



Okaloosa County Emergency Management

Healthcare Facility Comprehensive Emergency Management Plan Guide

This document is intended to assist healthcare facilities in the planning of their comprehensive emergency management plan and communicate criteria needed for the approval of their plan by Okaloosa County Emergency Management in accordance with AHCA review standards, Florida Statute and Admin codes.

The CEMP must contain the following:

1. Introduction

A. Provide basic information concerning the facility including:

- Name of the facility
- Address
- Telephone number
- Fax number
- Emergency contact name and phone number AND secondary person and emergency contact phone number.
- AHCA License Number
- Owner of facility, their address and phone number.
- Year facility was built
- Facility construction type (Date of any subsequent construction).
- Name of administrator, address, and work/home telephone number.
- Name, address, and work/home phone number of person(s) implementing the provisions of this plan (if different than the administrator). If there is a Policy Group or Decision-Making Group or Board, please include their names in this portion.
- Name and work/home phone number of person(s) who developed this plan.
- Provide an organizational chart with key emergency positions identified.

B. Provide an introduction to the Plan that describes purpose, time of implementation, and the goals that should be achieved through this planning process.

2. Authorities and References

- #### A. FOR ASSISTED LIVING FACILITIES: 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. FOR ALL HEALTHCARE FACILITIES: Identify reference materials used in the development of the plan and identify the hierarchy of authority in place during emergencies. PLEASE INCLUDE ORGANIZATIONAL CHART (if not already included in previous section).

3. Hazard Analysis

A. Describe the potential hazards that the facility is vulnerable to such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents, power outages, tsunamis, earthquakes, and cybersecurity threats.

- Identification of hurricane evacuation zone facility is in
- Location map of facility zones
- Identification of flood zone facility is in as identified on a Flood Insurance Rate Map.
- Proximity of the facility to a railroad or major transportation artery.
- Proximity of the facility to the nearest nuclear power plant (approximate distance).

B. Provide site specific information concerning the facility including:

- Number of facility beds
- Maximum number of clients on site
- Average number of clients on site
- Type of residents served by the facility (Patients with Alzheimer's Disease, Dementia, requiring special equipment, self-sufficient).

4. Direction and Control

A. Direction and Control

Define the management function for emergency operations and the basis for decision-making. Identify who has the authority to make decisions for the facility.

- Identify by name and title, who is in charge during an emergency and one designated alternate.
- Identify the chain of command to ensure continuous leadership and authority in key position.
- State the procedures to ensure timely activation and staffing of the facility in emergency functions.
- Are there provisions for emergency workers' families?
- State the operational and support roles for all facility staff. (Standard Operating Procedures)
- State the procedures to ensure the following needs are supplied:
 - Food, water and sleeping arrangements. (Attach at least two mutual aid agreements for food/water vendors, one primary and one secondary).

- Emergency Power, natural gas or diesel. (This could be referenced in the Environmental Control Plan).
- Transportation (also attach at least two mutual aid agreements with two separate transportation agencies).
- 72-hour supply of all essential supplies. Provide an example of a 72-hour go-kit list.
- Provisions for 24-hour staffing on a continuous basis until the emergency has abated.

B. Notification

Identify procedures to receive timely information on impending threats, alert facility decision makers, staff and residents of potential emergency conditions.

- Define how the facility will receive warnings at all hours even on off-hours and holidays.
- Identify the facility 24-hour contact number, if different than number listed in introduction.
- Explain how key staff will be alerted.
- Define the procedures and policy for reporting to work for key workers.
- Explain how residents/patients will be alerted and the precautionary measures that will be taken.
- Identify alternative means of notification should the primary system fail.
- Identify procedures for notifying those facilities to which facility residents will be evacuated.
- Identify procedures for notifying families of residents that facility is being evacuated.

C. Evacuation

Describe the policies, role responsibilities and procedures for evacuating residents from the facility.

- Identify the individual responsible for implementing facility evacuation procedures.
- Identify transportation agreements and arrangements made through mutual aid agreements or understandings that will be used to evacuate the residents. (Copies must be attached as annexes).
- Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities.

- Identify at least 2 pre-determined locations where residents will be evacuated.
- Identify evacuation routes that will be used and secondary routes should the primary route be impassable. (Descriptive maps with directions and time should be included in annexes).
- Specify at what point the mutual aid agreements for transportation and the notification of alternative facilities will begin.
- At what point would the notification of Department of Health, AHCA, and Okaloosa County Emergency Management of facility evacuation intent will take place? Explain these procedures.
- Specify the amount of time it will take to successfully evacuate all patients/residents to each receiving facility. (Note: all movement should be completed before the arrival of tropical storm winds=40mph).
- Specify the procedures that ensure facility staff will accompany evacuating residents/patients.
- Identify procedures that will be used to keep track of evacuated residents.
- Establish procedures for responding to family inquiries about evacuated residents.
- Establish procedures for ensuring all residents are accounted for and are out of the facility.
- Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.

