Skilled Nursing Facility Disaster Plan Guidance

Pinellas County Emergency Management
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.
Table of Contents

I. OVERVIEW ......................................................................................................................... 5

APPENDIX A – FL Health Stat Sample Detail................................................................. 7

APPENDIX B – Fire Plan Approval Letter...................................................................... 9

APPENDIX C – AHCA Crosswalk Nursing Home Facilities ........................................ 10

APPENDIX D – Pinellas County Criteria ....................................................................... 18

II. Responding to AHCA Criteria for Nursing Homes .................................................. 26

I. INTRODUCTION ........................................................................................................... 26

A. Basic Facility Information ............................................................................................ 26

B. Basic Facility Information ............................................................................................ 27

II. AUTHORITIES AND REFERENCES ...................................................................... 27

A. Legal Basis for Plan Development/Implementation Local Ordinances ................ 27

B. Reference Materials Used ......................................................................................... 27

C. Hierarchy of Authority during Emergencies ............................................................. 28

III. HAZARD ANALYSIS ................................................................................................. 28

A. Potential Hazards ....................................................................................................... 28

B. Site Specific Facility Information .............................................................................. 29

IV. CONCEPT OF OPERATIONS ...................................................................................... 30

A. Direction and Control .................................................................................................. 30

B. Notification .................................................................................................................. 35

C. Evacuation .................................................................................................................... 37

D. Re-Entry ....................................................................................................................... 40

E. Sheltering ...................................................................................................................... 40

V. INFORMATION, TRAINING, AND EXERCISES ......................................................... 41

A. How Key Workers Are Instructed In Their Emergency Roles .............................. 41

B. Employee Disaster Training Schedule and Instructor ............................................. 41

C. New Employee Disaster Training .............................................................................. 42

D. Schedule for Disaster Exercises ............................................................................... 42

E. Procedures to Correct Emergency Exercise Deficiencies ...................................... 42

ANNEXES ............................................................................................................................. 42

A. Roster of Employees and Companies with Key Roles during a Disaster .......... 42

B. Agreements and Understandings ............................................................................. 42

C. Evacuation Route Maps .............................................................................................. 43
I. OVERVIEW

Before your Comprehensive Emergency Management Plan (CEMP) will be accepted for review, you will be required to show the following documentation is included:

**FL Health Stat Registration Detail Pages**
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. For any system questions or glitches, email your inquiry to:

flhealthsystems@flhealth.gov.

Include your user name, region (4), facility name, facility address, email, and contact phone number. You may cc Emergency Management as well at emahc@pinellascounty.org.

To Access Additional User Guides:
Information can be found at: https://floridahealthalertnetwork.com Click on FLHealth Stat User Resources.

Please print the first two (2) pages of your FL Health Stat registration which should include the date as well as facility information.

- See **APPENDIX A FL Health Stat Sample Detail** 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.

- See **APPENDIX B Sample Fire Plan Approval Letter** for an example.

**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. A copy of the most current AHCA criteria may be downloaded from the Emergency Management website or by direct access through the following URLs:

- Nursing Homes: http://www.pinellascounty.org/emergency/PDF/NH_Criteria.pdf
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 **APPENDIX C 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 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 Pinellas County Criteria**.

**General Suggestions to Ensure a Successful Review:**

- Remove all outdated material. When we review the 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 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.
### APPENDIX A – FL Health Stat Sample Detail

#### Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Type</th>
<th>Office Phone Number</th>
<th>Email</th>
<th>Primary [Yes/No]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[https://www.flhealthstat.org/organizationdetail/facility clerk=06466e3b-e0de-4afa-bf7b-8e4c5e17f630](https://www.flhealthstat.org/organizationdetail/facility clerk=06466e3b-e0de-4afa-bf7b-8e4c5e17f630)
<table>
<thead>
<tr>
<th>Systems Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Type</td>
</tr>
<tr>
<td>Mediclin</td>
</tr>
<tr>
<td>Tubing</td>
</tr>
<tr>
<td>Associated to Floor</td>
</tr>
<tr>
<td>Cell Phone</td>
</tr>
<tr>
<td>Water</td>
</tr>
<tr>
<td>Vascular Access System</td>
</tr>
<tr>
<td>Elevator</td>
</tr>
<tr>
<td>Equipment for Medication and Squipele</td>
</tr>
<tr>
<td>Power</td>
</tr>
<tr>
<td>Heating and Cooling</td>
</tr>
<tr>
<td>Water Heating System</td>
</tr>
<tr>
<td>Generator</td>
</tr>
<tr>
<td>Tecon</td>
</tr>
<tr>
<td>Computer Interface</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fuels Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuel Type</td>
</tr>
<tr>
<td>GASOLINE</td>
</tr>
</tbody>
</table>

