Healthcare Facility Comprehensive Emergency Management Plan Guidance

Pinellas County
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1. PURPOSE
The purpose of this document is to provide guidance to healthcare facilities developing a Comprehensive Emergency Management Plan (CEMP). This is not meant to be a substitute for education or training on CEMP development. The following types of facilities are required to submit a CEMP to Pinellas County Emergency Management on an annual basis.

- Hospitals – Florida § 395.1055(1)(c)
- Nursing Homes – Florida § 400.23(2)(g) and Florida Administrative Code 59A-4.1265
- Ambulatory Surgical Centers - Florida § 395.1055(1)(c)
- Intermediate Care Facilities for Developmentally Disabled - Florida § 400.967(2)(g)
- Assisted Living Facilities - Florida § 429.41(1)(b) and Florida Administrative Code 58A-5.036
- Adult Day Care Centers - Florida Administrative Code 58A-6.011(10)
- Residential Treatment Facilities - Florida Administrative Code 65E-9.005(10)(c)

Please refer to the AHCA Website for further information regarding CEMP regulations. http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml

Assisted Living Facilities (ALF) will have a full plans every other year and may submit an “ALF Form” on the opposite year, as long as no significant changes have been made. The ALF will receive the “ALF Form” from Pinellas County Emergency Management to sign and submit. The form states there are no significant changes to their plan and provides updated agreements for transport and sheltering. All new facilities and ones that change ownership are required to submit a full plan. Pinellas County will only review CEMPs from facilities that have a valid license number from AHCA.

Significant change means:
1. A change in ownership or operating entity of the facility; or
2. An increase of 10% or more in the licensed capacity, if a Certificate of Need applies to the facility, or resident population, if no certificate of need applies, at the facility, calculated as of the date of submission of the plan, as compared to the resident population on the date of approval of the previous plan; or
3. An alteration in the facility resulting from construction or renovation activities which has an effect on the plan; or
4. A variation in service providers or other resource providers identified in the last approved plan; or
5. A modification in the emergency management resources serving the facility; or
6. A modification in the hazard(s) to which the facility is exposed; or
7. Any modification in in-patient services that requires a Certificate of Need; or any combination of 1 through 7.

2. SUMMARY OF CRITERIA
Pinellas County Emergency Management will accept and review your Comprehensive Emergency Management Plan (CEMP) sixty (60) business days before your current plan’s approval certificate expiration. Newly licensed facilities or facilities with significant changes must also submit a CEMP within thirty (30) business days per FAC 58A-5.026(2)(b) for review and approval.
Plans may be emailed as a searchable PDF to EMA@PINELLASCOUNTY.ORG or mailed to:

Pinellas County Emergency Management
10750 Ulmerton Rd. Bldg 1 Suite 267
Largo, FL 33778

A plan will not be accepted for review unless it has the following elements completed and easy to find in the plan:

1. Emergency Status System Registration
2. Fire Plan Approval Letter
3. AHCA Criteria Outline
4. Pinellas County Criteria Sheet
5. Facility Annual/BiAnnual CEMP Review Acknowledgment Form

Emergency Status System (ESS) Registration
Florida Statute (408.821) requires Nursing Care and Assisted Living facilities to enroll in the online system. This requirement became effective 7/1/09. The ESS can be found at https://apps.ahca.myflorida.com/Ess/. There are no exceptions.

For any system questions or glitches, email your inquiry to: AHCAESS@ahca.myflorida.com
Make sure to include your user name, region (4), facility name, facility address, email, and contact phone number.

Once you have completed your ESS Registration, please PDF the page(s) of your ESS registration which should include the date/time header or footer as well as facility information. These pages should be included in your facility CEMP and updated annually or when a significant change occurs. See APPENDIX A (Sample ESS Registration Proof) for an example.

Fire Plan Approval Letter
This is not the same as the Fire Inspection approval for your premises. The Fire Plan Approval should be updated annually for all facilities, and should cover the full plan year. Like the Fire Inspection approval for your premises, the approval is usually performed by the Fire Inspector. Please contact your fire district for your municipality to complete the fire plan approval. See APPENDIX B (Sample Fire Plan Approval Letter) for an example.

The fire district can be found at http://egis.pinellascounty.org/apps/WebGISPublic/. Follow the link, go through the prompts, and click on the District drop down in the Layer List to make sure that Fire District has a check mark in the box.

Type the facility address in the upper left hand side of the page. The fire municipality will appear in the parcel block.

You can see in the example that the parcel is highlighted and says Largo, this is the fire municipality for Pinellas County Emergency Management’s office at 10750 Ulmerton Rd.
AHCA Criteria Outline

The AHCA Criteria Outline will need to be included in your CEMP. This outline identifies the page numbers of where to find the supporting information in the CEMP. A copy of the AHCA criteria may be downloaded from the Emergency Management website or by direct access through the following URLs:

- Adult Day Care Centers  
- Ambulatory Surgical Centers  
- Assisted Living Facilities  
- Developmentally Disabled Facilities  
- Hospitals  
- Nursing Homes  
- Residential Treatment Facilities  

You may also start with a fresh copy downloaded from the AHCA website at:  

This 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 APPENDIX C (Sample AHCA Crosswalk Nursing Home Facilities) for an example of the AHCA criteria for a Skilled Nursing Facility.
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 CEMP. Starting with a fresh copy downloaded from our website each year will ensure:

- Pinellas County criteria is the most current
- The facility’s preferred method of contact will be up to date
- See APPENDIX D Pinellas County Criteria.

