

2016

Assisted Living Facility Disaster Plan Guidance



PURPOSE:

The purpose of this document is to provide guidance for those facilities needing help in developing a disaster plan. This is not meant to be a substitute for education or training on disaster plan development. And remember, a good plan requires execution to be successful! Train your staff on your plan and execute it at least annually.

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TAB 1

Required Documentation

GUIDELINE

Required Documentation for CEMP Review

(See samples in the reference section)

A. EM Resource Registration Detail Page/User Agreement

Florida Statutes (408.821) requires Nursing Care and Assisted Living facilities to enroll in the online system. This requirement became effective 7/1/09. There are no exceptions.

- See **TAB 1 APPENDIX A** for examples and FAQ's

B. Fire Plan Approval Letter

This is not the same as the Fire Inspection. This should be updated annually for all facilities and should cover the full plan year.

- See **TAB 1 APPENDIX B** for an example Fire Plan Approval Letter

C. AHCA Criteria Outline

The outline **MUST** be completed each year with page numbers of where to find the supporting information for each item in the disaster plan. Starting with a fresh copy downloaded from our website each year will ensure:

- AHCA criteria is the most current
- All items are still adequately covered in your plan
- Agreements have been checked for annual signatures and/or updates
- See **TAB 1 APPENDIX C** for crosswalk to this guide

D. Pinellas County Criteria Sheet

The sheet **MUST** be completed each year with updated contact information and page numbers of where to find the supporting information for each item in the disaster plan. Starting with a fresh copy downloaded from our website each year will ensure:

- Pinellas County criteria is the most current
- Emergency Management preferred method of contact will be up to date
- See **TAB 1 APPENDIX D** for crosswalk to this guide

APPENDIX A-1 – EM Resource Sample Website Detail

GUIDELINE

Type: Pinellas ALF

Address:

County: PINELLAS

Lat/Longitude: 27.995231 / -82.699283

EMResource/AHA ID: 78498 /

Website:

Contact:

Contact Title:

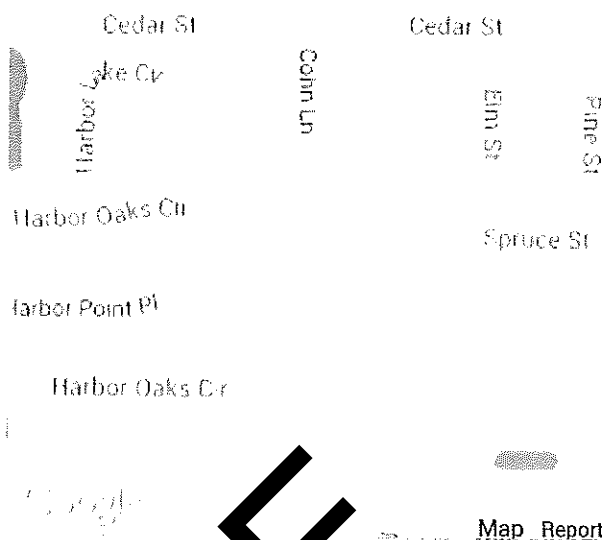
Phone 1:

Phone 2:

Fax:

Email:

Notes:

[Map](#) [Report a map error](#)

Status	Status	Comment	Last Update	AHCA License	Status	Comment	Last Update
Able to contact?	--						
Active	Active		21 Feb 01:59	Account Type	ASSISTED LIVING FACILITY		21 Feb 01:59
Current Moratorium Issued	--		21 Feb 01:59	Administrator's Name			03 Dec 00:01
Facility: Operational Status	--			Client Code			21 Feb 01:59
Languages Spoken	--			File Number			21 Feb 01:59
Willing to accept evacuees?	--			Inspection Region	05		21 Feb 01:59
				License Number			21 Feb 01:59
				Owner Name / Company			22 Jan 00:01
				Primary Facility Address2			21 Feb 01:59
				Primary Facility E-mail			21 Feb 01:59
				Primary Facility Fax #			21 Feb 01:59
				Primary Facility Phone #			21 Feb 01:59
				Primary Mailing Address 1			22 Jan 00:01

BED Availability	Status	Comment	Last Update
Current Total Census	--		
Bed Availability: Total Licensed	--		
Bed Availability: Ext Congregate Care	--		

BED Capacity	Status	Comment	Last Update
--------------	--------	---------	-------------

APPENDIX A-2 – EM Resource Sample User Agreement

GUIDELINE

sample of EMResource user agreement

Mail to:

Agency for Health Care Administration
System Management Unit
2727 Mahan Drive Bldg. 1, Mail Stop # 47
Tallahassee, FL 32308

Scan and E-Mail to:

emresource@ahca.myflorida.com
Subject Line: EMResource User Agreement

Fax to:

(850) 413-0007

Partner User Agreement**User Information:****Name:**

First

Middle

Last

Title or Position:ADMINISTRATOR / OWNER**Phone Number:**

Format XXX-XXX-XXXX ext. XXX

E-Mail address:**Organization Name:****Please select the rights and privileges you are requesting:**

- ☒ I need view status and run reports for facilities.
☒ I need to update status on behalf of facilities.

Each person with access to this web site must abide by the following:

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. Your user information is for your use only and will serve as your "electronic signature". This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use this information for unauthorized or illegal purposes.
- Do not make any disclosure of this data that is not specifically authorized.
- Do not intentionally cause corruption or disruption of the system.

If you become aware of any violation of these security requirements or suspect that someone may have used your user ID or password, immediately report that information to the Agency for Health Care Administration (AHCA) at (850) 412-4402.

I understand that as an EMResource User, I assert that I am authorized to update facility information on behalf of the provider listed above. As part of this agreement, I am accepting electronic correspondence as the primary method of communication from the Agency on all matters related to the Emergency Status System requirement. By accessing this system, I am agreeing to follow AHCA's policies regarding acceptable use and protection of confidential information. I am affirming that the information contained in the form is true. By signing this agreement, I acknowledge reading, understanding and agreeing to its contents.

User Information:**User Name:****Signature:****Date:****Authorizing Organization:****Name:****Signature:****Date:****AHCA USE ONLY:****Staff Signature:****Staff Name:****Date Authenticated:**

GUIDELINE

EMResource Tips

Registration

1. All participating facilities must register at least 2 users. Each user must submit a separate New User Agreement Form for each facility they require access to in EMResource, and will be emailed an individual username for logging in. Contact either the Bureau of Health Facility Regulation, at (850) 412-4402, of the AHCA EMResource Administrator at Emresource@ahca.myflorida.com to obtain the correct form.
2. Users may register for access to multiple facilities in EMResource; they will be able to view them all using a single username and password.

Access and Navigation

3. Log in at <https://emresource.emsystem.com/login>
4. Username and Password are Case Sensitive.
5. Once logged in, use links and menus to navigate from page to page, rather than the Web Browser's "Back" and "Forward" buttons.
6. Use the "Preferences" tab on the black Menu Bar at the top of the screen to perform personal account maintenance, including updating phone numbers and email addresses, changing a password, and setting up the Security Challenge to enable password recovery.
7. Facilities in EMResource are grouped in 15 different Regions, according to the type of facility, and in some cases, geography. Users will only have access to the Region their facility is in, and will only be able to view the facility pages they have been authorized to access. The name of the current Region is displayed at the top left of the screen on every page in EMResource.
8. Some users will have access to facilities in different Regions (e.g. a Nursing Home and an Assisted Living Facility). To navigate between Regions, click on the name of the current Region at the top left of the screen. This will open the "Select Region" screen, where the user can use a drop down menu to select from the Regions they have access to.
9. Upon signing in, or selecting a new Region, the Region "Default View" page will open, where the accessible facilities will be listed. Click once on the name of a facility to access that facility's page.
10. Return to the Default View page using the "View" tab in the black Menu Bar at the top of the screen, or by clicking the "back to view" link found at the top right corner of every facility page.

