The following minimum criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all Nursing Homes. The criteria serve as the required plan format for the CEMP, and will serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, Florida Statutes (F.S.). These minimum criteria satisfy the basic emergency management requirements of 400, Part II, Florida Statutes, but are not designed to provide specific emergency medical planning guidance. Although such planning is required under 400, Part II, Florida Statutes, and this rule and may be included in this plan; those items will not be subject to review or approval by county emergency management agencies.

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 that 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 on the Emergency Management website: www.LeeEOC.com. 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.

TO SUBMIT YOUR CEMP:

1. It must be in electronic format (PDF and MS Word, or equivalent);
2. All supporting documentation must be inserted into the CEMP, not separate files;
3. It cannot be password protected;
4. It must either be e-mailed or provided on CD/flash drive.

Healthcare CEMP Review Contact Information:

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

_____ I. INTRODUCTION

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

_____ 1. Name of the facility, address, phone number, emergency 24-hour contact phone number, pager number (if available), fax number, type of facility, and license.

_____ 2. Owner of facility, address, telephone (private or corporate ownership).

_____ 3. Year facility was built, type of construction and date of any subsequent construction.

_____ 4. Name of Administrator, address, work/home phone number, and 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 telephone number of person(s) who developed this plan.

_____ 8. Organizational chart identifying key management positions, with phone numbers.

_____ B. Provide an introduction to the Plan that 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, transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, gas leaks, etc. Indicate history and lessons learned.

_____ B. Provide site-specific information concerning the facility to include:

_____ 1. Location Map, a street level map noting the location of the facility.

_____ 2. Licensed capacity, number of facility 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 facility:

_____ a. Patients with dementia or Alzheimer's disease

_____ 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 the hurricane surge evacuation zone the facility is located in, as of July 1, 2011.

_____ E. Identify the flood zone the facility is located in, as identified on a Flood Insurance Rate Map, as of 8/28/08.

_____ F. Number of miles facility is located from a railroad or major transportation artery.

_____ G. 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. 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 identify who has the authority to make decisions for the facility.

_____ 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 facility 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 facility 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 affect 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 evacuation section).

_____ 7. Provisions for continuous 24-hour staffing 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 the facility's decision makers, staff, and patients of potential emergency conditions.

_____ 1. Describe how the facility will receive warnings, to include off hours and weekends/holidays.

_____ 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 the facility is being evacuated.

_____ C. Evacuation

Facilities 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 facility would be more appropriate. The following criteria should be addressed to allow the facility 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 facility 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 facility's staff will accompany evacuating patients, to include a log system. 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. Determine what and how much each resident should take with them, providing for a minimum 72-hour stay, with provisions to extend this period if the disaster is of a catastrophic magnitude.

_____ 13. Establish procedures for ensuring that all patients are accounted for and are out of the facility.

_____ 14. Identify procedures that will be used to keep track of patients once they have been relocated.

_____ 15. Establish procedures for responding to family inquiries about patients who have been relocated.

_____ D. Re-Entry

Once a facility has been evacuated, procedures need to be in place for allowing 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. Explain how patients will be transported back to the facility following relocation. Identify how you will receive accurate, timely data on re-entry operations and patient tracking.

_____ E. Sheltering

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

_____ 1. Describe the receiving procedures for patients arriving from an evacuating facility.

_____ 2. Identify where additional patients will be housed. Provide a floor plan, which identifies the space allocated for additional patients.

_____ 3. Identify the means for providing, for a minimum of 72-hours, additional food, water, and medical needs of those patients being hosted.

_____ 4. Identify how the facility will notify AHCA if it exceeds its licensed operating capacity and seek a waiver.

_____ 5. Describe the procedures for ensuring 24-hour operations.

_____ 6. Describe procedures for providing sheltering for family members of critical workers.

_____ 7. Describe procedures for tracking additional patients within the facility.

_____ V. INFORMATION, TRAINING AND EXERCISES

This section identifies the procedures for increasing employee and patient awareness of possible emergencies 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, and telephone 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 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 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 facility'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