Facility Annual/BiAnnual CEMP Review Acknowledgment Form
This form certifies the facility’s CEMP has been read, understood, and updated. Please see APPENDIX E for the entire form.

General Suggestions to Ensure a Successful Review:

- Remove all outdated material. When we review the Comprehensive Emergency Management Plan (CEMP) we examine current facts. Past/expired copies of Fire Plan Approvals, Mutual Aid Agreements, etc. should not be included.
- Have the CEMP document reviewed by someone who did not participate in its preparation. If they cannot find the response to a criteria or are confused by a response to a criteria chances are that the CEMP review will take longer, increasing the cost. Missing responses to criteria may even cause the CEMP to be returned without approval.
- Number ALL your pages.
  - If you need assistance with preparing your CEMP, our office can provide consultation services in our offices. There is a $25/hour fee associated with this service.

3. RESPONDING TO AHCA CRITERIA FOR NURSING HOMES/ALFS
The following sections must be included in your plan.

I. INTRODUCTION
   A. Basic Facility Information
      1. Facility Name
         - Facility Address
         - Facility Main Phone Number
         - Emergency Contact Phone Number
         - Fax Number
         - (For Assisted Living also provide facility Type & License number)
      2. Facility Owner
         - Facility Owner Name
         - Facility Owner Home Address
• Facility Owner Personal Telephone Number (cell preferred)

3. **Year Facility Was Built**
   (For Assisted Living also provide type of construction and dates of subsequent construction/remodeling)

4. **Administrator Information**
   • Administrator Name
   • Administrator Home Address
   • Administrator Work Cell Phone/Home Phone
   (For Assisted Living also provide the same information for the Alternate)

5. **Person Implementing the Plan - State if it is the Administrator**
   If different from Administrator provide:
   • Name of person implementing the plan
   • Home Address
   • Work and cell phone/home phone

6. **Person Who Developed the Plan - State if it is the Administrator**
   If different from Administrator provide:
   • Name of person who developed the plan
   • Work and cell phone/home phone

7. **Provide an Organizational Chart**
   Be sure to include:
   • Names
   • Titles
   • Note any key emergency positions held
   (For Assisted Living also provide phone numbers)

**B. Plan Introduction**

The introduction should describe the purpose of the plan, when it will be implemented (i.e. an onsite emergency, need for facility evacuation…), and the desired outcome to be achieved through the planning process. Include any other information about the facility that has bearing on the plan.

II. **AUTHORITIES AND REFERENCES**

**A. Legal Basis for Plan Development/Implementation Local Ordinances**

Identify the legal basis for plan development and implementation to include statutes, rules, and local ordinances, etc. Examples of legal basis for plan development for Nursing Homes:
• Agency for Healthcare Administration Florida Statutes
• 400-23, FS, and 59A-4.126 Florida Administrative Code (FAC)
B. Reference Materials Used
List materials used to develop the plan (e.g. the AHCA criteria, training materials, etc.).

C. Hierarchy of Authority during Emergencies
Identify the hierarchy in place during emergencies. It may be that the hierarchy during an emergency is the same as your day-to-day hierarchy in which case you may reference the previous Organizational Chart’s page number shown in response to I.A.7.

The Emergency Position or staff personnel may differ from the organizational position held. For example, the Director of Nursing may become the second in command to the Administrator during an emergency as well as assuming responsibility to oversee/assign staff duties.

For Assisted Living Facilities, the chart should have: Name, Title, Emergency position, contact phone number.

III. HAZARD ANALYSIS

A. Potential Hazards
While hurricanes tend to be foremost on the minds of Pinellas County residents, tornadoes, flooding, fires, hazardous materials incidents, proximity to a nuclear power plant, and power outages during severe cold/hot weather, etc. Indicate past history with any of these events and lessons learned. Our web site provides further information on these, and other hazards.
See: http://www.pinellascounty.org/emergency/other_hazards.htm

B. Site Specific Facility Information
1. Number of Facility Beds, Maximum & Minimum Number of Clients
   Your licensed capacity is the maximum number of clients/beds on site (Assisted Living Facilities also require the average number on site)

2. Type of Residents/Patients Served
   Each response should state a number even if it is “None” or “0”. This is a “snapshot” of your facility.
   a) The number of patients with Alzheimer Disease.
   b) The number of patients requiring special equipment or care.
   c) Number of patients who are self-sufficient.

3. Identification of Facility Evacuation Zone
   The assigned Evacuation Zone may be found at: http://kyz.pinellascounty.org/
   If the facility has a variance assigning a different Evacuation Zone please include a copy of the variance letter, and reference the page number where it is found in your plan.
4. **Identification of Facility FEMA Flood Zone**
   The FEMA Flood Zone may be found at: [https://msc.fema.gov/portal/search?AddressQuery](https://msc.fema.gov/portal/search?AddressQuery)

5. **Proximity of Facility to Hazardous Materials Incidents**
   This would include proximity to:
   
   - Railroads
   - Major transportation artery (e.g. state highway)
   - Large manufacturing or other types of facilities with potentially hazardous materials. Hazardous materials are defined as substances in quantities or forms as determined by the Federal EPA guidelines that may pose a reasonable risk to health, property, or the environment. HAZMATS include such substances as toxic chemicals, fuels, nuclear waste products, and biological, chemical, and radiological agents. Please contact your local fire department if you are unsure of whether you are in proximity to a possible hazardous materials incident site.