Entering Facility Status Information

11. On a facility page (or "Resource Detail"), the facility status information is grouped into different categories, such as "Bed Availability", "Facility Utilities", and "Emergency Contacts".
12. Specific Status Types are listed in blue under each category header. Clicking on the name of a particular status will reveal a more detailed explanation of what information is being requested for that status. For Example, clicking on the status "Dependent:Dialysis" brings up the detailed description "Please enter the number of patients in your facility that are dependent on dialysis treatment".
13. To Enter Facility Status information, click once in the field in the Status column next to the status type to be updated. This will open an "Update Status" screen for the chosen Status type. The user will be able to enter data, or select from predetermined values (e.g., entering "4" for Bed Availability status, or choosing between Yes, No, or N/A for "On Backup Power?" status). Once the status is updated, click the "Save" button, and the information will be displayed on the facility page.

14. To update more than one status at a time: Open any Update Status screen as described above. Click the link that says “Show all Statuses”. This will display EVERY status type available. Make the desired updates, then scroll to the bottom and click “Save”. All of the updated statuses will be displayed on the facility page.
15. When a status is updated, a time/date stamp of the update is also displayed, as well as a record of which user made the update.

Responding to an Event Notification

16. When a facility status update is required, System Administrators open an “Event” in EMResource. Users will then receive an email notification, with precise instructions to log in to EMResource and update specific status fields. For example, if a hurricane is approaching, a “Pre-Landfall” Event could be opened, asking users to log in and update their emergency contact information, census, and their ability to accept evacuees if necessary.
17. If an Event has been activated in a particular region, it will be displayed in a colored banner at the top of the page after the user logs in. Click on the title of the Event for additional details, including who activated the event and when, and specific instructions regarding which fields to update.
18. To respond to an Event in their Region, a user should click on the “Keys” icon to the left of their facility name on the Region Default View page. This will open the Update Status screen for just those statuses requested for that Event. Make the updates and click “Save” to successfully respond to the Event Notification.

Miscellaneous

19. For assistance, click the “Contact Us” link, found at the top right corner of the screen. This will display the phone number for the AHCA Bureau of Health Facility Regulation (HFR), as well as the email address for the EMResource Administrator.
20. Screen loading times can be slow, especially following a status update. Be Patient!
21. There is some information on the facility page that is pulled directly from the AHCA Licensing database, and cannot be changed by the facility user. If there is incorrect information displayed, contact the HFR main line, at (850)412-4402, or your specific licensing unit directly, with the specific changes needed.

EMResource Frequently Asked Questions

EMResource Public Health & Safety Communication System

<https://emresource.emsystem.com/login.jsp>

1. **Question: My facility already has a Comprehensive Emergency Management Plan approved by my county Office of Emergency Management – they know how to contact me. Do I still have to enroll in EMResource?**

Answer: Yes. Florida Statutes (408.821) requires nursing homes AND assisted living facilities to enroll in the online system. This requirement became effective 7/1/09. There are no exceptions.

2. **Question: What happens if my facility is not enrolled in EMResource?**

Answer: Failure to comply will result in administrative sanctions that may include fines and revocation of your facility's license.

3. **Question: Isn't the nursing home administrator the "Safety Liaison?"**

Answer: Florida Statutes (Section 408.821) requires that each facility designate a Safety Liaison to be the primary contact for emergency operations. It doesn't have to be the administrator, but someone must be identified to serve in this role. When you update your EMResource record, list the Safety Liaison's name under the Emergency Contact section.

4. **Question: I don't have the password and/or the user code to log on. Who do I call?**

Answer: Nursing homes: call (850) 412-4303 (the AHCA LTC Unit)
 ALFs: call (850) 412-4304 (the AHCA ALF Unit)

5. **Question: I am a new administrator. What do I have to do to update EMResource?**

Answer: If you are a new administrator, you need to establish a user account in EMResource associated with your facility.

6. **Question: How many staff can have an EMResource user for my facility?**

Answer: Each facility is encouraged to have at least a primary and secondary user, however there is no limit to the number of users per facility. If you can't locate your user code and password, please call AHCA for further assistance (SNFs 850-412-4303 or ALFs 850-412-4304).

7. **Question: My corporate office wants to enter information for our facility – is that OK?**

Answer: A person affiliated with the provider facility, such as a corporate representative, may enroll as an EMResource User. Once approved, the corporate representative may enter information for them in the EMResource database system.

More Questions?

Call the Agency for Health Care Administration:

Nursing HomesCall 850-412-4303

Assisted Living FacilitiesCall 850-412-4304

Website: <https://emresource.emsystem.com/login.jsp>



AGENCY FOR
HEALTH CARE
ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

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(Emailed 3-30-15 to providers)

Agency for Health Care Administration
Update Contact Information Notice
PLEASE DO NOT RESPOND TO THIS EMAIL

The Agency for Health Care Administration (AHCA) asked on March 13, 2015, that you log in to EMResource and update your facility Contact Information by March 27, 2015. Please note the deadline for updating this information has been extended until **April 3, 2015**, and the "Contacts" subsection in question has been renamed to "AHCA Emergency Contacts". Below are instructions for making this update. If you have already updated the information, nothing additional is needed for this request.

Updating AHCA Emergency Contact Information Instructions:

- 1) Log in to the EMResource Website at <https://emresource.emsystem.com/login.jsp>. You should see a list of the facilities that you have access to.
- 2) Click once on the name of a displayed facility to access that facility's homepage.
- 3) Scroll down the page to find the "AHCA Emergency Contacts" section, under the heading "Sub-Resources".

Evacuation Status: --

Evacuation Return: --

Sub-Resources

AHCA Emergency Contacts	Contact Status	Contact Title	Contact First Name	Contact Middle Name	Contact Last Name	Contact Office Phone Number	Contact Cell Phone Number	Contact E-Mail 1	Contact E-Mail 2	Contact Fax Number	Contact Pager Number	Contact Alt. Phone
Contact 1	--	--	--	--	--	--	--	--	--	--	--	--
Contact 2	--	--	--	--	--	--	--	--	--	--	--	--

Generator	Generator Status	Generator Size	Generator Location	Generator Voltage	Generator Phase	Generator Powers	Generator Protection	Generator Quick Connect	Generator Vendor Name	Generator Vendor Phone #	Generator Failure Plan
Generator 1	--	--	--	--	--	--	--	--	--	--	--
Generator 2	--	--	--	--	--	--	--	--	--	--	--

Transportation	Transportation Verified	Transportation Carrier Name	Transportation Type	Transportation Phone Number	Transportation Second Phone Number	Transportation Fax Number
Trans 1	--	--	--	--	--	--
Trans 2	--	--	--	--	--	--
Trans 3	--	--	--	--	--	--

Create New Sub-Resource

Contacts ☐ show only online users

Name	Organization
Mitchell Turner	Clare Bridge of Gainesville, Sterling House of Gainesville

- 4) Click on the "Keys" icon to the left of the first contact. This will open to the Update Status screen for that contact.
- 5) Click "Select All" (at the top left of the screen), and enter or update the information for each status.
- 6) After updating all of the information, scroll to the bottom of the page and click the "Save" button. Your updated information will now be displayed.
- 7) Repeat steps 4-6 for the remaining contacts.
- 8) You must have information for *at least* two Contacts displayed.