Click here for a link to the online version of this document.
APPENDIX B – Fire Plan Approval Letter

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

As per the Emergency Management planning criteria for Assisted Living Facilities, the Fire Safety Plan has been reviewed for the above 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 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 Roddell or myself at 727-393-4711.

Joseph Palmazzola, Inspector

Date: June 26, 2014
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.

I. INTRODUCTION

A. Provide basic information concerning the facility to include:

1. Name of the facility, address, telephone number, emergency contact telephone number and fax number;

2. Owner of facility, address, telephone number;

3. Year facility was built;

4. Name of administrator, address, work/home telephone number;

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

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

II. AUTHORITIES AND REFERENCES

A. Identify the legal basis for the plan development and implementation of local ordinances and apply 400-23, F.S., and 59A-4.126, Florida Administrative Code (F.A.C.).

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

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

III. HAZARD ANALYSIS

A. Describe the potential hazards that the facility is vulnerable to such as hurricanes, 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. Patients with Alzheimer’s 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.
IV. 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 sheltering.

A. Direction and Control

Define the management function for emergency operations. Direction and control provides a basis for decision-making and identify 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 serve in that capacity.

2. Identify the chain of command to ensure continuous leadership and authority in key position.

3. State the procedures to ensure timely activation and staffing of the facility in emergency functions. Are there 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 affect 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 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.

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

C. Evacuation

Describe the policies, role 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 as annexes).

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 be evacuated.
5. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients.

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 patients/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 alternative 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. Identify 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/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.

3. Identify provision of additional food, water, 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 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.

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

V. INFORMATION, TRAINING AND EXERCISE

This section shall identify the procedures for increasing employee and patient/residents 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 the provider of the training.
C. Identify the provisions for training new employees regarding their disaster related role(s).

D. Identify a schedule for exercising all or portions of the disaster plan on 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 employees and Companies with key disaster related roles.

1. List the names, addresses, and telephone number 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, food, water, police, fire, Red Cross, etc.

B. Agreements and Understandings

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 agreement needed to ensure the operational integrity of this plan.

C. Evacuation Route Map

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.
APPENDIX D – Pinellas County Criteria

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

• _____ Alternate (2nd) contact with cell phone # and email if available
• _____ Email address of administrator/officer (person in charge) ________________
• _____ What is your preferred method of contact? Email or Fax? ______________

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

• _____ 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.
• _____ 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.
• _____ Insert your FLHealth Stat (replaces EMResource) Registration Page in CEMP in the front of the plan.
• _____ 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.

• _____ 1. Total Patients to be transported ___________ 2. Ambulatory (can use bus): _______ 3. Is able to be transferred from a wheelchair to bus seat: _______ 4. Wheelchair Bound (those that must remain in a wheelchair): _______ 5. Ambulance (includes bariatric, ventilator, bedbound): _______
• _____ Shelter-in-place procedures
  o What are the steps to take to protect the facility?
  o 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:
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?

Last update 12/2017 – Pinellas County Emergency Management
II. Responding to AHCA Criteria for Nursing Homes

1. INTRODUCTION

A. Basic Facility Information
1. Facility Name
   Facility Address
   Facility Main Phone Number
   Emergency Contact Phone Number
   Fax Number

2. Facility Owner
   Facility Owner Name
   Facility Owner Home Address Owner
   Facility Owner Personal Telephone Number

3. Year Facility Was Built

4. Administrator Information
   Administrator Name
   Administrator Home Address
   Administrator Work Cell Phone/Home Phone

5. Person Implementing the Plan
   State if 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 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
B. Basic Facility Information
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.