   The response must have specific distances. The response “Not close” is not specific. The response, “There are no known facilities with potentially hazardous materials within 10 miles” is acceptable if the administration has never been made aware of such a facility, and none are specified on the map used.

6. **Proximity of Facility to Nuclear Power Plant**
   Identify if facility is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant. If the facility is greater than 50 miles outside the planning zone of a nuclear power plant the response may simply state that fact.

**IV. CONCEPT OF OPERATIONS**

**A. Direction and Control**

In this section of the AHCA criteria is the definition of the policies, procedures, responsibilities, and actions the facility will take during all phases of an emergency situation.

1. **Identify By Name and Title Who Is In Charge and One Alternate**
   Identify by name and title who is in charge during an emergency as well as the name and title of their alternate should the primary be unavailable. There should always be a clear chain of command for employees to follow to eliminate conflicting priorities and directions occurring during an emergency.

2. **Identify the Chain of Command**
   As with the overall head of the facility, so with the subordinates demonstrating that continuous leadership is ensured. There should always be a clear chain of command.
for employees to follow for all management positions to eliminate conflicting priorities and directions occurring during an emergency.

3. Procedures to Ensure Timely Activation and Provisions for Staff’s Families
Describe how and when the facility ensures staff are on site prior to a hurricane. State who contacts the staff, how and when they contact the staff. State whether the facility allows staff to bring their families/pets to the facility during a hurricane or if staff must make arrangements for their family / pets / transportation / shelter / food separately.

4. Operational and Support Roles for Facility Staff. Standard Operating Procedures
Attach the Facility’s Standard Operating Procedures as an addendum to the CEMP, and reference the section(s) or page number(s) here. All staff positions should have their roles specified in an emergency. An example of the Operational Support for an Administrator may be:

Administrator Responsibilities
The overall authority for implementation, coordination, and deactivation of this emergency management plan rests with the Administrator.

Specific responsibilities include:
   a. Verify nature and extent of disaster.
   b. Assume control of all emergency actions within the facility.
   c. Assign tasks to EM team members.
   d. Directing and/or initiating recall of off-duty personnel
   e. Authorize issuance of emergency supplies and equipment as needed.
   f. Order evacuation of facility if needed.
   g. Notify residents’ families of status and coordinating pick up where applicable.
   h. Establish a central command location in the facility or in the host facility.
   i. Establish and maintain facility communications.
   j. Coordinate staff schedules to ensure 24 hour staffing for emergency conditions.
   k. Coordinating EM response with Pinellas County EM office, designated support facilities, or other outside agencies.
   l. Receiving and maintaining current resident census, transportation requirements, and staffing needs.
   m. Terminating the emergency plan and deactivating the emergency response when conditions have stabilized and/or upon returning to facility normal operations.

5. Procedures to Ensure Needs Are Met
   a. Food, Water, and Sleeping Arrangements

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. Be sure your plan will:

   • Provide an inventory of what is kept in stock at the facility.
• 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 using the food supply you have on hand for emergencies.
• The menu should be signed by the facility dietary manager/nutritionist.

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

• If sheltering the family of staff will they be expected to provide their own food?

Water Plan
Water kept on site at the facility should be in specified quantities shown as POTABLE and NON-POTABLE. 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

Be sure your plan includes:
• Where the water comes from – cases of bottled water, collapsible containers, tubs and sinks (lined with plastic to prevent draining), etc.
• The number by size of each container.
• Where the water or containers are stored at your facility.
• Swimming pools are acceptable for non-potable water supply only.
• 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.
• If there is a source such as a well or a lake/creek on the property, these are for non-potable use only.
• If sheltering the family of staff will they be expected to provide their own water?

Sleeping Arrangements
Will residents continue to sleep in their own beds in their own rooms or will their mattresses and bedding be moved within the facility or taken to another facility to be used there?

Will staff be provided with mattresses and bedding by the facility?
If providing shelter for the staff’s families will mattresses and bedding be provided or must they bring their own?

b. Emergency Power
Reference the tab, section, or page numbers where the approved Emergency Power Plan for the facility is included in the CEMP.

c. Transportation
May be covered in the Evacuation section. See IV. CONCEPT OF OPERATIONS IV.C. Evacuation for notes on requirements.
d. 72-hour Supply of Essential Supplies

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

- Medications
- First aid supplies
- Hygiene products
- Forms & records
- Paper products
- Plastic Utensils
- Cleaning supplies
- Maintenance materials

6. Provisions for 24-Hour Staffing on a Continuous Basis

Now that all staff are in the facility, how will they be assigned for 24-hour coverage? Will that differ if you are in your own facility vs. evacuating to another facility?

B. Notification

1. How Will the Facility Receive Warnings during off hours and weekend/holidays.

List sources that are monitored internally and externally to receive warnings. Some sources include:

- Television – Local news; The Weather Channel, etc.
- Radio – Both local radio stations and/or SAME (Specific Area Message Encoding). SAME is the designator for Weather Alert Notification. Set your SAME radio to the Pinellas County Code: 012103

Call Sign: Frequency:
KEC38 – Largo 162.450 - Largo
KHB32 – Tampa Bay 162.550 -Tampa Bay
- NOAA Weather International – NOAA weather information.

2. Facility 24 Hour Contact Number

Identify the 24 hour contact number for the facility. State if it is the same or a different number than listed in response to AHCA criteria I. A.1.