If you need assistance with updating information in EMResource please contact the appropriate Licensing Unit below:

Assisted Living Facilities (850) 412-4304

Adult Family Care Homes and Assisted Living Facilities

Long Term Care Unit (850) 412-4303

Nursing Homes, Intermediate Care Facilities, Homes for Special Services, Prescribed Pediatric Extended Care Facilities and Transitional Living Facilities

Hospital Unit (850) 412-4549

Hospitals, Crisis Stabilization Units, Residential Treatment Facilities, Residential Treatment Centers, Short-term Residential Treatment Facility

Home Care Unit (850) 412-4403

Hospice

Laboratory Licensure Unit (850) 412-4500

End Stage Renal Disease (ESRD)

###

The Agency for Health Care Administration is committed to its mission of providing "Better Health Care for All Floridians." The Agency administers Florida's Medicaid program, licenses and regulates more than 45,000 health care facilities and 34 health maintenance organizations, and publishes health care data and statistics at www.FloridaHealthFinder.gov. Additional information about Agency initiatives is available via [Facebook](#) (AHCAFlorida), [Twitter](#) (@AHCA_FL) and [YouTube](#) (/AHCAFlorida).

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | <http://ahca.myflorida.com>

APPENDIX B – Sample Fire Plan Approval Letter

GUIDELINE



City of Seminole Fire Rescue

Achieving Service Through Dedication



TO: *Emergency Management
400 S. Ft. Harrison Avenue, Suite 111
Clearwater, FL 33756*

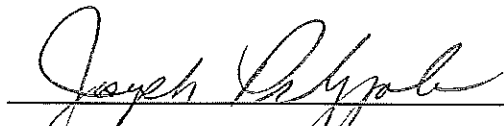
FROM: *City of Seminole
Life Safety Services Division
9199 113th Street North
Seminole, FL 33772*

REFERENCE: *CEMP/Fire Safety Plan*
FACILITY:
LOCATION:

As per the Emergency Management planning criteria for Assisted Living Facilities, the Fire Safety Plan has been reviewed for the above listed facility.

The Fire Safety Plan has been: ☒ Approved ☐ Denied

Comments: City of Seminole Fire Rescue has reviewed the fire safety portion of your submitted copy of the comprehensive emergency plan. We have no objections to your plan at this time. If you should have any questions, feel free to contact Fire Marshal Mike Rodde or myself at 727-393-8711.



Joseph Palazzola, Inspector

Date: June 26, 2014

12

APPENDIX C – AHCA Crosswalk

GUIDELINE

OCTOBER, 1995

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 59A-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:

10

1. Name of facility, address, telephone number, emergency contact telephone number and pager number if available, and fax number, type of facility, and license.

10

2. Owner of facility, address, telephone.

10

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

10

4. Name of Administrator, address, work/home telephone number of his/her alternate.

10

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

10

6. Name and work and home telephone number of person(s) who developed this plan.

11

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

12

- A. Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc.

12

- B. Identify reference materials used in the development of the Plan.

13

- C. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.

III. HAZARD ANALYSIS

16

- 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.

16

- 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.

- | | |
|--|---|
| <u> </u>
<u>16</u>
<u>16</u>
<u>16</u>
<u>16</u>
<u>16</u>
<u>17</u>
<u>17</u> | 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.

- | | |
|--------------------------------|--|
| <u>19</u>

<u>19</u> | 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. |
|--------------------------------|--|

22

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

20

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.]

24

25

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.

33

25

22

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.

28

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

28

2. Identify the facilities 24 hour contact number, if different than number listed in introduction.

28

3. Define how key staff will be alerted.

28

4. Define the procedures and policy for reporting to work for key workers.

28

5. Define how residents/patients will be alerted and the precautionary measures that will be taken.

28

6. Identify alternative means of notification should the primary system fail.

28

7. Identify procedures for notifying those facilities to which facility residents will be evacuated to.

28

8. Identify procedures for notifying families of residents the facility is being evacuated.

 C. Evacuation

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

33

1. Identify the individual responsible for implementing facility evacuation procedures.

33

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).

33

3. Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities.

33

4. Identify the pre-determined locations where residents will evacuate to.

 Tab B-App C

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).

 Tab B-App C

6. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.

34

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).

34

8. What are the procedures to ensure facility staff will accompany evacuating residents/patients?

34

9. Identify procedures that will be used to keep track of residents on call they have been evacuated (to include a log system).

34

10. Determine what and how much should each resident take. Provide for a minimum 72-hour stay, with provisions to extend the period of time if the disaster is of catastrophic magnitude.

34

11. Establish procedures for responding to family inquiries about residents who have been evacuated.

34

12. Establish procedures for ensuring all residents are accounted for and are out of the facility.

33

13. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.

34

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.

35

1. Identify who is the responsible person(s) for authorizing reentry to occur.

35

2. Identify procedures for inspection of the facility to ensure it is structurally sound.

35

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.

35

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.

35 App-D

35

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.

35

4. Describe the procedures for ensuring 24 hour operations.

35

5. Describe procedures for providing sheltering for family members of critical workers.

35

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.

35

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.

41

- A. Identify how key workers will be instructed in their emergency roles during non-emergency times.

41

- B. Identify a training schedule for all employees and identify the provider of the training.

41

- C. Identify the provisions for training new employees regarding their disaster related roles(s).

41

- D. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.

41

- E. Establish procedures for correcting deficiencies noted during training exercises.

CROSSWALK TO
GUIDANCE TEMPLATE

ANNEXES

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

- 13
- 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.
- 13
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
- Tab 8-App C
-
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
- Tab 8-App C
-
1. A map of the evacuation routes and description of how to get to a receiving facility for drivers.
- D. Support Material
- 53
1. Any additional material needed to support the information provided in the plan.
- 42
2. Copy of the facility's fire safety plan that is approved by the local fire department.

APPENDIX D – Pinellas County Criteria Crosswalk

GUIDELINE



2016 Pinellas County Criteria
This information is mandatory

If Pinellas County were to be directly affected by a major storm, the impacts would be felt for days possibly weeks. Geographically and the fact the only way to and from Pinellas County is via 4-major bridges and one small bridge (North County into Pasco County); we have to rely on ourselves until Pinellas County can clear our roads to be able to move around the county.

Insert Page #'s in the blanks provided

- 10 Alternate (2nd) contact with cell phone # and email if available
- 10 Email address of administrator/facility (person in charge). Enter email of Primary contact
- 10 What is your preferred method of contact? Email or Fax? Enter email or Fax

***SURGERY CENTERS & ADULT DAY CARE FACILITIES ARE NOT REQUIRED TO COMPLETE THE SECTION BELOW**

- 24 7 day plan for water & food. Please use your licensed capacity and breakdown potable (1 gal pp) vs. non potable water (2 gal pp). Insert a Disaster Menu for 7 days using non-perishable foods. Please be sure this is not a preprinted recommendation of items but items you actually keep on hand in the facility.
- 30 While it is unfortunate to think about, there will be deaths. How will you handle the human remains until such time someone can get to your facility to remove them.
- 4 Insert your AHCA **EMResources** (emergency status system) Registration Page in CEMP in the front of the plan.
- 36 & 37 Do you have a contractor for your transportation? If yes, Pinellas County **requires** the Contractor to include on the agreement:
 - The number of patients they agree to transport (must equal your licensed capacity)
 - The name and address of the facility/facilities they agree to transport you to.
- 30 Shelter-in-place procedures
 - What are the steps to take to protect the facility?
 - What are the steps to take to repair damage to the facility during an event until help can get to you? How will you protect your residents until you can be evacuated?

