



AMBULATORY SURGICAL CENTERS

- **STATUTE**
- **RULE**
- **CRITERIA**

**Current until changed by State
Legislature or AHCA**

Hospitals and Ambulatory Surgical Centers

Statutory Reference³

395.1055 (1)(c), Florida Statutes

Rules and Enforcement.

- (1)** The agency shall adopt rules pursuant to ss. 120.536(l) and 120.54 to implement the provisions of this part, which shall include reasonable and fair minimum standards for ensuring that:

 - (c)** A comprehensive emergency management plan is prepared and updated annually. Such standards must be included in the rules adopted by the agency after consulting with the Department of Community Affairs. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records, and responding to family inquiries. The comprehensive emergency management plan is subject to review and approval by the local emergency management agency. During its review, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health and Rehabilitative Services, the Agency for Health Care Administration, and the Department of Community Affairs. Also, appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

³ This statutory excerpt is only meant to be used for reference purposes. A complete copy of the Hospital and Ambulatory Surgical Center Statute (Chapter 395, Part 1, F.S.) may be accessed through the Online Sunshine Internet Homepage

Ambulatory Surgical Centers

Rule Reference⁵

59A-5.018 Comprehensive Emergency Management Plan.

- (1) Each Ambulatory Surgical Center shall develop and adopt a written comprehensive emergency management plan for emergency care during an internal or external disaster or emergency which it shall review and update annually.
- (2) The emergency management plan shall be developed in conjunction with other agencies and providers of health care services within the local community pursuant to Section 252.32(2), F.S., and in accordance with the “Emergency Management Planning Criteria for Ambulatory Surgical Centers”, AHCA FORM 3130-2003 July 94, which is incorporated by reference. The plan shall include:
 - (a) Provisions for internal and external disasters, and emergencies, pursuant to s. 252.34, F.S.;
 - (b) A description of the ambulatory surgical center’s role in a community wide comprehensive emergency management plan;
 - (c) Information about how the center plans to implement specific procedures outlined in its comprehensive emergency management plan;
 - (d) Precautionary measures, including voluntary cessation of center operations, to be taken by the center in preparation and response to warnings of inclement weather, including hurricanes and tornadoes, or other potential emergency conditions.
 - (e) Provisions for the management of patients, including the discharge or transfer of patients and staff to a hospital or subacute care facility, at the direction of the center’s administrator, in the event of an evacuation order, or when a determination is made by the Agency for Health Care Administration (ACHA) that the condition of the facility is sufficient to render it a hazard to the health and safety of patients and staff, pursuant to Chapter 59A-5, F.A.C. Such provisions shall address

⁵ This rule excerpt is only meant to be used for Reference purposes. A complete copy of the Ambulatory Surgical Center rule (Chapter 59A-5, F.A.C.) may be obtained from The Agency for Health Care Administration (2727 Mahan Drive, Tallahassee, FL 32308).

the role and responsibility of the physician in the decision to move or relocate patients;

- (f) Provisions for coordinating with hospitals that would receive patients to be transferred;
 - (g) Provisions for the management of staff, including the distribution and assignment of responsibilities and functions, and the assignment of staff to accompany patients to a hospital or subacute care facility;
 - (h) A provision that a verification check will be made to ensure patients transferred to a hospital arrive at the designated hospital;
 - (i) A provision that ensures that copies of medical records and orders accompany patients transferred to a hospital;
 - (j) Provisions for the management of patients who may be treated at the center during an internal or external disaster or emergencies, including control of patient information and medical records, individual identification of patients, transfer of patients to hospital(s) and treatment of mass casualties;
 - (k) Provisions for contacting relatives and necessary persons advising them of patient location changes. A procedure must also be established for responding to inquiries from patient families and the press;
 - (l) A provision for educating and training personnel in carrying out their responsibilities in accordance with the adopted plan;
 - (m) Identification of mutual aid agreements or statements of understanding for services; and
 - (n) Provisions for coordination with designated agencies, including the local Red Cross, and the county emergency management agency pursuant to s. 252.311, F.S.
- (3) The plan, including appendices, as required by the “Emergency Management Planning Criteria for Ambulatory Surgical Centers”, shall be submitted annually to the county emergency management agency for review and approval. A fee may be charged for the review of the plan as authorized by s. 252.35(2)(l) and 252.38(1)(e), F.S.