3. Define How Key Staff Will Be Alerted

- List how you will alert staff.
- State who will alert the staff, when and how the alert will be sent.

4. Define Procedure and Policy for Reporting to Work for Key Workers

Include when and any terms of employment that may ensure workers will arrive at the facility. Possible information:
• Key workers sign an Agreement of Employment document yearly that includes the requirement to be at the facility within 1 hour of notification (within 48 hours if a hurricane is approaching).
• Key workers must prepare their homes and families prior to reporting to work.
  ▪ Key workers will bring food, water, and essential supplies for their families if they are sheltering at the facility.

5. Define How Residents/Patients Are Alerted and Precautionary Measures

  ▪ Describe how you alert your residents and precautionary measures used to prevent resident panic and/or confusion.
  ▪ State who will alert the residents.
  ▪ State how they will alert the residents (e.g. an announcement system; gathered in a group; room by room)
  ▪ State when the alert will be done (e.g. when the decision is made to evacuate; 36 hours before a hurricane)

6. Identify Alternative Means of Notifying Staff

   If the plan is to notify staff members by telephone, state what method is used if phone lines or electricity is out.

7. Identify Procedures to Notify Facility to Which You Will Evacuate

   Identify procedures to notify receiving facility/facilities of your intent to evacuate residents to their facility. State who will perform the notification, and who they notify. State when they initiate the notification. State how the notification is done (ex. phone, email, text).

8. Identify Procedures for Notifying Families of Residents of Evacuation

   • Identify procedures to notify the families of residents/patients that your facility is evacuating.
   • Include who performs the notification.
   • Include when the notification begins, and how the notification is done (e.g. phone, email, text)?

C. Evacuation

1. Individual Responsible for Implementing Evacuation

   Identify the individual responsible for implementing facility evacuation procedures by name and title. This is the individual who “pulls the trigger” setting into motion a facility evacuation.

2. Identify Transportation Arrangements Used to Evacuate Residents

   Identify Transportation Arrangements to the receiving facility made through Transportation Agreements and/or Mutual Aid Agreements. Include in your CEMP each agreement regarding transportation, and reference the page number(s) here in your response. A Transportation Agreement is required any time more than facility owned vehicles are used. An agreement may be with a company or an individual (e.g.
Healthcare Facility CEMP Guidance

3. **Identify Transportation Arrangements for Logistical Support**

Logistical support includes moving records, medications, food, water, bedding, mattresses (if they will be needed), and other supplies previously listed in response to IV.A.5.d). Any vehicle(s) used, not owned by the facility must have a Transportation Agreement. Reference the page number(s) here in your response.

4. **Identify Pre-determined Locations for Resident Evacuation**

Identify the name and address of the Host facility to which residents will be evacuated. Before choosing a facility to which you will bring your residents, there are considerations that you should account for:

- Identify the pre-determined locations where residents will evacuate to in hurricane and non-hurricane evacuations.
- If you are in an evacuation zone Level A – E, there must be a Mutual Aid Agreement(s) that can house your licensed number of residents in a Non-Evacuation zone.
- If you include a facility/facilities in an evacuation zone Level A – E, you must label it to be used only in NON-HURRICANE type weather events (ex. Fire).

These considerations should be a part of your Comprehensive Emergency Management Plan (CEMP) regardless of the type of Host facility. Host facilities can be like facilities, churches, area businesses, residential homes, hotels, etc. Use the document “Sheltering Considerations” found under Quick Links at http://www.pinellascounty.org/emergency/PDF/sheltering_considerations.pdf to ensure the best care possible will be provided at your Host facility during an evacuation.

5. **Provide a Copy of the Mutual Aid Agreement(s)**

Attach a copy of each Mutual Aid Agreement that has been entered into with each receiving (Host) facility. Include in your CEMP each agreement, and reference the page number(s) here in your response. Be sure the following information is included in any agreement for Mutual Aid (and included Transportation):
The contract/agreement is required to identify how many of your residents each receiving facility will accept.

The name and address of each facility is required to be included in the contract/agreement.

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.

Mutual Aid Agreements are good for only ONE year, must be re-signed each year, and must cover AT LEAST 9 months of the CEMP plan year.

Include a floor plan of the receiving Host facility indicating where your residents will be housed in the facility, and the approximate square footage that will be dedicated to your residents in the facility. This will aide in planning for use of available space.

6. **Identify Primary and Secondary Evacuation Routes**
   Include both written directions, and a map for the primary evacuation route and for the secondary evacuation route to each receiving facility. This should be included as an Annex. Reference the page number(s) in your response.

7. **Specify the Time to Evacuate All Patients/Residents**
   Specify the amount of time to evacuate all residents to destination facilities. This interval of time should be calculated beginning at the time the decision is made to evacuate from your facility to the time all the residents arrive at the receiving facility. Also include in this interval the time to perform all notifications, acquire transportation and staff on site, pack all supplies, prepare residents, load supplies and residents, etc.

   Note: This will help when calculating when to begin the evacuation process. You would subtract the time to evacuate from the estimated arrival time of Tropical Storm Force Winds (40 mph winds).

8. **Procedures to Ensure Staff Accompany Evacuating Patients/Residents**
   Simply stating a staff member will accompany residents is not a sufficient response. State who will ensure it is done. State how staff will be assigned. For example, staff may be given a list of residents or assigned to a vehicle, assigned to collect residents from a particular section of the facility, etc.