Suggestion:

Page 34 If you are evacuating out of the county for a hurricane, what is your plan for a short term evacuation? You may need to evacuate for several hours if there has been smoke in the facility, if you have electrical problems affecting your a/c or sprinkler systems. Do you have a local agreement to host your residents? What is your plan?

TAB 2

Introduction

GUIDELINE

Introduction

A. Basic Information

a. Facility Information

- i. Facility Name
- ii. Facility Address
- iii. Main Phone Number
- iv. Emergency Contact Number
- v. Fax Number
- vi. Facility Type
- vii. License Number

b. Owner Information

- i. Owner Name
- ii. Owner Address

c. Building Information

- i. Year Built
- ii. Type of Construction
- iii. Dates of Subsequent construction/remodeling
- iv. First Floor Elevation – from Elevation Certificate

d. Administrator Information

- i. Administrator Name
- ii. Address
- iii. Cell Phone/Home Phone
- iv. Email Address
- v. Preferred Method of Contact

e. Person Implementing the Plan (If different from Administrator)

- i. Name of person implementing the plan
- ii. Address
- iii. Cell Phone/Home Phone

f. Secondary Contact

- i. Name of Secondary Contact
- ii. Address
- iii. Cell Phone/Home Phone
- iv. Email Address

g. Person who developed the Plan (if not named previously)

- i. Name of person who developed the plan.
- ii. Cell phone/work phone/home phone

B. Facility “Day to Day” Organizational Chart with key management roles identified.

GUIDELINE

C. Introduction to the Plan

The introduction should describe the purpose of the plan, time of implementation, and the desired outcome to be achieved through the planning process. Include any other information about the facility that has bearing on the plan.

Example:

*The purpose of this Emergency Management Plan is to set forth procedures to be followed in the event of an internally or externally caused emergency. The **Title Here** shall be responsible for the information, development, and maintenance of this plan.*

*It is the policy of this facility to provide a safe environment for its residents, employees, and the visiting public and also to provide the maximum protection in the event of a disaster. If an emergency situation exists and any part of the facility is unable to properly ensure the safety of its residents, steps will be taken by the **Title Here** for evacuation of residents. The evacuation site will be a pre-arranged facility that can better maintain the health, safety, and well-being of the residents.*

*A copy of this plan will be maintained in certain areas of the facility, including but not limited to **<office>, <office>, <office>, etc.** Employees will be oriented to the location and contents of the plan during their initial orientation and during training events throughout the year.*

D. Authorities and References

- a. Identify the legal basis for plan development and implementation to include statutes, rules, and local ordinances, etc. Also, identify reference material used to develop the Plan.

Examples of legal basis for plan development:

This emergency plan is developed and implemented in accordance with the following:

- *Agency for Healthcare Administration Florida Statutes*
- *Department of Elder Affairs*
- *Pinellas County Emergency Managemnt*

Example of materials used to develop the plan:

- *AHCA Emergency Management Planning Criteria*
- *Pinellas County Criteria*
- *Florida Statutes and Regulations as listed above*
- *Brochures, training materials, etc*

- E. Line of Succession list or see the Emergency Event Organization Chart if Line of Succession is the same.**

GUIDELINE

F. Employee Roster

Provide a list of employees with disaster related roles. Include name, title, and phone number for each.

G. Emergency Contact Listing

Provide a list that includes the name of the company, contact person, telephone number, and address of emergency services providers – example listing below:

- Pinellas County Emergency Management: 727-464-3800
- 911
- Police – Non Emergency:
- Fire – Non Emergency:
- Red Cross:
- Duke Energy:
- Water/Sewer Provider:
- Gas Provider:
- Emergency Fuel Provider:
- Others:

TAB 3

Hazard Analysis

GUIDE LINE

Hazard Analysis -See website for reference:
http://www.pinellascounty.org/emergency/other_hazards.htm

- A. Describe potential hazards to which the facility is vulnerable such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents, cold/hot weather, power outages, water/sewer main break, active shooter, etc. Include past history with any of these events and lessons learned.**

Example:

The facility is vulnerable to the following potential hazards:

1. Hurricane/Flooding

With respect to hurricane and possible flooding, this facility is located in a level <?> flood zone and evacuation zone <?> for hurricanes. Flood zone can be obtained from your local planning department.

2. Tornadoes

The possibility exists for tornadoes to strike the area. In the event of a tornado warning, residents and staff will move into the inner hallways, away from windows and instructed to get as low to the ground as possible until the danger passes.

3. Fires

Fires are a risk that every facility faces. Having a current fire inspection and fire plan approval from the fire department each year can help to mitigate the risk.
See fire plan and approval letter Page <##>.

4. Hazardous Materials Incidents

The facility is potentially vulnerable to hazardous materials incidents as it located <??near highways, industrial buildings, etc.??>

5. Power Outages

In the event of a power outage, <name of facility> has <#of generators>. (See generator fact sheet Tab 5 APPENDIX A)

6. History

<List any emergency events that have occurred in the last several years>

<Name of facility> <is/is not> located within a 50 mile emergency planning zone or within 10 miles of a nuclear power plant.

B. Site Specific Facility Information

A. Number of licensed facility beds

B. Type of residents served by the facility

- # of residents that are memory impaired
- # of residents requiring special equipment - ie oxygen/dialysis
- # of residents that are mobility impaired
 - # ambulatory
 - # wheel chair dependent (can transfer to seat)
 - # wheel chair bound (no transfer to seat)
 - # bedridden

C. Proximity to other potential hazards such as:

- Railroad
- Major transportation artery
- Large manufacturing or other types of facilities with potentially hazardous materials.
- Identify if facility is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant.

GUIDELINE

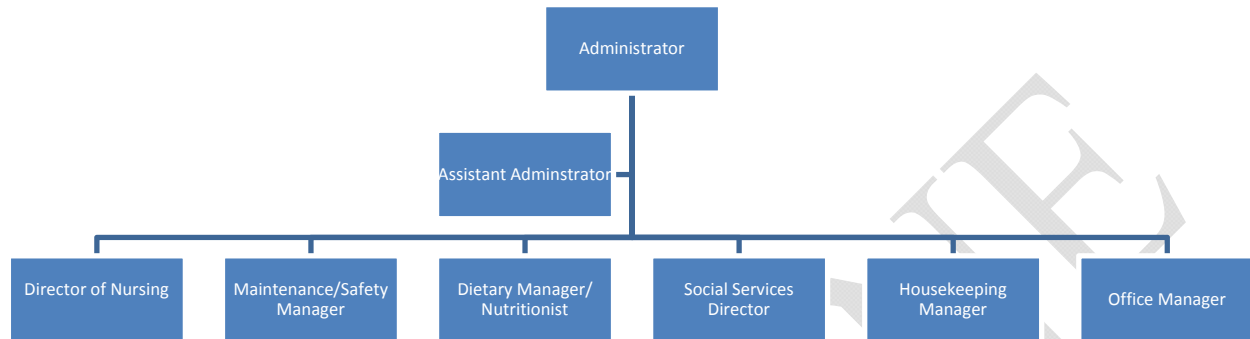
TAB 4

Direction & Control

GUIDELINE

Direction and Control

A. Emergency Event Organization Chart – (See Sample Below)



- B. State Operational and Support Roles – Assign responsibilities for key facility staff positions to include procedures for each role to follow.

