

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; § 400.441, 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.

I. INTRODUCTION

A. Provide basic information concerning the facility to include:

1. _____ Name of facility, address, telephone number, emergency contact telephone number and pager number if available, and fax number, type of facility, and license.
2. _____ Owner of facility, address, telephone.
3. _____ Year facility was built, type of construction, and date of any subsequent construction.
4. _____ Name of Administrator, address, work/home telephone number of his/her alternate.

5. _____ Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the administrator.
 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.
- 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 AND 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. HAZARD ANALYSIS

- A. _____ **Describe the potential hazards that the facility is vulnerable to such as hurricanes, tornados, flooding, fires, 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, maximum number of clients on site, 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 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.
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.

IV. CONCEPT OF OPERATIONS

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 the 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 support roles for all facility staff. [This will be accomplished through the development of Standard Operating Procedures 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 effect the natural gas system. What is the capacity of 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.

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 facilities 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 facility evacuation procedures.
2. _____ Identify transportation arrangements made through mutual aid agreements or understandings 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.
7. _____ Specify the amount of time it will take to successfully evacuate all patient/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 winds).

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 on call they have been evacuated (to include a log system).
10. _____ Determine what and how much should each resident take. Provide for a minimum 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 inquires 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 reenter the facility.

1. _____ Identify who is the responsible person(s) for authorizing reentry to occur.
2. _____ Identify procedures for inspection of the facility to ensure it is structurally sound.
3. _____ Identify 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.

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/patients being housed at the 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 the Agency for Health Care Administration 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 roles(s).
- D. _____ Identify a schedule for exercising all or portions of the disaster plan on an annual basis.
- E. _____ Establish procedures for correcting deficiencies noted during training exercises.

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