



# Comprehensive Emergency Management Planning Criteria for Hospitals



The following minimum criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all hospitals. These criteria will be used as the approval guidelines for the county emergency management agencies, pursuant to Chapter 252, Florida Statutes. The criteria also serve as the suggested plan format for the CEMP, since they satisfy the basic emergency management plan requirements of s. 395.1055, Florida Statutes, and Chapter 59A-3, Florida Administrative Code.

These criteria are not intended to limit or exclude additional information that hospitals 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 informational 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.

#### \*\*\*\*\*IMPORTANT INFORMATION\*\*\*\*\*

The basic AHCA criteria have been modified to reflect the enhanced requirements for Lee County Emergency Management. This document is available in PDF format, as well as Word for electronic submission. As stated above, this form must be attached to the facility's CEMP upon submission for approval and is to be used as a cross-reference to your plan.

**If you need to find your hurricane evacuation zone and flood zone information, go to <http://leegis.leegov.com/LeeSplnS/>.** You will need to enable pop-up windows in your internet browser to use this site. Click on the **FLOOD INFO** button at the top right of the page, a pop-up window will appear with instructions on how to access the Flood Data for your facility.

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Download the Criteria at: <http://leeeoc.com/resources/Pages/CEMP.aspx>

\_\_\_\_\_ I. INTRODUCTION

\_\_\_\_\_ A. Provide basic information concerning the hospital to include:

- \_\_\_\_\_ 1. Name of the hospital, address, phone number, emergency 24-hour contact phone number, pager number (if available), fax number, type of hospital, and license.
- \_\_\_\_\_ 2. Owner of hospital, address, phone (private or corporate ownership).
- \_\_\_\_\_ 3. Year hospital was built, type of construction and date of any subsequent construction.
- \_\_\_\_\_ 4. Name of Administrator, address, work/home phone, number of his/her alternate.
- \_\_\_\_\_ 5. Name, address, work and home phone number of designated safety liaison serving as the primary contact for emergency operations.
- \_\_\_\_\_ 6. Name, address, work and home phone number of person implementing the provisions of this plan, if different from the Administrator.
- \_\_\_\_\_ 7. Name, work and home phone number of person(s) who developed this plan.
- \_\_\_\_\_ 8. Organizational chart, identifying phone numbers, with key management positions.

\_\_\_\_\_ 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 hospital 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 hospital is vulnerable to such as hurricanes, tornados, flooding, fires, hazardous materials, transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, gas leaks, etc. Indicate past history and lessons learned.
- \_\_\_\_\_ B. Provide site specific information concerning the hospital to include:
  - \_\_\_\_\_ 1. Location Map, a street level map noting the location of the facility.

- \_\_\_\_\_ 2. Licensed capacity, number of hospital beds, maximum number of patients on site, and average number of patients on site.
- \_\_\_\_\_ 3. Maximum number of staff on site.
- \_\_\_\_\_ 4. Identify types of patients served by the hospital:
  - \_\_\_\_\_ a. Patients with dementia
  - \_\_\_\_\_ b. Patients requiring special equipment or other special care, such as oxygen or dialysis
  - \_\_\_\_\_ c. Patients who are non-ambulatory
  - \_\_\_\_\_ d. Patients who require assistance
  - \_\_\_\_\_ e. Patients who do not require assistance
  - \_\_\_\_\_ f. Other - list types
- \_\_\_\_\_ C. Identify the elevation of the first finished floor.
- \_\_\_\_\_ D. Identify hurricane evacuation zone.
- \_\_\_\_\_ E. Identify which flood zone as identified on a Flood Insurance Rate Map, as of 8/28/08.
- \_\_\_\_\_ F. Number of miles hospital is located from a railroad or major transportation artery.
- \_\_\_\_\_ G. Identify if hospital 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 hospital will take before, during and after any emergency situation. At a minimum, the hospital 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 identify who has the authority to make decisions for the hospital.

- \_\_\_\_\_ 1. Identify by 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 that ensure timely activation and staffing of the hospital during emergency incidents.

- \_\_\_\_\_ 4. State the provisions made, if any, for emergency workers' families during emergency incidents.
- \_\_\_\_\_ 5. State the operational and support roles for all hospital staff (This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan).
- \_\_\_\_\_ 6. State the procedures to ensure the following needs are supplied:
  - \_\_\_\_\_ a. Emergency power and, if applicable, 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 the fuel tank for the emergency power system?
  - \_\_\_\_\_ b. Food, water, sleeping arrangements and other essential supplies for 72-hours.
  - \_\_\_\_\_ c. Oxygen, if required for patients.
  - \_\_\_\_\_ d. Transportation (may be covered in the evacuation section).
- \_\_\_\_\_ 7. Provisions for continuous 24-hour staffing until the emergency has abated.