See EXAMPLES of key roles below. There may be more or fewer depending on the size of the facility.

Administrator

The overall authority for implementation, coordination, and deactivation of this emergency management plan rests with the Administrator. Specific responsibilities include:

1. Verify nature and extent of disaster.
2. Assume control of all emergency actions within the facility.
3. Assign tasks to EM team members.
4. Directing and/or initiating recall of off-duty personnel
5. Authorize issuance of emergency supplies and equipment as needed.
6. Order evacuation of facility if needed.
7. Notify residents' families of status and coordinating pickup where applicable.
8. Establish a central command location in the facility or in the host facility.
9. Establish and maintain facility communications.
10. Coordinate staff schedules to ensure 24 hour staffing for emergency conditions.
11. Coordinating EM response with Pinellas County EM office, designated support facilities, or other outside agencies.
12. Receiving and maintaining current resident census, transportation requirements, and staffing needs.
13. Terminating the emergency plan and deactivating the emergency response when conditions have stabilized and/or upon returning to facility normal operations.

Assistant Administrator/Director of Nursing

This role will serve as secondary contact and assume administrative control if the administrator is unavailable in addition to the following responsibilities:

1. Ensure that there are sufficient medical supplies available.
2. List critical residents, and check with attending physicians or the medical director to transfer to a hospital.
3. Insure that all residents have arm bands with their name displayed.
4. Insure that all medical records are available in the event of an extended power outage.
5. Check on the supply of medications, and make sure that there is an ample supply for at least seven days.
6. Call families and check to see if they want to pick up their relatives or have the facility care for them during the storm.
7. Assemble medications, charts, pillows, blankets, etc.
8. Maintain the roster of current staff, and coordinate staff to insure that there is appropriate staff available to provide care.

Safety/Maintenance Manager (Director)

This role will serve as the third in the line of command and assume and/or delegate the responsibilities of the primary and secondary authorities if they are unavailable. This role is directly responsible for maintaining all essential building services or safely terminating them if necessary.

1. Check supplies on hand such as: radios, batteries, flashlights, tape, etc
2. Purchase additional supplies (if time allows) as necessary.
3. Verify emergency supply of water.
4. Test generator, secure additional fuel (if time allows) as necessary.
5. Prepare windows using hurricane shutters, boards, and or tape.
6. Make preparations for disposal of sewage.
7. Assess damage and recommend ways to limit further damage.
8. Order all needed services shutdowns to ensure no further problems occur.
9. Assure maintenance of essential services to the degree possible.
10. Identifying and securing outside assistance when evacuation is needed.
11. Securing the facility for evacuation or against possible damage as needed.
12. Verify all residents and personnel have been evacuated from the building.
13. Arrange for and oversee the transportation to host facilities of essential equipment, supplies and records.

Dietary Manager (Director)/Nutritionist

This role is directly responsible for maintaining all essential food stock and food preparation equipment.

14. Verify sufficient food supplies, paper goods, and cleaning supplies on hand.
15. Verify ice machine is full.
16. If time allows, bag ice in Ziploc bags and store in freezer.
17. Check food preparation equipment including flashlights and lanterns in case of a power outage.
18. Coordinate dietary staff for adequate staffing during and after the storm.
19. Fill additional containers with water, in case the water supply is compromised.
20. Prepare to distribute emergency food and supplies.
21. Prepare beverages and snacks (if time allows).
22. If evacuating, arrange for and oversee the transportation to the host facilities of food supplies and paper goods.
23. If evacuating, provide copies of the food menu and special dietary needs to host facility dietary manager.

Social Services Director

This role is directly responsible for stress management of the residents and for communications with the family members.

1. Notify residents' families of status and coordinating pickup where applicable.
2. Serve as the contact point for resident families and provide regular status updates to both the families and the administrator.
3. Plan activities to keep residents occupied to reduce stress.
4. Assist administrator with communications activities where needed.

Housekeeping Manager

24. Verify supply of linens, blankets, paper goods, and cleaning supplies.
25. Initiate and supervise the sanitation and lining with plastic of water basins and tubs in preparation to store water.
26. Maintain a list of the potable and non potable water supply.
27. Initiate and supervise sanitation of the facility during and after the emergency event.
28. Assist with removal of all waste from the facility.

Office Manager

1. Safeguard financial records, payroll information, checks, cash, etc.
2. Maintain manual time sheets and coordinate use and submission with supervisors in the event of an extended power outage.
3. Assist with communications/coordination of facility vendors.

C. Procedures for Activating Staff for the facility – (Examples Below)

- A. In an emergency situation, the **<title of the primary to execute the plan>** will alert staff to be available as needed to provide 24 hour staffing.
- B. Staff will be advised of the schedule to accomplish this staffing level.
- C. Each staff member will be advised of the A or B designation of their assigned 12 hour shift.
- D. Families of staff will be advised to prepare to relocate as well if necessary.

TAB 5

Essential Supplies

GUIDELINE

Essential Emergency Supplies

A. Water Plan

Water kept on site at the facility should follow the equation below at a minimum:

Potable Water = 1 gallon X (# of licensed beds) X 7 days

Non Potable Water = 2 gallons X (# of licensed beds) X 7 days

- a. Include where the water comes from – cases of bottled water, collapsible containers (1gal, 5gal, etc), tubs and sinks (lined with plastic to prevent draining), etc.
- b. Include where the water or containers are stored at your facility.
- c. Swimming pools are acceptable for non potable water supply only.
- d. If the facility is using a water heater as part of your POTABLE water requirement, you must describe how to prevent contamination of that supply from the outside.
- e. If there is a source such as a well or a lake/creek on the property, these are for non potable use only.

B. Food Plan

The facility should be stocked at all times with enough non perishable food items to feed all of your residents and staff for 7 days.

- a. Provide an inventory of what is kept in stock at the facility.
- b. Use the inventory of non perishable food stock to create a 7 day menu for your residents. (This should not be a suggested menu from a food vendor, but a menu from the supply you have on hand for emergencies.)
- c. The menu should have sign-off from the dietary manager/nutritionist.

NOTE: If perishable items are used on the 7 day menu, these items should be limited to day 1 & day 2 usage only due to possible spoilage.

C. Emergency Power

Describe the facilities' power back up capabilities.

- a. Provide information about back up power source – generator, batteries, other
- b. If generator, what will it supply power to in the facility?
- c. If generator, MUST complete the “GENERATOR FACT SHEET” (see **TAB 5 Appendix A**)
- d. If batteries, what type of batteries and what do the batteries power?
- e. If batteries, how much back up supply and where are they stored?

D. Other Essential Supplies

There should be a 7 day stock or 3 days stock with an open order for the remaining 4 days for the following items:

- a. Medications
- b. First aid supplies
- c. Hygiene products
- d. Forms & records
- e. Paper products
- f. Plastic Utensils
- g. Cleaning supplies
- h. Maintenance materials

TAB 5 APPENDIX A – Generator Fact Sheet

GUIDELINE

GENERATOR INFORMATION

(Answer all requested information)

Name of Facility: _____

Manufacturers

Name: _____

Model Number: _____

Serial Number: _____

KVA/KW: _____

Voltage: _____

Phase: _____

Type of Fuel: _____

**If natural gas, is there a
switch to change to Diesel
or Propane? _____

Fuel Capacity: _____

Running hours at
75% of capacity:
*(Running @ 75% capacity
runs longer hours than @
100% capacity)* _____

Running hours at
100% of capacity: _____

NOTE: Please complete this for EACH generator.

