



HOSPITALS

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

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

Hospitals and Ambulatory Surgical Centers

Statutory Reference'

395.1055 (1)(c), Florida Statutes

Rules and Enforcement.

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

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

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

Rule Reference⁴

Chapter 59A-3.078, Florida Administrative Code

Comprehensive Emergency Management Plan.

- (1) Each hospital shall develop and adopt a written comprehensive emergency management plan for emergency care during an internal or external disaster or an emergency, which is reviewed and updated annually.
- (2) The emergency management plan shall be developed in conjunction with other agencies and providers of health care services within the local community pursuant to s. 252.32(2), F.S., and in accordance with the "Emergency Management Planning Criteria for Hospitals," AHCA Form 3130-8005-September 94, which is incorporated by reference. At a minimum, the plan shall include:
 - (a) Provisions for internal and external disasters and emergencies, pursuant to s. 252.34, F.S.;
 - (b) A description of the hospital's role in community wide emergency management plans;
 - (c) Information about how the hospital plans to implement specific procedures outlined in the hospital's emergency management plan;
 - (d) Precautionary measures, including voluntary cessation of hospital admissions, to be taken by the hospital in preparation and response to warnings of inclement weather, or other potential emergency conditions;
 - (e) Provisions for the management of patients, including the discharge of all patients that meet discharge requirements, in the event of an evacuation order, at the direction of the hospital administrator, or when a determination is made by the agency that the condition of the facility or its support services is sufficient to render it a hazard to the health and safety of patients and staff, pursuant to Chapter 59A-3, Florida Administrative Code. Such provisions shall address moving patients within the hospital and relocating patients outside the hospital, including the roles and responsibilities of the physician and the hospital in the decision to move or relocate patients whose life or health is threatened;

⁴ This rule excerpt is only meant to be for reference purposes. A complete Copy of the Hospital rule (Chapter 59A-3, F.A.C.) may be obtained from the Agency for Agency or Health Care Administration (2727 Mahan Drive, Tallahassee, FL 32308).

- (f) Education and training of personnel in carrying out their responsibilities in accordance with the adopted plan;
- (g) A provision for coordinating with other hospitals that would receive relocated patients;
- (h) Provisions for the management of staff, including the distribution and assignment of responsibilities and functions, and the assignment of staff to accompany those patients located at off-site locations;
- (i) Provisions for the individual identification of patients, including the transfer of patient records;
- (j) Provisions to ensure that a verification check will be made to ensure relocated patients arrive at designated hospitals;
- (k) Provisions to ensure that medication needs will be reviewed and advance medication for relocated patients will be forwarded to respective hospitals, when permitted by existing supplies, and state and federal law;
- (l) Provisions for essential care and services for patients who may be relocated to the facility during a disaster or an emergency, including staffing, supplies and identification of patients;
- (m) Provisions for contacting relatives and necessary persons advising them of patient location changes. A procedure must also be established for responding to inquiries from patient families and the press;
- (n) Provisions for the management of supplies, communications, power, emergency equipment, security, and the transfer of records;
- (o) Provisions for coordination with designated agencies including the Red Cross and the County Emergency Management office; and
- (p) Plans for the recovery phase of the operation, to be carried out as soon as possible.

- (3) The plan, including the “Emergency Management Planning Criteria for Hospitals,” shall be submitted annually to the County Emergency Management agency for review and approval. A fee may be charged for the review of the plan as authorized by s. 252.35(2)(l) and 252.38(1)(e), F.S.
 - (a) The County Office of Emergency Management has 60 days in which to review and approve the plan, or advise the facility of necessary revisions. If the county emergency management agency advises the facility of necessary revisions to the plan, those revisions shall be made and the plan resubmitted to the county office of emergency management within 30 days of notification by the county emergency management agency.
 - (b) The County Office of Emergency Management shall be the final administrative authority for emergency plans developed by hospitals.
- (4) The hospital shall test the implementation of the emergency management plan semiannually, either in response to a disaster or an emergency or in a planned drill, and shall evaluate and document the hospital's performance to the hospital's safety committee. As an alternative, the hospital may test its plan with the frequency specified by the Joint Commission on Accreditation of Healthcare Organizations.
- (5) The emergency management plan shall be located for immediate access by hospital staff.
- (6) In the event a disaster or emergency conditions have been declared by the local emergency management authority, and the hospital does not evacuate the premises, a facility may provide emergency accommodations above the licensed capacity for patients. However, the following conditions must be met:
 - (a) The facility must report being over capacity and the conditions causing it to the agency area office within 48 hours or as soon as practical. As an alternative, the facility may report to the agency central office, Hospital and Outpatient Services Section, at (850) 487-2717;
 - (b) Life safety cannot be jeopardized for any individual;
 - (c) The essential needs of patients must be met; and
 - (d) The facility must be staffed to meet the essential needs of patients.