\_\_\_\_\_ B. Notification

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

- \_\_\_\_\_ 1. Describe how the hospital will receive warnings.
- \_\_\_\_\_ 2. Describe how staff will be alerted.
- \_\_\_\_\_ 3. Describe the procedures and policy for staff reporting to work.
- \_\_\_\_\_ 4. Describe how patients will be alerted and the precautionary measures that will be taken.
- \_\_\_\_\_ 5. Identify alternative means of notification should the primary system fail.
- \_\_\_\_\_ 6. Identify by title the person responsible for, and the procedure to, update the AHCA Emergency Status System.
- \_\_\_\_\_ 7. Identify procedures for notifying those areas or facilities (for which mutual aid agreements are in place) to which patients will be relocated or evacuated.
- \_\_\_\_\_ 8. Identify procedures for notifying families of patients that been moved or relocated.

## \_\_\_\_\_ C. Evacuation

Hospitals must plan for both internal and external disasters. Although facilities must be prepared for the possibility of relocating patients to another facility, there are instances when moving patients to another part of the hospital would be more appropriate. The following criteria should be addressed to allow the hospital to respond to both types of evacuation.

- \_\_\_\_\_ 1. Describe the policies, roles, responsibilities and procedures for moving and relocating patients.
- \_\_\_\_\_ 2. Identify the individual responsible for implementing hospital evacuation procedures.
- \_\_\_\_\_ 3. Identify all arrangements (transportation of patients, etc.) made through mutual aid agreements, memorandums of agreement or understandings that will be used to evacuate patients (copies of the agreements must be updated annually and attached in the appendix).
- \_\_\_\_\_ 4. Describe logistical arrangements for transportation support to ensure essential records, medications, treatments, and medical equipment remain with the patient at all times.
- \_\_\_\_\_ 5. Identify the pre-determined locations to which patients will be evacuated.
- \_\_\_\_\_ 6. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive patients (current, signed annually).
- \_\_\_\_\_ 7. Specify at what point the mutual aid agreements and the notification of transportation and alternate facilities will begin.
- \_\_\_\_\_ 8. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.
- \_\_\_\_\_ 9. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.
- \_\_\_\_\_ 10. Specify the amount of time it will take to successfully move or relocate all patients (both internally and externally). Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm force winds (40 mph).
- \_\_\_\_\_ 11. Describe the procedures to ensure that the hospital's staff will accompany relocated patients. If staff will not be accompanying patients, what measures will be used to ensure their safe arrival (i.e. who will render care during transport).
- \_\_\_\_\_ 12. Establish procedures for ensuring that all patients are accounted for and are out of the facility.
- \_\_\_\_\_ 13. Identify procedures that will be used to keep track of patients once they have been relocated. If patients are considered discharged at the time of relocation, please explain.

\_\_\_\_\_ 14. Establish procedures for responding to family inquiries about patients who have been relocated.

\_\_\_\_\_ D. Re-Entry

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

\_\_\_\_\_ 1. Identify who is the responsible person(s) for authorizing re-entry to occur.

\_\_\_\_\_ 2. Identify procedures for inspection of the hospital to ensure it is structurally sound.

\_\_\_\_\_ 3. Explain how patients will be transported back to the hospital following relocation. If patients will not be re-admitted, please explain the criteria that will be used to make this determination.

\_\_\_\_\_ E. Sheltering

If the hospital will be accepting patients from an evacuating hospital, the plan must describe the procedures that will be used once the evacuating hospital's patients arrive.

\_\_\_\_\_ 1. Describe the receiving procedures for patients arriving from an evacuating hospital.

\_\_\_\_\_ 2. Identify the means for providing, for a minimum of 72-hours, additional food, water, and medical needs of those patients being hosted.

\_\_\_\_\_ 3. Identify how the hospital will notify AHCA if it exceeds its licensed operating capacity.

\_\_\_\_\_ 4. Describe procedures for tracking additional patients within the hospital.

\_\_\_\_\_ V. INFORMATION, TRAINING AND EXERCISES

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

\_\_\_\_\_ A. Identify how and when staff will be trained 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 portions of the disaster plan on a semi-annual basis.

\_\_\_\_\_ E. Establish procedures for correcting deficiencies noted during training exercises.

\_\_\_\_\_ VI. APPENDIX

The following information is required, yet placement in an APPENDIX 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, phone numbers of all staff.

\_\_\_\_\_ 2. List the name of the company, agency, organization, contact person, phone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, etc.

\_\_\_\_\_ B. Agreements and Understandings

\_\_\_\_\_ 1. Provide copies of any mutual aid agreements, memorandums of agreement or any other understandings entered into pursuant to the fulfillment of this plan. This is to include reciprocal host hospital 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 primary and secondary evacuation routes and description of how to travel to receiving facility(ies).

\_\_\_\_\_ D. Support Material

\_\_\_\_\_ 1. Any additional material needed to support the information provided in the plan.

\_\_\_\_\_ 2. Copy of the hospital's fire safety plan that is approved annually by the local fire department, with an annual letter of approval from the fire department. (Fire Inspection Certificate will not be accepted, it must be a letter of approval.)

\_\_\_\_\_ E. Standard Operating Procedures