TAB 6

Warnings & Notifications

GUIDELINE

Warnings & Notification

- A. List sources that are monitored internally & externally to receive warnings. (See **Reference Section TAB 18** for a list of potential sources to monitor for warnings and emergency information.)
- B. Identify a 24 hour hotline for the facility if applicable.
- C. List how you will alert staff – Who? When? How?

Examples:

1. *Once notified, the Administrator will send a global text to all staff members as soon as an impending threat is identified.*
2. *Once notified, the Administrator will initiate a “call down” list as soon as an impending threat is identified.*

- D. Identify a back up method of notifying staff.
- E. Define the procedures/policy for reporting to work of key employees

Example:

- A. *Key workers are to report to work when notified (within 48 hours if a hurricane is approaching)*
- B. *Key workers should prepare their homes and families prior to reporting to work.*
- C. *Key workers will bring essential supplies if for their families if they are requiring shelter.*

- F. Define how residents/patients will be alerted to precautionary measures
 - A. Will residents that are able gather in a central area to receive notification?
 - B. Is there an announcement system in place? *Email/text/recorded phone message*
 - C. Will residents/patients be notified individually?
- G. Identify procedures to notify receiving facility/facilities of your intent to evacuate to their facility – Who? When? How?
- H. Identify procedures to notify the families of residents/patients that your facility is evacuating – Who? When? How?

TAB 7

Shelter-In-Place

GUIDELINE

Shelter in Place Procedures (if you are not required to evacuate)

These procedures should detail things to do or have in place for an emergency event in which your facility is not required to evacuate. These procedures can be included in a hazard specific set of procedures, or spelled out specifically here. As a minimum, your plan should include the following:

- A. List the steps that will be taken to protect the facility.
- B. Identify how you will reinforce the facility if it becomes damaged and no one can get there to help you.
- C. Identify how you will protect the residents if the facility becomes damaged and no one can get there to help you for a time.
- D. If the facility has hurricane windows or shutters, indicate the manufacturer or grade if you haven't done so in previous sections.
- E. List any other special equipment in place to protect the facility from damage (other than fire safety systems previously described in the Fire Plan section).
- F. Include procedures to describe how you will manage the remains in the unfortunate event that a death occurs at the facility and no one can reach you for a time. (See sample Management of the Deceased procedures **TAB 7 Appendix A**)
 - Include in the procedures how the remains will be stored. Body bags are the preferred method however; plastic sheeting and duct tape are acceptable materials to ensure that bodily fluids are contained during storage.
 - Include in the procedures where the remains will be stored – this should be a secure area such as a locked room or other area isolated from the other residents.

GUIDELINE

Management of Deceased During and After a Disaster

While it's unfortunate to think about, there will be deaths. This section will outline how we will handle that situation if and when it occurs to provide the dignity and respect that our Residents deserve.

Resident's bodies will be placed in body bags. If body bags are unavailable, use plastic sheets, shrouds, bed sheets, or other locally available material.

Identification of dead bodies is done by matching information from the deceased (physical features, clothes, etc.) with information from the resident's chart. Sooner is better for resident identification. Decomposed bodies are much more difficult to identify. The key steps to identification are unique reference numbering, label, and photograph, record and secure. It is always preferable to ensure that accurate identification is achieved by evaluating a combination of criteria and not solely on visual recognition. While simple, it can result in mistaken identity causing serious embarrassment, distress to the bereaved and legal difficulties.

- Unique reference numbering: Assign a sequential, unique reference number to each body or body part. Reference numbers should not be duplicated.
- Labeling: Write the unique reference number on a waterproof label (e.g., paper sealed in plastic) then securely attach it to the body or body part. A second waterproof label with the same unique reference number must also be attached to the container for the body or body part.
- Photographs: If available and taken, the unique reference number must be visible in all photographs. The photographs should include at least a full length of the body, front view; the whole face; and any obvious distinguishing features. Additional photographs, if circumstances permit, can include upper and lower part of the body and all clothing and personal effects.
- Record: Record the data (gender, age, personal belongings, identifying marks, race, height, color and length of hair, color of eyes) together with photographs, if taken and the unique reference using the Dead Body Identification Form, attached as Exhibit A.
- Secure: Personal belongings should be securely packaged, labeled with the same unique reference number and stored with the body or body part. Clothing should be left on the body.

Personal belongings, jewelry and documents should not be separated from the corresponding remains during the disaster, but only during the identification phase.

If transport by the Resident's family or home of choice is not available to pick up the deceased, a room will set up to accommodate the deceased until such time that transport is available.

- Dry Ice may be suitable for short-term storage. Dry ice should not be placed on top of the bodies, even when wrapped, because it damages the body. Build a wall of dry ice (approximately 20" high) around groups of about 20 bodies and cover with a plastic sheet, tarpaulin or tent. About 22 lbs. of dry ice is needed per body, per day, depending on outside temperatures. Dry ice must be handled carefully as it causes "cold burns" if touched without proper gloves. As dry ice is toxic as it melts producing carbon dioxide gas, closed rooms or buildings should be avoided when in use in preference to areas with good natural ventilation.
- The use of ice (frozen water) should be avoided where possible because in hot climates ice melts quickly and large quantities are needed. Melting ice produces large quantities of dirty waste water that may cause concern about diarrheal disease. Disposal of this waste water creates additional management issues. Also, the water may damage bodies and personal belongings.

Exhibit "A" - Dead Body Identification Form

Body/Body Part Code: _____
(Use unique numbering and include on associated files, photographs or stored objects.)

Person Reporting: Name: _____

Official Status: _____ Place & Date: _____

Signature: _____

Possible Identity of Body: _____

Sex (Circle One) Male Female

Age: _____

Physical Description: Height (crown to heel): _____ Short Average Tall
(Measure or Circle One)

Weight: _____ Slim Average Fat

(Complete and/or Circle One)

Head Hair: Color: _____ Length: _____ Shape: _____ Thickness: _____
Other: _____

Facial Hair: None Moustache Beard Color Length

Body Hair: Describe: _____

Distinguishing features: _____

Associated Evidence: Clothing _____

Footwear: _____

Eyewear: _____

Personal Items: _____

Identify Documents: _____

Status of Body: Stored: Specify morgue, refrigerated container, describe location: _____

Released: To Whom and Date: _____

Authorized by: _____

Final Destination: _____

Body Inventory Sheet

[illegible]

TAB 8

Evacuation

GUIDELINE

Evacuation

A. Evacuation Policies, Roles & Responsibilities, and Procedures (Could be several pages)

1. Identify individual responsible for implementing the evacuation
2. Identify Transportation Arrangements to the receiving facility. Attach a copy of each Transportation Agreement as **Tab 8-APPENDIX A** at the end of this section.
 - a. The contract/agreement is required to identify how many will go to each facility, if there is more than one destination facility.
 - b. The name and address of each facility is required to be included in the contract/agreement.
 - c. If transportation is a part of the mutual aid agreement with the receiving facility it must be written into the mutual aid agreement with the facility.
 - d. Transportation agreements should be current and must cover AT LEAST 9 months of the CEMP plan year.
 - e. If your facility will be utilizing Pinellas County transportation, you **MUST** complete a Transportation Request form (Include as **TAB 8-APPENIX B**) which can be found on the county website:
http://www.pinellascounty.org/emergency/healthcare_facilities.htm
3. Identify Transportation Arrangements for logistical support; moving records, medications, food, water, and other supplies.
4. Determine at what point to begin the pre-positioning of necessary medical and other supplies.
5. Identify the pre-determined locations where residents will evacuate to in hurricane type and non hurricane type evacuations. Include the number of residents going to each location and the arrangements made to ensure appropriate staff will be accompanying evacuating residents.
 - a. *If you are in an evacuation zone Level A – E, there must be mutual aide agreement(s) that can house all of your residents that is located in a Non Evacuation zone.*
 - b. *If you include a facility/facilities that are in an evacuation zone Level A – E, you must label it to be used only in NON HURRICANE type weather events.*