9. **Procedures to Track Residents While at the Destination Facility**
   Identify procedures that will be used to keep track of residents once they have evacuated. These procedures should include a log system. The log would be used in several ways: ensuring residents are accounted for and out of the facility, the daily census at the new facility, ensuring, residents receive the requirements of daily care at the new facility. Utilize this log throughout the evacuation and in the return process to your own facility.

10. **What/How Much Should Each Resident Take for 72-hours or Longer**
    These would be the personal items and the quantities of those items the resident requires such as pajamas, clothes, shoes, slippers, tooth brush, personal care items,
jewelry, etc. In essence this is a list of what each resident’s “go” bag should hold. Include the provisions to extend this time beyond 3 days.

11. Procedures to Answer Family Inquires About Evacuated Residents
   Once everyone has arrived at the Host facility, state who will respond, and how they will respond to family inquiries about residents. State who the family contacts and how. State if a sign be mounted at your facility telling resident family members where everyone has gone, and how to reach out for information.

12. Procedures to Ensure All Residents Are Out of Your Facility
   Utilizing the log system described in the response to IV.C.9. identify what member(s) of your organization will be responsible for doing a final walk through the facility to ensure it is empty, and how will they search the facility.

13. When Pre-positioning of Medical Supplies and Provisions Start
   Pre-positioning supplies allows a quicker evacuation time. State at what point your facility will begin collecting all necessary supplies on your evacuation inventory list, and where will they be gathered in preparation for loading should an evacuation be triggered.

14. When and Who Will Begin Notification Agreements Are in Effect
   State who will notify the responsible parties for transportation, and mutual aid for your facility evacuation. Include how far ahead of an actual evacuation notification will be done. When you notify transportation and mutual aid partners will be determined by what is realistic for the size of your facility, the reason your facility is evacuating (i.e. fire, hurricane, sprinkler malfunction), and the evacuation time (i.e. IV.C.7.).

D. Re-Entry
   1. Who Will Authorize Re-Entry
      Include that re-entry cannot start until the “All Clear” has been issued by local authorities. State the name and title of the person who will authorize re-entry as he/she appears on your organization chart. Before re-entry can occur the building should be inspected and be structurally sound as set forth in the next section.

   2. Procedures for Inspection of the Facility
      Identify procedures for inspection of the facility to insure that it is structurally sound, and power and water is readily available for residents. Include the names and/or titles of that if more than one must sanction that the facility may be reoccupied safely.

   3. How Residents Will Be Transported from the Host Facility and Re-Enter
      Identify how residents will be transported from the host facility back to their home facility – include method of tracking residents (log). Identify how you will ensure accurate and timely tracking data on re-entry operations of your residents back to their original rooms/beds.
E. Sheltering

Your organization may or may not have agreed to be used as a shelter (Host) for an evacuating facility. If your facility will not be a host shelter, then you should mark this entire section N/A or Not Applicable. If your facility will act as a host shelter for another facility, then you should respond to all criteria in this section.

1. Procedures for Receiving Arriving Residents/Patients
State who will greet the arriving staff and residents/patients, where they will arrive (i.e. main entrance, back entrance, side door), and if you will provide escort assistance by your staff. Include the Mutual Aid Agreement(s) you have signed with each facility you will Host, and include the page number here in your response.

2. Space for Arriving Staff, Families & Residents/Patients
A floor plan of your facility as the Host (receiving) facility should be included. Your floor plan should indicate where the arriving staff, arriving family of staff, and arriving residents will be housed in your facility, including the approximate square footage that will be dedicated to them. In your response here specify what page(s) your floor plan may be found.

3. Food, Water, Medical, Supplies for Arriving Residents/Patients
Identify from where will come a minimum of a 72 hour supply of food, water, medical supplies, and other supplies for the arriving residents. Indicate if the Mutual Aid Agreement states that the arriving facility must supply all their own needs.

4. Ensuring 24 Hour Operations
Although incoming people will have space assigned, the responsibilities as to how will they be fed and monitored must be specified. State if your staff be expected to assist or if the arriving staff will be responsible for 24 hour care, and feeding of their own residents/patients. State if food preparation will be done in shifts.

5. Shelter for Arriving Staff’s Family Members
If the Mutual Aid Agreement with the arriving facility includes their Staff’s family members being given space/services/supplies by your facility describe how this will be done. If the Mutual Aid agreement with the arriving facility does not this mark this section as N/A or Not Applicable.

6. When Your Facility Will Seek a Waiver from AHCA
Identify when your facility will seek a waiver from the Agency for Health Care Administration (AHCA) to allow for sheltering (Hosting) the incoming facility. A waiver is required every 15 days under Florida State Statute when/if the number of residents from both facilities exceeds the licensed capacity of the host (your) facility. (Call 904-487-2515)

7. Procedures for Tracking Arriving Residents/Patients
Describe the procedures and who is responsible for tracking the additional residents/patients sheltered within your facility.

V. INFORMATION, TRAINING, AND EXERCISES

A. How Key Workers Are Instructed In Their Emergency Roles

During non-emergency intervals of the year describe how you ensure key workers are trained to know their responsibilities/duties during various emergencies.

B. Employee Disaster Training Schedule and Instructor

Describe the training schedule for your workers and state who, by name and position on the organization chart, provides that training. If the person training workers for a Fire emergency differs from the person training workers for a hurricane or tornado emergency please include that information.

C. New Employee Disaster Training

Describe how a new employee is trained for their role should a disaster occur.

