



# Emergency Management Planning Criteria For Residential Treatment Facilities

The following minimum criteria are to be used for Comprehensive Emergency Management Plans (CEMP) for Therapeutic Group Homes and Statewide Inpatient Psychiatric Programs licensed under 65E-9, F.A.C. The criteria will serve as the recommended plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, Florida Statutes.

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

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

## I. INTRODUCTION

- A \_\_\_\_\_ Provide basic information concerning the facility to include:
1. \_\_\_\_\_ Name of facility, address, telephone number, emergency contact telephone number and pager number if available, and fax number, type of facility and license.
  2. \_\_\_\_\_ Owner of facility, address, telephone.
  3. \_\_\_\_\_ Year facility was built, type of construction and date of any subsequent construction.
  4. \_\_\_\_\_ Name of Administrator, address, work/home telephone number of his/her alternate.
  5. \_\_\_\_\_ Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the Administrator.
  6. \_\_\_\_\_ Name, work, and home telephone number of person(s) who develop this plan.
  7. \_\_\_\_\_ Provide an organizational chart, including phone numbers, with key management positions identified.
- B \_\_\_\_\_ Provide an introduction to the Plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the facility that has bearing on implementation of this plan.

## II. AUTHORITIES AND REFERENCES

- A \_\_\_\_\_ Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc.
- B \_\_\_\_\_ Identify reference material used in the development of the Plan.
- C \_\_\_\_\_ Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.

## 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.
  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. CONCEPT OF OPERATION

This section of the plan defines the policies, procedures, responsibilities and actions that the facility will take before, during and after any emergency situation. At a minimum the facility plan needs to address direction and control, notification, evacuation and sheltering.

- A \_\_\_\_\_ Direction and Control – Define the management function for emergency operations. Direction and control provide a basis for decision making and identifies who has the authority to make decisions for the facility.
1. \_\_\_\_\_ Identify, by name and title who is in charge during an emergency, and one alternate, should that person be unable to service in that capacity.
  2. \_\_\_\_\_ Identify the chain of command to ensure continuous leadership and authority in key positions.
  3. \_\_\_\_\_ State the procedures to ensure timely activation and staffing of the facility in emergency functions. What are the provisions for emergency workers' families?
  4. \_\_\_\_\_ State the operational and support roles for all facility staff. (This will be accomplished through the development of Standard Operating Procedures, which must be attached to this Plan).
  5. \_\_\_\_\_ State the procedures to ensure the following needs are supplied.
    - a. \_\_\_\_\_ Food, water, and sleeping arrangements.
    - b. \_\_\_\_\_ Emergency power, natural gas or diesel. If natural gas, identify alternate means should loss of power occur which would 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 to.
  8. \_\_\_\_\_ Identify procedures for notifying those families of residents that facility is being evacuated.

- C \_\_\_\_\_ Evacuation – Describe the policies, roles, responsibilities, and procedures for the evacuation of residents from the facility.
1. \_\_\_\_\_ Identify the individual responsible for implementing facility evacuation procedures.
  2. \_\_\_\_\_ Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate residents (copies of the agreements must be attached).
  3. \_\_\_\_\_ Describe transportation arrangements for logistical support to include moving records, medications, food, water and other necessities.
  4. \_\_\_\_\_ Identify the pre-determined locations where residents will evacuate to.
  5. \_\_\_\_\_ Provide a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients (current, signed each year).
  6. \_\_\_\_\_ Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.
  7. \_\_\_\_\_ Specify the amount of time it will take to successfully evacuate all patient/residents to the receiving facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (40-mph winds).
  8. \_\_\_\_\_ What are the procedures to 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. \_\_\_\_\_ Establish procedures for responding to family inquiries about residents who have been evacuated.
  11. \_\_\_\_\_ Establish procedures for ensuring all residents are accounted for and are out of the facility.
  12. \_\_\_\_\_ Specify at what point the mutual aid agreements for transportation and the notification of alternate facilities will begin.
- D \_\_\_\_\_ Re-Entry – Once a facility has been evacuated, procedures need to be in place for allowing residents or patients to re-enter the facility.
1. \_\_\_\_\_ Identify who is the responsible person(s) for authorizing re-entry to occur.
  2. \_\_\_\_\_ Identify procedures for inspection of the facility to ensure it is structurally sound.
  3. \_\_\_\_\_ Identify how residents will be transported from the host facility back to their home facility and identify how you will receive accurate and timely data on re-entry operations.
- E \_\_\_\_\_ Sheltering – If the facility is to be used as a shelter for an evacuating facility, the plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.
1. \_\_\_\_\_ Describe the receiving procedures for arriving residents/patient from evacuating facility.
  2. \_\_\_\_\_ Identify where additional residents will be housed. Provide a floor plan which identifies the space allocated for additional residents or patients.
  3. \_\_\_\_\_ Identify provisions of additional food, water and medical needs of those residents/patients being hosted at receiving facility for a minimum of 72 hours.
  4. \_\_\_\_\_ Describe the procedures for ensuring 24-hour operations.
  5. \_\_\_\_\_ Describe procedures for providing sheltering for family members of critical workers.

6. \_\_\_\_\_ Identify when the facility will seek a waiver from Agency for Health Care Administration to allow for the sheltering of evacuees if this creates a situation which exceeds the operation capacity of the host facility.
7. \_\_\_\_\_ Describe procedures for tracking additional residents or patients sheltered within the facility.

## **V. INFORMATION, TRAINING AND EXERCISES**

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

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

## **VI. ANNEXES**

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

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