6. Attach a copy of each Mutual Aide agreement that has been entered into with a receiving facility as **Tab 8-APPENDIX C** at the end of this section.
 - a. The agreement should indicate the # of residents the receiving facility will accept.
 - b. The agreement should indicate if they will provide any of the transportation needed.
 - c. Mutual Aide agreements are good for only ONE year, must be resigned each year, and must cover AT LEAST 9 months of the CEMP plan year.
 - d. Include a floor plan of the receiving facility (**Tab 8-APPENDIX C**) indicating where your residents will be housed in their facility and the approximate square footage that will be dedicated to your facility. (this will aide in planning for use of available space)
7. Include directions and a map for a primary and secondary evacuation route to each receiving facility. Attach the directions and maps (**Tab 8-APPENDIX C**) at the end of this section.
8. Identify procedures that will be used to keep track of residents once they have been evacuated.
 - a. Suggest using the daily census (headcount not acceptable since you may have missed someone)
 - b. Include procedures to make sure all residents are accounted for and out of the facility.
 - c. You would utilize this log throughout the evacuation all the way to re-entry.
9. Specify the amount of time to evacuate all residents to destination facilities, from the time the decision is made to evacuate to the time the residents are all located at the receiving facility. Note: This will help when calculating the time to begin the evacuation process. You would subtract the time to evacuate from the estimated arrival time of Tropical Storm Winds (40 mph winds).
10. Specify when to begin the notification process of the alternate facilities and the transportation providers.
11. Include a plan for what and how much each resident should take to the receiving facility – minimum 72 hour stay, with provisions to extend the period of time is the disaster is of catastrophic magnitude.
12. Establish procedures for responding to family inquiries about residents who have been evacuated, including identifying what role is responsible for this task.

Suggestion:

If your primary evacuation plan will take you out of the county, identify a local back up facility to evacuate to for a short term evacuation caused by something like smoke in the building, electrical problems affecting you're a/c etc. Develop a plan for a local evacuation as well.

B. Evacuation Re-Entry Procedures

1. Identify who is the responsible person(s) for authorizing re-entry
2. Include that re-entry cannot start until the “All Clear” has been issued by local authorities.
3. Identify procedures for inspection of the facility to insure that it is structurally sound.
4. Identify how residents will be transported from the host facility back to their home facility – include method of tracking residents (log).
5. Identify how you will receive accurate and timely data on re-entry operations.

C. Evacuation Sheltering as the Receiving Facility Procedures

1. Identify procedures for receiving arriving residents from evacuating facility.
2. Include the Mutual Aide agreements with the supported facilities (**Tab 8-APPENDIX F**) if you don’t have a reciprocal mutual aide agreement in place already.
3. Identify where arriving residents will be housed. Attach a copy of the floor plan of your facility and identify the area where the arriving residents will be housed. The attachment should be labeled (**Tab 8-APPENDIX G**) at the end of this section.
4. Identify a minimum of a 72 hour supply of food, water, medical supplies, and other supplies for the arriving residents.
5. Describe how you will provide shelter for family members of critical workers.
6. Include a step that identifies when your facility will see a waiver from AHCA to allow for the sheltering of evacuees if sheltering causes your facility to exceed the operational capacity of the facility.
7. Describe how the additional residents will be tracked.

GUIDELINE

NOTE: Even if you are not utilizing Pinellas County EM for your evacuation transportation or are in a Non Evacuation zone, we request that you fill out this form so that we have a contingency plan in place in case your transportation cannot get to you or you have to evacuate unexpectedly.

Pinellas County Emergency Management 2016 Healthcare Facility Evacuation Transportation Request

Place a copy of this form in your PLAN

Facility Name: _____

Street Address: _____

City: _____

Emergency Contact: Name: _____

Cell #: _____

2nd Emergency Contact: Name: _____

Cell #: _____

Evacuation Level of Facility: _____ **Hospitals Only** ➡ Critical Care: _____ Gen Med: _____

Average Census: _____

PRIMARY Mutual Aid Evacuation Location(s): (Must be inside Pinellas County if using EM buses)

1. Facility Name: _____

Street Address: _____

City: _____

Phone: _____

2. Facility Name: _____

Street Address: _____

City: _____

Phone: _____

Total Patients to be transported by EM provided vehicles: _____

**** (Facility Staff must be available to help load patients on to buses.)****

- 1) Ambulatory (Can use bus): _____
- 2) Is able to be transferred from a wheelchair to bus seat: _____
- 3) Wheelchair Bound (those that must remain in a wheelchair): _____
- 4) Ambulance (includes Bariatric, Ventilator, Bedbound) : _____
- 5) Number of your staff members to accompany Patients: _____

Please note the following:

- County provided transportation will not leave the county
- We will not provide transportation to public shelters
- You must use whatever transportation assets you have first
- If buses or ambulances are dispatched to your facility for evacuation of your Patients, you may be charged for the use.
- Transportation resources are limited; School buses will be used as available and have limited wheelchair capability. Ambulances will be scheduled on a case-by-case basis.

Do you have a contract with Wheelchair Transport or Care Ride? YES or NO (Circle One)

Is your facility requesting county transportation assistance during an evacuation? Yes ____ No ____

If No, transportation is provided by: _____ Phone #: _____

Administrator Signature (required)

Date

❖ Please send a completed signed/dated form to EMA:
FAX --- 727-464-4024 or EMAIL ----- emahc@pinellascounty.org

TAB 8 – APPENDIX C – Mutual Aide Agreements including a floor plan of the receiving facility and maps/directions to the facility.

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TAB 8 – APPENDIX D – Sheltering Agreement with Evacuating Facility (if reciprocal agreement not already provided in evacuation section) including a floor plan of the facility with areas evacuating residents will be housed marked.

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TAB 9

Information, Training, and Exercises

Information, Training, and Exercises

Identify procedures for increasing employee and resident awareness of possible emergency situations and providing training on their emergency roles – before, during, and after a disaster. Include the following in the procedures:

1. Identify how key workers will be instructed of their emergency roles during non-emergency times.
2. Identify who provides training and the schedule of training for all employees.
3. Identify how new employees will be trained on their disaster related roles.
4. Identify a schedule for annual disaster plan exercises. Include the process for correcting deficiencies noted during the training exercises.

Tab 10 – Fire Plan

This section should include a copy of your facility Fire Plan that has been approved by your local fire department. The annual approval letter for this plan should be on Tab 1 of your plan – Required Documentation for CEMP Review.

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Tab 11 – Hurricane Plan

This section contains your facility specific hurricane plan. You can refer to previous sections in the plan where applicable. A suggested format is below.

Hazard Specifics

Hurricane season is from June 1 – November 30. Although this is the period of time that tropical systems usually develop, there have been unusual instances when they have developed outside of this timeframe, so being prepared is key.