D. Schedule for Disaster Exercises

Describe what portion of your CEMP the facility practices and the schedule for those various drills. The assumption is that all emergency drills (e.g. Fire, Hurricane, Tornado) will not all be done on the same day.

E. Procedures to Correct Emergency Exercise Deficiencies

Describe how/who notes deficiencies in the emergency exercises, who these deficiencies are reported to, and how corrections are made.

VI. AHCA APPENDICES

A. Roster of Employees and Companies with Key Roles during a Disaster

1. Staff with Disaster Related Roles

List every staff member who has a role in the facility during a disaster. Include their name, their home address, and their personal (cell) telephone number. Should you have created a complete organization chart in response to I.A.7., that also included this information simply refer to the page number here where the information may be found.

2. Emergency Service Providers

For any company or organization the facility may use or have an agreement with during an emergency list the company name, contact person at that company if applicable, address of the company, and telephone number of the company. Some examples include:

- 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 such as: Generator Repair, Pharmaceutical or Food providers

B. Agreements and Understandings

List the page numbers where copies of each facility agreement will be found in your CEMP. This would include, but not be limited to:

• Mutual Aid Agreement(s)
• Transportation Agreement(s)
• Sheltering/Hosting Agreement(s) (if applicable)
• Vendor Agreements
• Service Agreements

C. Evacuation Route Maps

List the page numbers on the AHCA Criteria where copies of the primary and secondary route descriptions and route maps will be found in your annex.

D. Support Material

1. Additional Material

• Refer to the page number in the annex of your CEMP where additional material is included.
• For example, your facility’s Standard Operating Procedures. See Annex A Hints Developing Facility CEMPs for guidance in preparing such a plan.

E. Electrical Power Plan Addendum

1. AHCA Requirement

• The requirement for Assisted Living Facilities in FAC 58A-5.036(7)(b) - Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.
• The requirement for Nursing Homes in FAC 59A-4.1265(8)(b) - Once the plan has been approved, the nursing home shall submit the plan as an addendum with any future submissions for approval of its Comprehensive Emergency Management Plan.
4. RESPONDING TO PINELLS COUNTY CRITERIA

Unlike the AHCA Criteria where all responses require a page number to be entered, sections of the Pinellas County Criteria can ask for a page number or the specific response to be entered. The page number used can be the same as those used to answer your AHCA criteria questions as some information is requested in both criteria.

A. Contact Information

Enter both the criteria response, and the page number where each of the criteria responses may be found in the CEMP.

1. Facility Resident/Patient Data

Enter both the criteria responses here, and the page number where each of the criteria responses may be found in the CEMP.

B. County Ambulance Transportation

Enter both the criteria response here, and the page number where the criteria response may be found in the CEMP. See parameters for Ambulance and County transportation on page 2 of the Pinellas County Criteria form.

C. Food and Water

Enter the page number where response to this criteria may be found. This information should be provided in response to AHCA criteria in IV.A.5.a. Use the same formulas to respond. The AHCA criteria requires 3 days; the Pinellas County criteria requires 7 days. If you respond to AHCA IV.A.5.a. with information for 7 days you satisfy both criteria in the same response.

D. Human Remains

Enter the page number where the criteria response may be found in the CEMP.

This requirement does not exist in the AHCA criteria. In answering this Pinellas County criteria include the in the response:

- 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.
- How the body inside and the container outside will be uniquely labeled for identification.
- How personal belongings will be gathered, labeled, and linked to the body.
- What records will be kept to ensure body identification.
- Where and how the container holding the body will be stored until transport is available.
- **APPENDIX F: Human Remains** provides an example of how this criteria may be answered.
E. **Emergency Status System (ESS) Registration Proof**

Enter the page number where the registration printout may be found in the CEMP.

F. **Shelter-In-Place Procedures**

Enter the page number where the criteria response may be found in the CEMP.

“Sheltering” required in the AHCA criteria, and “Shelter-In-Place” required in the Pinellas County criteria are totally different. Sheltering is when your facility functions as a Host providing an evacuation site for an arriving facility.

Shelter-In-Place may be necessary if your facility is in a non-evacuation zone, and the facility will not evacuate during a hurricane or if it is not safe to evacuate during another type of event. The responses to this Pinellas County criteria would be required. Answer this criteria with “Not Applicable” if the facility will evacuate during every hurricane.

Other than hurricanes, Shelter-In-Place may occur if part of your facility is damaged by fire, and your Fire Plan calls for you to continue to occupy your facility.

These procedures should detail things to do or have in place for an emergency event in which your facility will not 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:

- List the steps that will be taken to protect the facility.
- Identify how you will reinforce the facility if it becomes damaged and no one can get there to help you.
- Identify how you will protect the residents if the facility becomes damaged and no one can get there to help you for a time.
- If the facility has hurricane windows or shutters, indicate the manufacturer or grade if you haven’t done so in previous sections.
- 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).

G. **For Those Evacuating Out Of Pinellas**

Enter the page number where the criteria response may be found in the CEMP.

Facilities not leaving Pinellas County for evacuation need only reply “Not Applicable”.