- (7) If the hospital will be over capacity after the declared disaster or emergency situation ends, the agency shall approve the over capacity situation on a case-by-case basis using the following criteria:
- (a) Life safety cannot be jeopardized for any individual;
 - (b) The essential needs of patients must be met; and
 - (c) The facility must be staffed to meet the essential needs of patients.
- (8) If a facility evacuates during or after a disaster or an emergency situation, the facility shall not be reoccupied until a determination is made by the hospital administrator that the facility can meet the needs of the patients.
- (9) A facility with significant structural damage shall relocate patients until approval is received from the agency's Office of Plans and Construction that the facility can be safely reoccupied, pursuant to Rules 59A-3.077 through 59A-3.093, Florida Administrative Code.
- (10) A facility that must evacuate the premises due to a disaster or emergency conditions shall report the evacuation to the agency area office within 48 hours or as soon as practical. The administrator or designee is responsible for knowing the location of all patients until the patient has been discharged from the facility. The names and location of patients relocated shall be provided to the local emergency management authority or its designee having responsibility for tracking the population at large. The licensee shall inform the agency area office of a contact person who will be available 24 hours a day, seven days a week, until the facility is reoccupied.

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

**EMERGENCY MANAGEMENT PLANNING CRITERIA
FOR HOSPITALS**

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

These criteria are not intended to limit or exclude additional information that hospitals may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. Any additional information which is included in the plan will not be subject to approval by county emergency management personnel, although they may provide informational comments.

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

I. INTRODUCTION

- A. Provide basic information concerning the hospitals to include:
 - 1. Name of the hospitals, address, telephone number, emergency contact telephone number, pager number and fax number.
 - 2. Year the hospitals was built, type of construction and date of any subsequent construction.
 - 3. Name, address, and telephone number of Administrator and an alternate contact person.
 - 4. Name and title of person(s) who develop this plan.
 - 5. Organizational chart with key management positions identified.

- B. Provide an introduction to the Plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the hospital that has bearing on implementation of this plan.

II. AUTHORITIES

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

III. HAZARD ANALYSIS

Describe the potential hazards that the hospital 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.

- A. Provide site-specific information concerning the hospital to include:
 - 1. Location Map.
 - 2. Number of hospital beds, maximum number of patients on site, average number of patients on site.
 - 3. Type of patients served by the facility, including but not limited to: Patients requiring special equipment or other special care, such as oxygen or dialysis.
 - 4. Identification of hurricane evacuation zone the hospital is in.
 - 5. Identification of which flood zone hospital is in, as identified on a Flood Insurance Rate Map.
 - 6. Proximity of hospital to a rail road or major transportation artery (to identify possible hazardous materials incidents).
 - 7. Identify if the hospital is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant.

IV. CONCEPT OF OPERATIONS

This section of the plan defines the policies, procedures, responsibilities and actions that the hospital will take before, during and after any emergency

situation. At a minimum, the facility plan needs to address: direction and control, notification, and evacuation and sheltering.

—— A. Direction and Control

- 1. Identify by position 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 hospital in emergency functions.
- 4. State the operational and support roles for all established positions within the hospital. This will be accomplished through the development of Standard Operating Procedures, which must be available for review.
- 5. State the procedures to ensure the following needs are supplied. Since hospitals must plan for both internal and external disaster, the plan should take into consideration self-sufficiency, dependence upon other sources, and a contingency plan in case of community-wide disasters.
 - A. Food, water, and other essential supplies.
 - B. Emergency power capacity. If natural gas, identify alternate means should loss of power occur which would effect the natural gas system. What is the capacity of the emergency fuel system?
- 6. Provisions for continuous staffing until the emergency has abated.