Hurricanes or Tropical Storms are Wind & Rain storms systems that cause damage through high winds, wave action in exposed coastal areas, and flooding from storm surge or rain accumulation.

There are 3 types of storms that form out of this tropical season:

- Tropical Depression – A storm with some rotary circulation at the surface with wind speeds averaging 39 miles per hour.
- Tropical Storm – A storm with distinct rotary circulations with highest wind speed between 39 and 73 miles per hour.
- Hurricane – A storm with very pronounced rotary circulations with wind speeds in excess of 74 miles per hour.

There are 2 types of Hurricane & Tropical Storm Alerts:

- WATCH – There is an active storm and our area will experience fringe winds and rains.
- WARNING – An active storm is very close and the eye or center will be passing through our area within 12 to 29 hours. Once a storm has been classified as a Hurricane, meteorologists issue a numerical code to describe the intensity of the storm.

Assumptions

This facility is in evacuation level <<ABCDE>>, therefore we must evacuate when authorities announce our evacuation level. **(SEE EVACUATION PROCEDURES TAB 8)**

If the facility is in a Non Evacuation Zone or if the facility evacuation zone is not required to evacuate, the facility should prepare to shelter in place. **(SEE SHELTER IN PLACE PROCEDURES TAB 7)**

NOTE: If the facility is in a Non Evacuating zone or the designated zone is not called, however there are mitigating factors that would increase the risk to residents if you remain in the facility, the Primary Authority role **(SEE EMERGENCY EVENT ORG CHART TAB 4)** can make the decision to evacuate anyway. However, if your evacuation level is asked to evacuate, the decision to evacuate is **MANDATORY**.

Procedures to follow in a Hurricane

Evacuating:

1. Procedures for Hurricane Watch
2. Procedures for Hurricane Warning
 - a. 5 Day Cone
 - b. 3 Day Cone
 - c. 48 Hours to Impact
3. Re-Entry Procedures

Non Evacuating:

1. Procedures for Hurricane Watch
2. Procedures for Hurricane Warning
 - a. 5 Day Cone
 - b. 3 Day Cone
 - c. 48 Hours to Impact
 - d. 24 Hours to Impact
3. Procedures for during a storm
4. Post Storm Procedures

Tab 12 – Tornado Plan

Hazard Specifics

A tornado is a violent windstorm characterized by a twisting, funnel-shaped cloud. It is spawned by a thunderstorm or as a result of severe weather associated with hurricanes.

- **Tornado Watch:** Issued by the National Weather Service when tornadoes are possible in your area. You should remain alert for approaching storms.
- **Tornado Warning:** Indicates that a tornado has been sighted in your area, or is indicated on weather radar. You should proceed to safe shelter immediately.

Procedures to follow in a Tornado

1. Procedures during a Tornado Watch.
2. Procedures during a Tornado Warning.
3. Procedures after the Tornado strikes – dealing with damage & residents.

Tab 13 – Pandemic Plan

Hazard Specifics

A **pandemic** is a global disease outbreak. It is determined by how the disease spreads, not how many deaths it causes. When a new influenza A virus emerges, a flu pandemic can occur. Because the virus is new, the human population has little to no immunity against it.

Procedures if there is a confirmed or suspected outbreak

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Tab 14 – Bomb Threat Plan

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information using a prepared checklist.

Phone Threat

1. Person receiving the call should answer the following example checklist questions:
 - a. Exact time of Call
 - b. Exact words of caller
 - c. Caller ID information
 - d. Info about the caller's voice
 - i. Male/Female
 - ii. Old/Young
 - iii. Familiar?
 - iv. Sound of the voice – calm, disgusted, nasal, angry, broken, stutter, slow, sincere, lisp, rapid, giggling, deep, crying, squeaky, accent, loud, slurred, normal, stressed, excited.
 - e. Note any background noises.
2. Notify the Administrator immediately
3. Administrator to call 9-1-1

Suspicious Package Procedures

1. Person discovering the suspicious package will notify the Administrator and report the location of the package.
2. Administrator to call 9-1-1
3. **Do not touch suspicious packages!!**

Evacuation

1. The Administrator in conjunction with the Lead Emergency Agency will make the decision to evacuate.
2. If evacuation is mandated, see Evacuation Procedures.
3. Re-Entry can only be authorized by the Lead Emergency Agency

Tab 15 – Hazardous Materials Incident Plan

Because of the risk of incidents involving hazardous materials incidents and because local governments will be completely on their own in the first stages of almost any such incident, Facilities need to maintain a continuing preparedness capacity.

1. Procedures for Internal Hazardous Materials Incidents – spills or exposure to hazardous materials inside the facility.
 - a. Notify Administrator immediately of spills or exposure.
 - b. Administrator will order evacuation if warranted.
 - c. If evacuation is not warranted, residents will be removed from the immediate area until the materials have been contained and removed from the premises.
2. Procedures for External Hazardous Materials Incidents – chemical or other hazardous materials incidents that happen outside of the facility to include chemical truck spill, industrial incident in the vicinity of the facility, etc.
 - a. A warning would come from local fire, police, emergency management, or news sources.
 - b. If warranted, the Administrator will order the evacuation based on local emergency personnel direction.
 - c. If the facility serves as a barrier to the hazard, instructions will be given on how to protect the facility and the residents – such as:
 1. Closing Windows and doors.
 2. Shutting off A/C or fans.
 3. Shutting off the water to the facility.

Tab 16 – Active Shooter Plan

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

CHARACTERISTICS OF AN ACTIVE SHOOTER SITUATION

- Victims are selected at random
- The event is unpredictable and evolves quickly
- Law enforcement is usually required to end an active shooter situation

CALL 9-1-1 when it is safe to do so

INFORMATION YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons held by shooters
- Number of potential victims at the location

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

1. RUN

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

2. HIDE

- Hide in an area out of the shooter's view
- Block entry to your hiding place and lock the doors
- Silence your cell phone and/or pager

3. FIGHT

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the shooter
- Act with physical aggression and throw items at the active shooter

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

- Remain calm and follow instructions
- Put down any items in your hands (i.e., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not stop to ask officers for help or direction when evacuating

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Tab 17 – Other Hazards Plans

There are many other hazards that could be addressed with your disaster plan to include the following:

- Flood
- Extreme Heat
- Power Outage – Extended
- Water Outage – Extended

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Tab 18

Supplemental Guidance

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Supplemental Guidance

The following forms can be found on our website:

http://www.pinellascounty.org/emergency/healthcare_facilities.htm

- AHCA Criteria & Pinellas County Criteria sheets
- Transportation Request Forms
- EM Resource Information

Hurricane Evacuation zones can be found on the Emergency Management website <http://www.pinellascounty.org/emergency/> under “Know Your Zone”

Flood Zones can be found on the FEMA website:

<https://msc.fema.gov/portal/search>

Or on the Pinellas website:

<http://pinellas-egis.maps.arcgis.com/apps/webappviewer/index.html?id=ea8c83fd215a4b86a94864773d711c7d>

Mobile Weather Apps

NOAA Weather International – NOAA weather information.

iAlert.com - Designed, managed, and run by meteorologists, iAlert.com delivers real-time severe weather and emergency alerts by text message and email for any U.S. City for free.

Weather Bug - WeatherBug offers a free desktop application showing live local current conditions and severe weather alerts right in their system tray.

Ping4Alerts! - The Ping4alerts! app helps you stay in touch with your local world by sending you alerts based on your location and selected preferences. Get public safety and local event information wherever you go, including National Weather Service and NOAA alerts.