D. Re-entry

Explain the procedures for allowing residents/patients to re-enter the facility once evacuated.

- Identify the person responsible for authorizing re-entry to occur.
- Identify the procedures for inspecting the facility to ensure it is structurally sound.
- 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 a host evacuating facility, the plan should describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.

- Describe the receiving procedures for arriving residents/patients from the evacuating facility.
- Identify locations in a map/floorplan that shows the host spacing for additional residents or patients.
- Identify provision of additional food, water, medical needs of those residents/patients being hosted at receiving facility for a minimum of 72 hours. Does your facility keep track of all of the mutual aid agreements? (Include mutual aid agreements that your facility has entered/offered to other facilities).
- Describe the procedures for ensuring 24-hour operations.
- Describe procedures for providing sheltering for family members of critical workers.
- Identify when the facility will seek a waiver from AHCA to allow for the sheltering of evacuees that may exceed the operating capacity of the host facility.
- Describe the procedures for tracking additional residents/patients sheltered in the facility.
- Describe the clean-up procedure for ensuring the facility returns to operations following host residents' departure.

5. Information, Training, and Exercise

- Identify how key workers will be instructed in their emergency roles during non-emergencies.
- Identify a training schedule for all employees and identify the provider of the training.
- Identify the provisions for training new employees regarding their disaster related roles.
- Identify a schedule for exercising all or portions of the disaster plan on an annual basis.
- Establish procedures for correcting deficiencies noted during training exercises.
- Include a sign-in roster of the most recent trainings including type, date and time.

6. Appendices

- A. Copy of the most recent training/exercise data (Including date of last training/exercise, roster of employees attended, agencies notified and attendance, deficiencies noted, and corrections presented.
- B. Roster of employees and companies with key disaster related roles
 - List the names, addresses, and telephone numbers of all staff with disaster-related roles.
 - List the name of the company, contact person, telephone number, and address of emergency service providers such as

emergency management, transportation, emergency power, fuel, food, water, police, fire, Red Cross, etc.

C. Agreements and Understandings

Provide copies of any and all mutual aid agreements entered into pursuant to the fulfillment of this plan. This includes reciprocal host facility agreements, evacuation agreements, transportation and any vendor agreements to ensure the operations of this plan.

- AT LEAST 2 mutual aid agreements with two separate transportation agencies.
- AT LEAST 2 mutual aid agreements/MOUs with two separate evacuation facilities (1 not within region. Preferably one out of state).
- AT LEAST 1 Pharmaceutical supply vendor mutual aid agreements/MOUs.
- AT LEAST 2 feeding/water supply vendor mutual aid agreements.
- 1 Fuel supply vendor mutual aid agreement needed if one or more of the following are met:
 - Generator is diesel or fuel (not natural gas).
 - Staff use vehicles to drive to work
 - Company vehicles need fuel to evacuate residents/staff.

D. Evacuation Route Map

A map of the evacuation routes with descriptive directions (if not already included within the body of the plan).

E. Fire Plan

- Copy of the facility's fire safety plan
- Maps of the facility's fire evacuation routes
- Copy of the Inspection report by the Fire Inspector, Marshal or fire department appointee of jurisdiction.
- Copy of the fire approval letter from a certified fire inspector, marshal, or other appointee from the fire department of jurisdiction stating the approval of the Fire Plan.

F. Environmental Control Plan

- Power Source Description including description, type, fuel source, and powering capabilities including the following:
 - Amount of hours of runtime with the fuel onsite
 - The make, model and size of the generator.
 - The equipment that the power source is capable of powering.

- What type of fuel does the power source use?
- If diesel or fuel, what company is the fuel distributor? (Include mutual aid agreement with the fuel distributor).
- Describe how the fuel will be stored onsite. State any local restrictions on the amount of fuel permitted to be stored onsite.
- Describe how your facility will refuel before, during, and after an emergency.
- Describe the training procedure to ensure staff are aware of how to operate the emergency power to the facility.
- Include maintenance schedule of the power source and most recent maintenance records.
- Map of area powered by the generator including square footage of the area to be cooled.
- Letter from a professional electrical engineer, licensed contractor, or maintenance company attesting that the alternate power source is sufficient to operate the equipment necessary to maintain an indoor temperature in accordance with the rule.
- Cooling Features/System description including the following:
 - Type of equipment used to cool the facility.
 - Areas of the facility that should be kept at or below 80 degrees.
 - The net square footage of the area to be cooled.
 - How many people including residents and staff will be located in the cooled space?
 - Will there be beds available in the cooled area, if so, are the beds onsite?
 - Describe how the staff and facility will ensure the facility does not exceed the required temperature and how the facility will be monitored.
 - Provide a maintenance and testing schedule for the cooling system.
 - Provide a letter attesting that the cooling system is sufficient to serving the area sufficient to maintain the indoor temperature in accordance with the rule by a professional mechanical engineer or licensed contractor.
- Carbon Monoxide Alarm
 - Where is the carbon monoxide alarm(s) located in the facility?