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:
This emergency plan is developed and implemented in accordance with the following:
• Agency for Healthcare Administration Florida Statutes
• 400-23, FS, and 59A-4.126 Florida Administrative Code (FAC)
• Pinellas County Emergency Management

B. Reference Materials Used
Examples 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.
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 chart’s page number shown in response to I.A.7. The Emergency Position of 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.

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, 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

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 <x> flood zone and evacuation zone <x> 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 our facility’s fire plan and approval letter (Pages/Section

4. Hazardous Materials Incidents

   The facility is potentially vulnerable to hazardous materials incidents as it located <x> near highways, industrial buildings, etc. <x> or not vulnerable and why.

5. Power Outages

   “In the event of a power outage, <name of facility> has <# of generators>. “

   (Detail should appear in the response to IV.A.5.b.)
6. History

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

B. Site Specific Facility Information

1. Number of Facility Beds, Maximum & Minimum Number of Clients
   This should show your licensed capacity as the maximum number of
   clients/beds on site as well as the average number on site which may be the
   same number or less.

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

   The total of a) through c) should equal the number of clients currently on site.

3. Identification of Facility Evacuation Zone
   The Evacuation Zone is based on the surge of salt water expected during a
   storm. The normally assigned Evacuation Zone may be found at:
   http://egis.pinellascounty.org/apps/knowyourzone/
   Or it may be that the facility has a variance assigning a different Evacuation
   Zone. Respond with the appropriate Evacuation Zone.

4. Identification of Facility Flood Zone
   The Flood Zone is based on possible flooding by fresh water. The normally
   assigned Evacuation Zone may be found at:
   https://msc.fema.gov/portal/search?AddressQuery
   There is no variance for a Flood Zone.

5. Proximity of Facility to Hazardous Materials Incidents
   This would include proximity to:
   - Railroad
   - Major transportation artery (e.g. state highway)
   - Large manufacturing or other types of facilities with potentially hazardous
     materials.

   The response must have specific distances for transportation routes as
   depicted on maps. The responses: “Not close” “No railroad or highway” are
   not specific. The response may also state (for example), “There is 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 definition of the management functions for emergency operations. It provides 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 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. 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 the overall head of the facility, so with the subordinates demonstrating that continuous leadership is ensured. For example, if the Maintenance Director must substitute for the Administrator, who takes over the functions required by the Maintenance Director during the emergency? If the Head of Nursing on vacation in California does not arrive at the facility because of the plane being grounded, who assumes those emergency duties?

3. Procedures to Ensure Timely Activation and Provisions for Staff’s Families
How and when does the facility ensure that staff are on site prior to an emergency? Who contacts the staff? Do they call, text or email 24 hours in advance or 48 hours in advance? Will the facility allow staff to bring their families/pets to the facility during an emergency or will staff have to make arrangements for their family/pets transportation/shelter/food separately?

EXAMPLES Below For Procedures:
A. In an emergency situation, the <title of the primary to execute the plan> will alert staff <when; as soon a notified of possible emergency?> to be available as needed to provide 24 hour staffing.
B. Staff will be advised of the schedule to accomplish this staffing level <when; orientation? yearly training>
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 to the facility as well if necessary.
E. Staff will be advised to make arrangements for shelter of their families prior to arriving at the facility.

4. Operational and Support Roles for Facility Staff. Standard Operating Procedures

Attach the Facility’s Standard Operating Procedures as an addendum to the CEMP.

EXAMPLES of Operational Support role are shown 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.
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 pick up 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.

