV. CONCEPT OF OPERATION:

This section of the plan defines the policies, procedures, responsibilities and actions that the facility will take before, during and after any emergency situation. At a minimum, the facility plan needs to address: direction and control; notification; and, evacuation and sheltering.

A. Direction and Control

Define the management function for emergency operations. Direction and control provide a basis for decision making and identifies who has the authority to make decisions for the facility.

- _____ 1. Identify, by name and title, who is in charge during an emergency and one alternate, should that person be unable to serve in that capacity.

- _____ 2. Identify the chain of command to ensure continuous leadership and authority in key positions.

- _____ 3. State procedures to ensure timely **activation** and staffing of the facility in emergency functions.
_____ What are the provisions for emergency workers' families?

- _____ 4. State the operational and support roles for all facility staff (this will be accomplished through the development of Standard Operating Procedures (SOP) (**which must be attached to this plan**)).

5. State the procedures to ensure the following needs are supplied:
 - _____ a. Food, _____ water, and _____ sleeping arrangements.
 - _____ b. Emergency power, natural gas or diesel. **If natural gas, identify alternate means** should loss of power occur which would affect the natural gas system.
_____ What is the capacity of the emergency fuel system?
 - _____ c. Transportation (may be covered in the evacuation section)
 - _____ d. 72 hour supply of all essential supplies.

- _____ 6. Provisions for 24-hour staffing on a continuous basis until the emergency has abated.

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B. Notification

Procedures must be in place for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff and residents of potential emergency conditions.

- _____ 1. Define how the facility will receive warnings, to include off hours and weekends/holidays.
- _____ 2. Identify the facility 24 hour contact number (if different than number listed in introduction).
- _____ 3. Define how key staff will be alerted.
- _____ 4. Define the procedures and policy for reporting to work for key workers
- _____ 5. Define how residents/patients will be **alerted** and the **precautionary measures** that will be taken.
- _____ 6. Identify alternative means of notification should the primary system fail.
- _____ 7. Identify procedures for notifying those facilities to which facility residents will be evacuated to.
- _____ 8. Identify procedures for notifying families of residents that facility is being evacuated.

C. Evacuation

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

- _____ 1. Identify the individual responsible for implementing the facility evacuation procedures.
- _____ 2. Identify transportation arrangement made through mutual aid agreements or memorandums of agreements that will be used to evacuate residents (copies of the agreements must be attached as annexes).
- _____ 3. Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities.
- _____ 4. Identify the pre-determined locations where residents will evacuate to.
- _____ 5. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients (current, signed each year).
- _____ 6. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.

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- _____ 7. Specify the amount of time it will take to successfully evacuate all patients/residents to the receiving facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (40 mph).
- _____ 8. What are the procedures to ensure facility staff will accompany evacuating residents/patients?
- _____ 9. Identify procedures that will be used to keep track of residents once they have been evacuated (to include a log system).
- _____ 10. Determine **what and how much** should each resident take. Provide for a minimum of 72 -hour stay with provisions to extend this period of time if the disaster is of catastrophic magnitude.
- _____ 11. Establish procedures for responding to family inquiries about residents who have been evacuated.
- _____ 12. Establish procedures for ensuring all residents are accounted for and are out of the facility.
- _____ 13. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.
- _____ 14. Specify at what point the mutual aid agreements for transportation **and** the notification of alternate facilities will begin.

D. Re-Entry

Once a facility has been evacuated, procedures need to be in place for allowing residents or patients to re-enter the facility.

- _____ 1. Identify who is the responsible person(s) for authorizing re-entry to occur.
- _____ 2. Identify procedures for inspection of the facility to ensure it is structurally sound.
- _____ 3. Identify (explain) how residents will be transported from the host facility back to their home facility **and** identify how you will receive accurate and timely data on re-entry operations.

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E. Sheltering

If the facility is to be used as a shelter for an evacuating facility, the plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.