- What is the maintenance schedule for the carbon monoxide alarm(s)?
- Provide a map of the facility showing the location of the carbon monoxide alarm.

Okaloosa County Emergency Management Review Process

**Okaloosa County Emergency Management does not currently charge fees/dues for review.

**Okaloosa County Emergency Management has up to 90 days to review the entire Comprehensive Emergency Management Plan and either approve or disprove the plan. There will be 3 chances to provide needed information after submittal and if the information is not provided, the plan will then be disproved. If the plan is disproved, there will only be one make-up submittal for the annual review.

**Okaloosa County Emergency Management does not use any platforms to review the plan. Unless provided via email, your facility information will not be shared or otherwise viewed from internet access to protect your private information for security purposes.

**If you have any questions regarding your facility's review, please contact Destiny Nunez via email at dnunez@myokaloosa.com. Due to public disclosure, by contacting this email, your email address could be made public from Florida's disclosure laws.

Emergency Operations

**In the case of emergency, dial 911. After it is safe to do so, contact your Emergency Management office or the Emergency Planner via after hours number. You may request 911 dispatch to contact emergency management planner for notification if outside of business hours.

**In the case of an impending disaster, notify emergency management of your intent to evacuate or shelter during a storm event. If you would like emergency updates, email the Emergency Planner to receive active email updates.



Healthcare Facility

Emergency Environmental Control Plan

Okaloosa County Emergency Management Review Template

This sample format is designed as a tool to assist facilities in developing their Emergency Environmental Control Plan to meet the provisions of the rule(s) specific to their facility type in the state of Florida. This is required of ALL healthcare facilities within Okaloosa County for approval of their CEMP.

1. Facility Introduction:
 - a. Name of the Facility: _____
 - b. Street Address: _____

 - c. Administrator Name: _____
 - d. Contact phone number: _____
 - e. AHCA License Number: _____
 - f. Number of Licensed Beds: _____
 - g. Where is the facility located? _____
 - h. Who owns the facility building? _____

2. Alternate Power Source:

Describe the type of onsite alternate power source (ie. Portable generator, fixed generator or other): _____

Generator Make: _____ Generator Model: _____ Size: _____

What equipment does it power (ie entire facility, lights, life safety systems or equipment, air conditioning, refrigeration, heat systems, other):

When was the last maintenance inspection? _____

Please provide a copy of the most recent inspection report with this plan.

Please provide a copy of a letter from your licensed professional engineer or maintenance attesting that the alternate power source is sufficient to operate the equipment necessary to maintain an indoor temperature in accordance with the rule.

Please include a copy of the facility floor plan outlining/highlighting the areas powered by the alternate power source.

3. Fuel Source:

- a. Type of fuel: _____
- b. Hours of runtime with the onsite fuel: _____ hours
- c. Fuel Distributor: _____
- **Fuel Distributor Mutual Aid Agreement must be attached to this plan
- d. How will the fuel be stored onsite? _____
- e. Do you have the required permits/permission to keep the fuel onsite?

- f. Describe how your facility will refuel before, during, and after an emergency:

4. Cooling Method/Equipment

- a. What type of equipment cools the facility? _____
- b. What areas of the facility do you plan to keep at or below 81 degrees?

- c. What is the net square footage of the area to be cooled? _____
- d. How many people do you plan to safely locate in the cooled space/area to not exceed square footage requirements? _____
- e. Are beds located in the cooled area? If so, about how many?

- f. Describe how you will ensure the facility does not exceed the required temperature and how the facility and residents will be monitored:

- g. When was the last maintenance inspection performed on cooling system?

- h. How often are the tests performed on the cooling system?

- i. Please include a facility floor plan outlining/highlighting the areas that will be cooled by the cooling system.
- j. Please include a letter attesting that the HVAC/cooling equipment serving the area is sufficient to maintain an indoor temperature, in accordance with the rule and specified regulations for the number of residents planned to be located in those areas by a licensed professional.

5. Carbon Monoxide Alarm

- a. Does the facility have carbon monoxide alarm(s)? If so, how many?

- b. What is the maintenance schedule for the carbon monoxide alarm(s)?

- c. When was the last test performed? _____
- d. Please include a floorplan map outlining/highlighting the location of the carbon monoxide alarm(s).

***The plan must be submitted to Okaloosa County Emergency Management with the facility Comprehensive Emergency Management Plan for review. If deficiencies are noted, the plan is allowed one final resubmission for approval.

***Written proof of approval must be submitted to Agency for Health Care Administration within 2 business days with a consumer-friendly summary of your emergency power plan.

***A copy of the facility full Comprehensive Emergency Management Plan must be maintained and readily available at the facility's physical location.