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 have sign-off from the 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 & day 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 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 (1gal, 5gal, etc.), tubs and sinks (lined with plastic to prevent draining), etc.
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
Describe the facility’s power back up capabilities. Does the generator use natural gas or diesel? Identify alternate means should loss of power occur which would affect the natural gas system. What is the capacity of emergency fuel system (meaning the size of the fuel tank)? All current requirements for power may be found on our web site at:
http://www.pinellascounty.org/emergency/healthcare_facilities_generators.htm. Be sure to print, fill in, and include in your response a copy of the Generator Fact Sheet found under Quick Links of the URL.

c) Transportation
May be covered in the Evacuation section. See IV. CONCEPT OF OPERATIONS C. Evacuation for notes on requirements. Remember that as a Skilled Nursing Facility (SNF) you MUST complete a Transportation Request which can be found under Quick Links of the URL:
http://www.pinellascounty.org/emergency/healthcare_facilities.htm

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? Will some positions be on 24 hour call like the Maintenance Director or will backups be assigned.

B. Notification
1. How Will the Facility Receive Warnings
List sources that are monitored internally and externally to receive warnings. Some EXAMPLES 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.
- **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.
- **ALERTPinellas** – Free emergency notification service for Pinellas County residents.
- **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.

2. Facility 24 Hour Contact Number
Identify the facilities 24 hour contact number, and advise if it the same or different from number listed in response to I. Introduction A.1. which asked for the “emergency contact telephone number”.

3. Define How Key Staff Will Be Alerted
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.

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. **EXAMPLES** of some possible information:
   A. 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).
   B. Key workers should prepare their homes and families prior to reporting to work.
   C. Key workers will bring food, water, and essential supplies for their families if they are requiring shelter at the facility.

5. Define How Residents/Patients Are Alerted and Precautionary Measures
   Describe how you will alert your residents and the precautionary measures used to prevent resident panic and/or confusion – **Who? When? How?**
   **EXAMPLES:**
   A. Will residents that are able, gather in a central area to receive notification? By whom? When?
   B. Is there an announcement system in place for residents? (Email/text/recorded phone message) Who will send the message/make the announcement? When?
   C. Will residents/patients be notified individually? By whom? When?

6. Identify Alternative Means of Notifying Staff
   If the plan is to notify staff members by telephone, what method will you use 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 – Who will perform the notification, and who do they notify? When will they initiate the notification? How will the notification be 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 residents– Who will perform the notification? Due to urgency, will more than one person be required to make the notification? When will notification begin? How will the notification be done (e.g. phone, email, text)?
C. Evacuation

1. Individual Responsible for Implementing Evacuation
   Please 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 here in your response. Be sure the following information is included in any agreement for transportation:
   - The contract/agreement is required to identify how many will go to each facility, if there is more than one destination facility.
   - The name and address of each facility is required to be included in the contract/agreement.
   - If transportation is a part of the mutual aide agreement with the receiving facility it must be written into the mutual aide agreement with the facility.
   - Transportation agreements should be signed and dated by each responsible party, re-signed each year, and must be current to cover AT LEAST 9 months of the CEMP plan year.
   - If the facility is a Skilled Nursing Facility (SNF) you MUST complete a Transportation Request which can be found under Quick Links of the URL http://www.pinellascounty.org/emergency/healthcare_facilities.htm. Include the form in your CEMP and reference the page number here in your response.

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).

4. Identify Pre-determined Locations for Resident Evacuation
   Identify the name and address of the facility to which residents will be evacuated. Before choosing a sheltering facility (i.e. 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 type and non-hurricane type evacuations.
   - If you are in an evacuation zone Level A – E, there must be mutual aide agreement(s) that can house all of your residents in a facility that is located in a Non-Evacuation zone.
   - 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 (ex. Fire).
These considerations should be a part of your Comprehensive Emergency Management Plan (CEMP) regardless of the type of host facility. Host facilities should be in a Non-Evacuation Zone and can be like facilities, churches, area businesses, residential homes, hotels, etc. Please use the document “Sheltering Considerations” found under Quick Links of the URL http://www.pinellascounty.org/emergency/healthcare_facilities.htm, to ensure the best client 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 (Sheltering) facility. Include in your CEMP each agreement, and reference the page number here in your response. Be sure the following information is included in any agreement for Mutual Aid (Shelter and/or included Transportation):
   - The contract/agreement is required to identify how many of your residents each receiving (Sheltering) 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 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. Reference the page number(s) here 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. 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 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. Who will ensure it is done? How? Some EXAMPLES:
• Each staff is member assigned a list of patients by the Administrator to shepherd to an assigned vehicle
• Each staff member is assigned to a vehicle to which the Office Manager assigns patients giving the vehicle’s staff member a list
• Each staff member is pre-assigned a section of the facility to collect patients, and load the residents on to the vehicle assigned by the Head Nurse.