- (a) The County Emergency Management agency has 60 days upon receipt of the plan, in which to review and approve the plan, or advise the ambulatory surgical center of necessary revisions. If the county emergency management agency advises the center of necessary revisions to the plan, those revisions shall be made as authorized by s. 395.1055(1)(c), F.S., and the plan shall be resubmitted to the county emergency management agency within 30 days of notification by the county emergency management agency.
 - (b) The County Emergency Management agency shall be the final administrative authority for emergency management plans developed by ambulatory surgical centers.
- (4) The Ambulatory Surgical Center shall test the implementation of the emergency management plan semiannually, either in response to an emergency or in a planned drill, and shall evaluate and document the center's performance. This documentation must be on file at the center and available for inspection by the county emergency management agency and the Agency for Health Care Administration.
- (5) The emergency management plan shall be available for immediate access by the staff.
- (6) If a center evacuates during or after an emergency, the center shall not be reoccupied until a determination is made by the center's administrator that the center can meet the needs of the patients. A center with significant structural damage shall not be reoccupied until approval is received from the Agency for Health Care Administration's Office of Plans and Construction that the center can be safely reoccupied, pursuant to Rules 59A-5.020 through 59A-5.031, F.A.C.
- (7) A center that must evacuate the premises due to a disaster or an emergency condition, shall report the evacuation to the Agency for Health Care Administration's local area health facility regulation office within 24 hours or as soon as practical. The names and destination of patients relocated shall be provided to the county emergency management agency or its designee having responsibility for tracking the population at large. The licensee shall inform the Agency for Health Care Administration's local area office of a contact person who will be available 24 hours a day, seven days a week, until the center is reoccupied.

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

**EMERGENCY MANAGEMENT PLANNING CRITERIA FOR
AMBULATORY SURGICAL CENTERS**

The following criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all Ambulatory Surgical Centers. 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-5, Florida Administrative Code.

These criteria are not intended to limit or exclude additional information that ambulatory surgical centers may decide to include 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 the specific review by the county emergency management personnel, although they may provide informational comments.

This form must be attached to your center's comprehensive emergency management plan upon submission for approval to the county emergency management agency for review. 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 center's plan by the county emergency management agency.

I. INTRODUCTION

- A. Provide basic information concerning the ambulatory surgical center to include:
 - 1. Name of the center, address, telephone number, emergency contact telephone number, pager number and fax number.
 - 2. Year the center was built, type of construction and date of any subsequent construction.
 - 3. Name of the Administrator, address, telephone number and an alternate contact person.
 - 4. Name, address, telephone number of person(s) who developed this plan.
 - 5. Organizational chart 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 ambulatory surgical center that has bearing on the implementation of this plan.

II. AUTHORITIES

- A. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from A. 5. above.

III. HAZARD ANALYSIS

- A. Describe the potential hazards that the ambulatory surgical center is vulnerable to, such as hurricanes, tornadoes, 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.
- B. Provide site-specific information concerning the ambulatory surgical center to include:
 - 1. Location Map.
 - 2. Number of recovery beds, number of operation suites, maximum number of patients on site, average number of patients on site.
 - 3. Type of patients served by the center.
 - 4. Identification of the hurricane evacuation zone the ambulatory surgical center is in.
 - 5. Identification of which flood zone the ambulatory center is in, as identified on the Flood Insurance Rate Map.
 - 6. Proximity of the ambulatory surgical center to a railroad or major transportation artery (to identify possible hazardous materials incidents).
 - 7. Identify if the ambulatory surgical center is located within the 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 ambulatory surgical center will take before, during and after any emergency situation. At a minimum, the ASC plan needs to address: direction and control, notification, and evacuation.