If you are evacuating out of the county for a hurricane, describe 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 the a/c or sprinkler systems. Reference any local agreement to host your residents.
H. Transportation Agreements

Enter the page number where the criteria response may be found in the CEMP. This information should be included in the Transportation Agreements referenced in response to AHCA criteria IV.C.2.
APPENDICES
APPENDIX A – SAMPLE ESS REGISTRATION PROOF

Facility Details

- License Status: LICENSED
- Current Moratorium: No
- Physical Address: [redacted]
- Phone Number: [redacted]
- Email Address: [redacted]
- Website: [redacted]
- Mailing Address: [redacted]
- Owner: [redacted]
- AHCA Inspection Region: [redacted]
- RDSTF Region: [redacted]
- CMS Region: [redacted]

Evacuation Zone

https://apps.ahca.myflorida.com/Ess/FacilitiesDetails?69be6d6a-327a-473b-a22b-af61bf9688
APPENDIX B – SAMPLE FIRE PLAN APPROVAL LETTER

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 associated facility.

The Fire Safety Plan has been:  
X 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

SAMPLE
Emergency Management Planning Criteria for Nursing Home Facilities (Criteria)

The following minimum criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all Nursing Homes. The criteria serve as the required plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, Florida Statutes (F.S.).

These minimum criteria satisfy the basic emergency management requirements of 400, Part II, Florida Statutes, but are not designed to provide specific emergency medical planning guidance. Although such planning is required under 400, Part II, Florida Statutes, and this rule and may be included in this plan, those items will not be subject to review or approval by county emergency management agencies.

These criteria are also not intended to limit nor exclude additional materials facilities may decide to include to satisfy other relevant rules, requirements, or any special issues facility administrators deem appropriate for inclusion. As before, such voluntary inclusions will not be subject to the specific review by county emergency management personnel, but only those items identified in these criteria.

This form must be attached to your facility's comprehensive emergency management plan upon submission for approval to the county emergency management agency. Use it as a cross reference to your plan, by listing the page number and paragraph where the criteria are located in your plan on the line to the left of each item. This will ensure accurate review of your facility's plan by the county emergency management agency.

*****IMPORTANT SUBMITTAL INFORMATION*****

1. All plans must be submitted in a single searchable PDF format document to our email at EMAHC@PINELLASCOUNTY.ORG or via hard copy to be retained by Emergency Management to:

   Pinellas County Emergency Management
   10750 Ulmerton Rd. Bldg 1 Suite 267
   Largo, FL 33778

2. Documents cannot be password protected
3. All pages must be numbered; annexes / appendixes should be numbered separately.
4. The fire plan must be a separate appendix, and have the approval letter from the fire district included.
INTRODUCTION

A. Provide basic information concerning the facility to include:

1. Name of facility, address, telephone number, emergency contact telephone number and fax number.
2. Owner of facility, address, telephone number.
3. Year of facility was built.
4. Name of administrator, address, work/home telephone number.
5. Name, address, work/home telephone number of person(s) implementing the provisions of this plan, if different from the administrator.
6. Name and work/home telephone number of person(s) who develop this plan.
7. Provide an organizational chart with key emergency 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 implementation of this plan.

AUTHORITIES AND REFERENCES

A. Identify the legal basis for plan development and implementation of local ordinances and apply 400.23, Florida Statues and 59A-4.126, F.A.C.

B. Identify reference material used in the development of the Plan.

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

HAZARD ANALYSIS

A. Describe the potential hazards that the facility 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. Indicate past history and lessons learned.
B. Provide site specific information concerning the facility to include:

1. Number of facility beds, maximum number of clients on site, average number of clients on site.

2. Type of residents served by the facility to include, but not limited to:
   a. Patient 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 a 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.

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, evacuation and sheltering.

A. Direction and Control

Define the management function for emergency operations. Direction and control provide a basis for decision making and identifies who has the authority to make decisions for the facility.

1. Identify, by name and title who is in charge during an emergency, and one alternate, should that person be unable to service in that capacity.

2. Identify the chain of command to ensure continuous leadership and authority in key positions.
3. State the procedures to ensure timely activation and staffing of the facility in emergency functions. What are the provisions for emergency workers’ families?

4. State the operational and support roles for all facility staff. (This will be accomplished through the development of Standard Operating Procedures, which must be attached to this Plan).

5. State the procedures to ensure the following needs are supplied.

   A. Food, water, and sleeping arrangements.

   B. Emergency power, natural gas or diesel. If natural gas, identify alternate means should loss of power occur which would effect the natural gas system. What is the capacity of emergency fuel system?

   C. Transportation (may be covered in the evacuation section).

   D. 72 Hour supply of all essential supplies.

6. Provisions for 24 hour staffing on a continuous basis until the emergency has abated.

B. Notification

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

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

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

   3. Define how key staff will be alerted.

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

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

   6. Identify alternative means of notification should the primary system fail.
7. Identify procedures for notifying those facilities to which facility residents will be evacuated to.

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

C. Evacuation

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

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

2. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate residents (copies of the agreements must be attached).

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

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

5. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients (current, signed each year).

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

7. Specify the amount of time it will take to successfully evacuate all patient/residents to the receiving facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (40-mph winds).

8. Specify the procedures that ensure facility staff will accompany evacuating residents/patients?

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

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

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

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

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

14. Specify at what point the mutual aid agreements for transportation and the notification of alternate facilities will begin.

D. Re-Entry

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

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

2. Identity procedures for inspecting the facility to ensure it is structurally sound.

3. Identify how residents will be transported from the host facility back to their home facility and identify how you will receive accurate and timely data on re-entry operations.

E. Sheltering

If the facility is to be used as a shelter for an evacuating facility, the plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.