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 all residents are accounted for and out of the facility.
   • As the daily census at the new facility
   • Ensuring all residents receive the requirements of daily care at the new facility such as food/medication/personal hygiene
   You would 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. What are the provisions to extend this time?

11. Procedures to Answer Family Inquires About Evacuated Residents
    Once everyone has evacuated to the sheltering facility who will respond, and how they will respond to family inquiries about resident? How will family contact the responsible party, and who is it? Will resident family members voice call the listed telephone number of the host facility? Or will family text an emergency cell phone monitored by who? Will 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
    Here is an opportunity to apply the log system described in the response to IV.C.9. What member(s) of your organization will be responsible for doing a final walk through the facility to ensure it is empty? How will they search the facility?

13. When Pre-positioning of Medical Supplies and Provisions Start
    Pre-positioning supplies allows a quicker evacuation time. At what point will your facility begin collecting all necessary supplies on your evacuation inventory list? 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
Who is going to notify the responsible parties for transportation and mutual
aid that your facility will evacuate? How far ahead of an actual evacuation will
notification be done when an evacuation order is issued? One hour before
your facility begins evacuation? 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), the distance you must travel, etc.

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.

2. Procedures for Inspection of the Facility
Identify procedures for inspection of the facility to insure that it is structurally
sound. This should include the names and/or titles of that person or persons
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 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 that your facility is to be used
as a shelter for an evacuating facility. If your facility will not supply an
evacuation location for another facility, than you should mark this entire
section N/A or Not Applicable. If your facility will supply an evacuation
location 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 you
provide escort assistance by your staff. Include the Mutual Aid agreement
you have signed with each supported facilities in your CEMP, and include the
page number here in your response.

2. Space for Arriving Staff, Families & Residents/Patients
Similar to the response in IV.C.5., the Mutual Aid agreement both your facility
and the arriving facility has signed should be included along with a floor plan
of your facility as the receiving facility in the CEMP. 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 them. In your response here specify what pages those documents 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. Does your Mutual Aid Agreement state that the arriving facility must supply all their own needs?

4. Ensuring 24 Hour Operations
Although incoming people will have space assigned how will they be fed and monitored must be specified. Will your own staff be expected to assist or will the arriving staff be responsible for 24 hour care of their own residents/patients? What about feeding? Will the arriving staff be responsible for food preparation using your kitchen? Will food preparation 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 families being given space/services/supplies by your facility describe how this will be done. If you have a Mutual Aid agreement with the arriving facility that does not include their Staff’s families being given space/services/supplies by your facility please state so here.

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 the sheltering of evacuees. 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.

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 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 Disaster Plan the facility does a drill, 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 corrected.

ANNEXES
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 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. EXAMPLES:
- 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)
- County Transportation Request form (if applicable)
- Sheltering Agreement(s) (if applicable)
- Vendor Agreements
- Service Agreements

C. Evacuation Route Maps
List the page numbers where copies of the primary and secondary route descriptions and route maps will be found in your CEMP.

D. Support Material
1. Additional Material
   Refer to the page number or section of your CEMP where additional material is included. For example, your facility’s personal Emergency Plan. See APPENDIX A Hints Developing Facility Disaster Plans for guidance in preparing such a plan.

2. Approved Fire Safety Plan
   Refer to the page number or section of your CEMP where the letter of approval by the Fire Department and the facility Fire Plan that was approved may be found.
APPENDIX A: Hints Developing Facility Disaster Plans

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.

HURRICANE PLAN
This section contains your facility specific hurricane plan. 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 <>, therefore we must evacuate when authorities announce our evacuation level. (SEE EVACUATION PROCEDURES TAB __).