—— A. Direction and Control

- 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 to ensure timely activation and staffing of the ambulatory surgical center in emergency functions.
- 4. State the operational and support roles for all ASC 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. Water and food source.
 - 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?
- 6. Describe the ambulatory surgical center's role in the community wide comprehensive emergency management plan and/or its role in providing for the treatment of mass casualties during an emergency.
- 7. Provide information on the management of patients treated at the center during an external and internal emergency.

—— B. Notification

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

- 1. Explain how the ambulatory surgical center will receive warnings of emergency situations.
- 2. Identify the ambulatory surgical center's 24-hour contact number, if different than the number listed in introduction.
- 3. Explain how key staff will be alerted.
- 4. Define the procedures and policy for reporting to work for key workers, when the center remains operational.
- 5. Explain how patients will be alerted, and the precautionary measures that will be taken, including but not limited to voluntary cessation of center operations.
- 6. Identify alternative means of notification should the primary system fail.
- 7. Identify procedures for notifying those hospitals or subacute care facilities to which patients will be transferred.
- 8. Identify procedures for notifying families of patients if the ambulatory surgical center is ceasing operations, and the patients have been relocated.

—— C. Evacuation

Ambulatory surgical centers must plan for both internal and external disasters. The following criteria should be addressed to allow the ambulatory surgical center to respond to both types of evacuation.

- 1. Describe the policies, roles, responsibilities and procedures for the discharge or transfer of patients from the ambulatory surgical center.

- 2. Identify the individual responsible for implementing the ambulatory surgical center discharge and evacuation procedures.
- 3. Identify transportation arrangements made through mutual aid agreements / understandings or agreements that will be used to transfer patients. If transportation is coordinated through a central agency, i.e., county EOC, please explain. In addition, if there is a “transportation shortfall” in the area, please explain how the problem is addressed under current limitations.
- 4. Describe transportation arrangements for logistical support to include: moving medical records, and other necessities. If this is arranged through a centralized agency, i.e., county EOC, please explain.
- 5. Provide a copy of any mutual aid agreement that has been entered into with hospitals to receive patients. Please identify the primary and secondary hospital to receive patients, if they are pre-determined. If relocation is coordinated through a centralized agency, i.e., county EOC, please explain.
- 6. Identify evacuation routes that will be used, including secondary routes if the primary route is rendered impassable.
- 7. Specify the amount of time it will take to discharge or successfully transfer patients to the receiving hospital or subacute care 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 ambulatory surgical center staff will accompany transferring patients. If ASC staff will not be accompany patients, what measures will be used to ensure their safe arrival (i.e., who will render care during transport).

- 9. Establish procedures for responding to family inquiries about patients who have been transferred.
- 10. Establish procedures for ensuring all patients are accounted for and are out of the center. If patients will be considered discharged at the time of relocation, please explain.
- 11. Specify at what point the mutual aid agreements for transportation and the notification of alternate hospital or subacute care facilities will begin.
- D. Re-entry

Once an ambulatory surgical center has been evacuated, procedures need to be in place for allowing patients to re-enter the center.

 - 1. Identify who is the responsible person(s) for authorizing re-entry to occur.
 - 2. Identify procedures for inspecting the ambulatory surgical center to ensure it is structurally sound.

V. INFORMATION, TRAINING AND EXERCISE

This section shall identify the procedures for increasing employee and patient awareness of possible emergency situations and provide 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 who will provide the training.
- C. Identify the provisions for training new employees regarding their disaster-related roles.
- D. Identify a schedule for exercising all or portions of the disaster plan on a semiannual basis.
- E. Establish procedures for correcting deficiencies noted during training exercises.

APPENDICES

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, 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 and Understandings
 - 1. Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include 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 evacuation routes and description of how to get to a receiving hospital or subacute care facility for drivers.
- D. Support Material
 - 1. Any additional material needed to support the information provided in the plan.
 - 2. Copy of the center's fire safety plan that is approved by the local fire department.
- E. Standard Operating Procedures