1. Describe the receiving procedures for arriving residents/patient from evacuating facility.

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

3. Identify provisions of additional food, water and medical needs of those residents/patients being hosted at receiving facility for a minimum of 72 hours.

4. Describe the procedures for ensuring 24-hour operations.
5. Describe procedures for providing sheltering for family members of critical workers.

6. Identify when the facility will seek a waiver from Agency for Health Care Administration to allow for the sheltering of evacuees if this creates a situation which exceeds the operation capacity of the host facility. (Call 904-487-2515)

7. Describe procedures for tracking additional residents or patient sheltered within the facility.

INFORMATION, TRAINING AND EXERCISES

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

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

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

C. Identify the provision for training new employees regarding their disaster related role(s).

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

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

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

— A. Roster of employee 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 reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.

— C. Evacuation Route Map
   — 1. A map of the evacuation routes and description of how to get to a receiving facility for drivers.

— D. Support Material
   — 1. Any additional material needed to support the information provided in the plan.
   — 2. Copy of the facility's fire safety plan that is approved by the local fire department.

— E. Electrical Power Plan Addendum
   An approved Emergency Power Plan (EPP) shall be included as an addendum to the CEMP.
APPENDIX D – PINELLAS COUNTY CRITERIA

Pinellas County Health Care Facility Comprehensive Emergency Management Plan Criteria

If Pinellas County were to be directly affected by a major storm, the impacts would be felt for days, possibly weeks. Our geography and dependence upon limited ingress and egress roadways for the county necessitate the need for your facilities to be prepared. We may be cut off from outside assistance for a number of days.

Your CEMP must include the following criteria and this form must be included in your submittal. Please identify where within your plan these criteria have been addressed. Additional standard operating guidance for facilities is currently being worked on to assist facilities in the creation of the comprehensive emergency management plans.

**REQUIRED INFORMATION:**

| **Alternate (2nd) contact with cell phone # and email if available** |
| **contact:** | **Cell:** | **Email:** |
| Contact: | | |

| Email address of administrator/facility (person in charge) |
| **Contact:** | **Email:** |
| | |

| What is your preferred method of contact? Email or Fax? |
| **Email:** | **Fax:** |
| | |

Provide the following information:

- Total Patients to be transported (must equal your licensed capacity) ______
- Number who are Ambulatory (can use bus) ______
- Number who can be transferred from a wheelchair to bus seat ______
- Number who are Wheelchair Bound (those that must remain in a wheelchair) ______
- Number requiring an Ambulance (includes bariatric, ventilator, bedbound) ______

For a countywide evacuation, will you be requesting Ambulance Transportation from the County Emergency Operations Center ______

Provide a seven-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 seven days using non-perishable foods. This must be a list of items you actually keep on hand in the facility and cannot be a preprinted recommendation.

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.

Provide a printout of your Emergency Status System (ESS) Registration Page

Shelter-in-place procedures. Include items such as:
- What are the steps you take to protect the facility?
- What are the procedures you have in place to make temporary repairs to your facility after an event until help can get to you?
- How will you protect your residents until you can be evacuated after the event?

Will you be evacuating in county or out of county?

How will you transport your clients for an evacuation? (This includes facility specific or countywide evacuations.) Pinellas County requires you to identify whom your transportation agreement is with and provide the following:
- 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.
Pinellas County Health Care Facility Comprehensive Emergency Management Plan Criteria

Countywide Evacuation Transportation Limitations:
- You must utilize your transportation assets and/or agreements first. County assistance should be considered a last resort.
- If you require county transportation assistance, it will not leave the county.
- We will not provide transportation to public shelters, you need to have agreements in place for where your clients will go.
- You may be charged for transportation assistance to evacuate your patients.
- Transportation resources are limited. School buses will be used as available and have limited wheelchair capability.
- Assigned transportation assets will need to make multiple trips.
- Facility personnel must have all patients and supplies ready to be moved when the transportation arrives.

Ambulance transportation will be limited to only those who meet the following criteria:
- Patient is on oxygen at a flow rate greater than 4 liters per minute (equipment exists which will allow for transport of patients on lower flow oxygen by non-ALS vehicles).
- Patient has an IV in place which is required to be maintained for constant blood or medication infusion. (An IV maintained for purposes of intermittent medication administration, hydration, or feeding should be converted to a heparin lock or another type for transport by a non-ALS unit.)
- Patient is on a respirator.
- Patient is unconscious or must be on a monitor at all times, or is declared a critical patient by their physician.

Last Update 2/2019
Facility Annual/BiAnnual CEMP Review Acknowledgement

FACILITY NAME: ______________________________________________________
FACILITY TYPE: _______________________________________________________
ADDRESS: ___________________________________________________________
CITY: ___________________________                      Zip: ______________________

I certify the facility’s Comprehensive Emergency Management Plan (CEMP) submitted to the Pinellas County Office of Emergency Management for renewal or initial review submitted on this day is accurate and complete. The following declaration is based on my personal knowledge.
The undersigned acknowledges that this written declaration has been read, understood, fully explained, and all questions regarding it have been answered. The facility’s plan has been updated. All employees have been trained on their roles and responsibilities during an emergency and given the opportunity to review the CEMP.

Signature of Administrator / Director / Owner  
Print Name

Date
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.

Residents' 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 decease (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 takes, the unique reference number must be visible in all photographs. The photographs should include a visible 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 parts 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 Chart, attached as Exhibit A.

- Secure: Personal belongings should be securely packaged, labeled with the same unique reference number and stored in 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 collection and transport 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.