Even if the facility is in a Non Evacuating zone or the designated zone is not called there may be mitigating factors that would increase the risk to residents if they remain in the facility. The Primary Authority role can make
the decision to evacuate anyway. However, if your evacuation level is asked to evacuate, the decision to evacuate is mandatory.

PLAN PREPARATION NOTES:
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 and include that information as part of the plan.

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

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.
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

PLAN PREPARATION NOTES:
The Center for Disease Control website shows where a healthcare facility may find useful information developing this plan:
https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/healthcare-preparedness-response.html

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

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

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 and 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
• 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

OTHER HAZARD 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
III. Responding to Pinellas 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.

CONTACT INFORMATION
You may want to include this information when responding to AHCA Criteria I.A.4. then refer to the page number by each of the criteria.
• Page # Alternate (2nd) contact with cell phone # and email if available
• Page # Email address of administrator/facility (person in charge) or actual info here
• Page # What is your preferred method of contact? Email or Fax? or actual info here

FOOD AND WATER
Like the contact information, this information is often answered in the response to AHCA criteria in IV.A.5.a. and you should use the same formulas given to help you respond. The AHCA criteria requires 3 days. The Pinellas County criteria asks for 7 days. If you respond to AHCA IV.A.5.a. with information for 7 days you will meet both criteria in the same response.
• Page # 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.

HUMAN REMAINS
This requirement does not exist in the AHCA criteria. In answering this Pinellas County criteria be sure to include the following considerations 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 A: Human Remains provides an example of how this criteria may be answered.
  • Page # 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.

FL HEALTH STAT
  • Page # Insert your FLHealth Stat (replaces EMResource) Registration Page in CEMP in the front of the plan.

TRANSPORTATION AGREEMENT INFORMATION
  Transportation Agreements are required even when the planning facility employees use personal vehicles to transport residents/patients during an evacuation. Ensure that the signed transportation agreements meet the criteria of both AHCA (IV.C.2.) and the additional information/numbers requested in the Pinellas County Criteria even when that number is “0”.
  • Page # 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.
  • Page # (where the following information 1 – 5 may be found in your CEMP)
    1. Total Patients to be transported: actual info here
    2. Ambulatory (can use bus): actual info here
    3. Is able to be transferred from a wheelchair to bus seat: actual info here
    4. Wheelchair Bound (those that must remain in a wheelchair): actual info here
    5. Ambulance (includes bariatric, ventilator, bedbound): actual info here

SHELTER-IN-PLACE PROCEDURES
  “Sheltering” required in the AHCA criteria, and “Shelter-In-Place” required in the Pinellas County criteria are totally different. Sheltering is when your facility provides an evacuation site for an arriving facility. For hurricanes Shelter-In-Place can occur if your facility is in a non-evacuation zone, and the facility will not evacuate during a hurricane. Then responses to this Pinellas County criteria would be required. A facility in an A or B evacuation zone may evacuate during a hurricane so that the response here would simply be “Not Applicable”. The rule to follow is to answer this criteria in detail if the facility will not evacuate during any hurricane. Answer this criteria with “Not Applicable” if the facility will evacuate during every hurricane. Another situation where Shelter-In-Place may occur is 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 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).

• Page # 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?

FOR THOSE EVACUATING OUT OF PINELLAS
Facilities not leaving Pinellas County for evacuation need only reply “Not Applicable”.
Suggestion:
Page # 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?
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 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 water-proof label (e.g., paper sealed in plastic) then securely attach it to the body or body part. A second label should be placed 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 the face, the entire body, front view; the entire face, and obvious distinguishing features. Additional photographs, if circumstances permit, can include upper and lower torso, the body and all clothing and personal effects.
- Record: Record the data (gender, age, cause of death, personal belongings, identifying marks, race, height, color and length of hair, color of eyes, glasses, etc.) on photographs, if taken and the unique reference using the Dead Body Identification Record as in Exhibit A.
- Secure: Personal belongings should be securely packaged, labeled with the same unique reference number and placed 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 post-mortem examination.

If transport by the Resident's family 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 temperature. Dry ice must be handled carefully as it causes "cold burns" if touched with 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 disease. Disposal of this waste water creates additional management issues. Also, the water may damage bodies and personal belongings.