—— A. Notification

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

- 1. Explain how the hospital will receive warnings.
- 2. Explain how key staff will be alerted.
- 3. Describe the procedures and policy for reporting to work for key workers.

- 4. Explain how patients will be alerted, and the precautionary measures that will be taken.
- 5. Identify alternative means of communication should the primary system fail.
- 6. Identify procedures for notify those areas or facilities to which patients will be moved or relocated.
- 7. Identify procedures for notifying families that patients have been moved or relocated.

—— C. Evacuation

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

- 1. Describe the policies, roles, responsibilities and procedures for moving and relocation patients.
- 2. Identify the individual responsible for initiating the hospital's evacuation procedures.
- 3. Identify any transportation arrangement made through mutual aid agreement understandings that will be used to move or relocate patients. If transportation is coordinated through a central agency, i.e., county EOC, please explain. In addition, if there is a "transportation shortfall" in the area, please explain how the problem is addressed under current limitations.
- 4. Describe logistical arrangements for transporting support services, including: moving medical records, medicine, food, water, and other necessities. If this is arranged through a coordinating agency, i.e., county EOC, please explain.
- 5. Identify locations where patients will be moved or relocated, if they are pre-determined. If relocation is coordinated through a centralized agency, i.e., county EOC, please explain.
(current, signed each year).
- 6. Identify evacuation routes that will be used, including secondary routes if the primary route rendered

impassable.

- 7. Specify the amount of time it will take to successfully move or relocate patients.
- 8. What are the procedures to ensure hospital staff will accompany relocated patients? If staff will not be accompanying patients, what measures will be used to ensure their safe arrival (i.e., who will render care during transport).
- 9. Identify how patients will be tracked once they have been relocated. If patients will be considered discharged at the time of relocation, please explain.
- 10. Establish procedures for responding to family inquires about patients who have been moved or relocated.
- 11. Establish procedures for ensuring all patients are accounted for and are out of the facility.
- 12. Determine at what point to begin the pre-positioning of necessary medical supplies provisions.

—— D. Re-entry

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

- 1. Identify who is the responsible person(s) for authorizing re-entry to occur.
- 2. Identity procedures for inspecting the hospital to ensure it is structurally sound.
- 3. Explain how patients will be transported back to the hospital following relocation. If patients will not be re-admitted, please explain the criteria that will be used to make this determination.

—— E. Sheltering

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

- 1. Describe the receiving procedures for patient arriving from an evacuating hospital.
- 2. Identify the means for providing, for a minimum of 72 hours, additional food, water, and medical needs of those

patients being hosted.

- 3. Identify how the hospital will notify AHCA if it exceeds its licensed operating capacity.
- 4. Describe procedures for tracking additional patients within the hospital.

V. INFORMATION, TRAINING AND EXERCISE

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

- A. Identify how key workers will be instructed in their emergency roles during non-emergency times.
- B. Identify a training schedule for all employees and identify who will provide the training.
- C. Identify the provision for training new employees regarding their disaster related roles.
- D. Identify a schedule for exercising all or portions of the disaster plan on a semi-annual basis.
- E. Establish procedures for correcting deficiencies noted during training exercises.

APPENDIIX

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

- A. Roster of Employees and Companies with key disaster related roles
 - 1. List the names, addresses, telephone numbers of all staff with disaster related roles.
 - 2. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, Red Cross, etc.
- B. Agreements and Understandings
 - 1. Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include host hospital agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.
- C. Evacuation Route Map
 - 1. A map of the evacuation routes and description of how to get to a receiving hospital or subacute care facility for drivers.
- D. Support Material
 - 1. Any additional material needed to support the information provided in the plan.
 - 2. Copy of the center's fire safety plan that is approved by the local fire department.
- E. Standard Operating Procedures