- _____ 1. Describe the receiving procedures for arriving residents/patients from evacuating facility.
- _____ 2. Identify where additional residents will be housed.
 - _____ Provide a floor plan which identifies the space allocated for additional residents or patients.
- _____ 3. Identify provisions of additional food, water, medical needs of those residents being housed at receiving facility for a minimum of 72 hours.
- _____ 4. Describe the procedures for ensuring 24 hour operations.
- _____ 5. Describe procedures for providing sheltering for family members of critical workers.
- _____ 6. Identify when the facility will seek a waiver from Agency for Health Care Administration (AHCA) to allow for the sheltering of evacuees if this creates a situation which exceeds the operating capacity of the host facility.
- _____ 7. Describe procedures for tracking additional residents or patients sheltered within the facility.

V. INFORMATION, TRAINING AND EXERCISES

This section shall identify the procedures for increasing employee and resident awareness of possible emergency situations and providing training on their emergency roles before, during and after a disaster.

- _____ A. Identify how key workers will be instructed in their emergency roles during non-emergency times.
- _____ B. Identify a training schedule for all employees **and** identify the provider of the training.
- _____ C. Identify the provisions for training new employees regarding their disaster related role(s).
- _____ D. Identify a schedule for exercising all or portion of the disaster plan on an annual basis.
- _____ E. Establish procedures for correcting deficiencies noted during training exercises.

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ANNEXES

The following information is required, yet placement in an annex is optional, if the material is included in the body of the plan.

A. Roster of employees and companies with key disaster related roles.

- _____ 1. List the names, addresses, and telephone numbers of all staff with disaster related roles.
- _____ 2. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, Red Cross, etc.

B. Agreements & Understandings

- _____ 1. Provide copies of any **mutual aid agreement** entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.

C. Evacuation Route Map

- _____ 1. A map of evacuation routes and description of how to get to a receiving facility for drivers.

D. Support Material

- _____ 1. Any additional material needed to support the information provided in the plan.
- _____ 2. Copy of the facility's fire safety plan that is approved by the local fire department.

FACILITY CONTACT INFORMATION

Date: _____

Facility Name: _____ Facility Type: _____

Location Address: _____

City: _____ Zip: _____

Mailing Address (if different): _____

City: _____ Zip: _____

Facility Phone: _____ Emerg. Phone Number: _____

Facility Email: _____

Administrator/Owner Contact: **New Contact** _____ **Contact Update** _____

First Name: _____ Last Name: _____

Office Phone: _____ X _____ Cell Phone: _____

Office E-Mail: _____

Alt. E-Mail (optional): _____

Alternate Administrator Contact: **New Contact** _____ **Contact Update** _____

First Name: _____ Last Name: _____

Office Phone: _____ X _____ Cell Phone: _____

Office E-Mail: _____

Alt. E-Mail (optional): _____

Safety Liaison Officer Contact: **New Contact** _____ **Contact Update** _____

First Name: _____ Last Name: _____

Office Phone: _____ X _____ Cell Phone: _____

Office E-Mail: _____

Alt. E-Mail (optional): _____

All information is required

FACILITY CONTACT INFORMATION

FACILITY NAME: _____

FACILITY TYPE: _____

ADDRESS: _____

CITY: _____ Zip: _____

I certify the facility's Comprehensive Emergency Management Plan (CEMP) and the facility's fire plan have been updated and all employees have been trained on their roles and responsibilities during an emergency and given the opportunity to review the CEMP.

This CEMP is exercised on an annual basis with all employees who have a disaster role and any deficiencies found during an exercise have been corrected and the plan updated with all emergency personnel made aware of any new procedures or changes.

Please **initial** by each one:

_____ DOH EMSsystems: The information in the DOH EMSsystem has been updated

_____ Weather Radio: The facility has a NOAA weather radio monitored at all times

_____ Alert Seminole: The facility is signed up for Alert Seminole to receive emergency information

Signature of Administrator / Director / Owner **AND/OR**

Print Name

Signature of Assistant Administrator/Manager **AND/OR**

Print Name

Signature of Safety Liaison

Print Name

Date

At least one signature is required