



The following criteria are to be used for the development of Comprehensive Emergency Management Plans (CEMP) for Adult Day Care Centers (ADCC). The criteria will serve as a 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, F.S. These minimum criteria satisfy the basic emergency management plan requirements of Chapter 429, Part III and Chapter 58A-6.011, F.A.C. for Adult Day Care Centers.

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

This form must be attached to the center'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 the plan on the line to the left of each item. This will ensure accurate review of the center's plan by the county emergency management agency.

### \*\*\*\*\*IMPORTANT INFORMATION\*\*\*\*\*

The basic AHCA criteria have been modified to reflect the enhanced requirements for Lee County Emergency Management. This document is available on the Emergency Management website: [www.LeeEOC.com](http://www.LeeEOC.com). As stated above, this form must be attached to the facility's CEMP upon submission for approval and is to be used as a cross-reference to your plan.

#### To SUBMIT YOUR CEMP:

1. It must be in electronic format (PDF, MS Word, or TIFF);
2. All supporting documentation must be inserted into the CEMP, not separate files;
3. It cannot be password protected; and
4. It must be uploaded through the: [CEMP Upload Portal](#)

#### **Healthcare CEMP Review Contact Information:**

Kristi Nadler

Emergency Management Coordinator

Lee County Emergency Management

2675 Ortiz Avenue

Fort Myers, FL 33905

Phone: 239.533.0610

Fax: 239.477.3636

[EMHealthcare2@LeeGov.com](mailto:EMHealthcare2@LeeGov.com)

Download the Criteria at: [Healthcare Facilities Criteria](#)

\_\_\_\_\_ I. INTRODUCTION

\_\_\_\_\_ A. Provide basic information concerning the center to include:

- \_\_\_\_\_ 1. Name of center, address, phone number, emergency contact phone number, pager number (if available), fax number, type of center, and license.
- \_\_\_\_\_ 2. Owner of center, address, phone (private or corporate ownership).
- \_\_\_\_\_ 3. Year center was built, type of construction and date of any subsequent construction.
- \_\_\_\_\_ 4. Name of Administrator, address, work/home phone number, and work/home phone number of his/her Alternate.
- \_\_\_\_\_ 5. Name, address, work and home phone number of designated Safety Liaison serving as the primary contact for emergency operations.
- \_\_\_\_\_ 6. Name, address, work and home phone number of person implementing the provisions of this plan, if different from the Administrator.
- \_\_\_\_\_ 7. Name, work, and home phone number of person(s) who developed this plan.
- \_\_\_\_\_ 8. Organizational chart identifying key management positions, with phone numbers.

\_\_\_\_\_ 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 center that has bearing on the 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 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 center is vulnerable to such as hurricanes, tornados, flooding, fires, hazardous materials, transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, gas leaks, etc. Indicate history and lessons learned.

\_\_\_\_\_ B. Provide site-specific information concerning the center to include:

- \_\_\_\_\_ 1. Location Map, a street level map noting the location of the facility.
- \_\_\_\_\_ 2. Licensed capacity.
- \_\_\_\_\_ 3. Maximum number of staff on site.
- \_\_\_\_\_ 4. Identify types of participants served by the center:
  - \_\_\_\_\_ a. Participants with dementia.
  - \_\_\_\_\_ b. Participants requiring special equipment or other special care, such as oxygen or dialysis.
  - \_\_\_\_\_ c. Participants who are non-ambulatory.
  - \_\_\_\_\_ d. Participants who require assistance.
  - \_\_\_\_\_ e. Participants who do not require assistance.
  - \_\_\_\_\_ f. Other - list types.

- \_\_\_\_\_ C. Identify the elevation of the first finished floor of the facility.
- \_\_\_\_\_ D. Identify the hurricane surge evacuation zone the facility is located in, as of July 1, 2011.
- \_\_\_\_\_ E. Identify the flood zone the facility is located in, as identified on a Flood Insurance Rate Map, as of 8/28/08.
- \_\_\_\_\_ F. Number of miles center is located from a railroad or major transportation artery.
- \_\_\_\_\_ G. Identify if center is located within 10 mile or 50-mile emergency planning zone of a nuclear power plant.

\_\_\_\_\_ IV. CONCEPT OF OPERATIONS

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

\_\_\_\_\_ A. Direction and Control

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

- \_\_\_\_\_ 1. Identify by 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 positions.
- \_\_\_\_\_ 3. State the procedures that ensure timely activation and staffing of the center during emergency incidents.
- \_\_\_\_\_ 4. State the operational and support roles for all center staff (The Standard Operating Procedures must be attached to this plan).
- \_\_\_\_\_ 5. State the procedures to ensure the following needs are supplied:
  - \_\_\_\_\_ a. Emergency power and, if applicable, 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 the fuel tank for the emergency power system?
  - \_\_\_\_\_ b. Food, water and essential supplies.
  - \_\_\_\_\_ c. Oxygen, if required for participants.
  - \_\_\_\_\_ d. Transportation (may be covered in the evacuation section)

\_\_\_\_\_ B. Notification

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

- \_\_\_\_\_ 1. Describe how the center will receive warnings.
- \_\_\_\_\_ 2. Describe how staff will be alerted.
- \_\_\_\_\_ 3. Describe the procedures and policy for staff reporting to work.
- \_\_\_\_\_ 4. Describe how participants will be alerted and the precautionary measures that will be taken.
- \_\_\_\_\_ 5. Identify alternative means of notification should the primary system fail.
- \_\_\_\_\_ 6. Identify procedures for notifying those facilities (for which mutual aid agreements are in place) to which participants will be evacuated.

\_\_\_\_\_ 7. Identify procedures for notifying families of participants that the center is being evacuated or closed.

### \_\_\_\_\_ C. Evacuation

Describe the policies, roles, responsibilities, and procedures for the evacuation of participants from the center.

\_\_\_\_\_ 1. Identify the staff position responsible for determining if/when evacuation is required.

\_\_\_\_\_ 2. Identify the staff position responsible for implementing center evacuation procedures.

\_\_\_\_\_ 3. Identify all arrangements made through mutual aid agreements, memorandums of agreement or understandings that will be used to evacuate participants (copies of the agreements must be updated annually and attached in the appendix).

\_\_\_\_\_ 4. Describe transportation arrangements for logistical support to ensure essential records, medications, treatments, and medical equipment remain with the participant at all times.

\_\_\_\_\_ 5. Identify the pre-determined locations to which participants will be evacuated.

\_\_\_\_\_ 6. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive participants (current, signed annually).

\_\_\_\_\_ 7. Specify at what point the mutual aid agreements and the notification of alternate facilities will begin.

\_\_\_\_\_ 8. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.

\_\_\_\_\_ 9. Specify the amount of time it will take to successfully evacuate all participants to the receiving facility.

\_\_\_\_\_ 10. Describe the procedures to ensure that the center's staff will accompany evacuating participants.

\_\_\_\_\_ 11. Establish procedures for ensuring that all participants are accounted for and out of the facility.

\_\_\_\_\_ 12. Identify procedures that will be used to keep track of participants once they have been evacuated (to include a log system).

\_\_\_\_\_ 13. Establish procedures for responding to family inquiries about participants who have been evacuated.

### \_\_\_\_\_ D. Re-Entry

Once a center has been evacuated, procedures need to be in place for allowing participants to re-enter the center.

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

\_\_\_\_\_ 2. Identify procedures for inspection of the center to ensure it is structurally sound.

### \_\_\_\_\_ V. INFORMATION, TRAINING AND EXERCISES

This section identifies the procedures for increasing employee and participant awareness of possible emergencies and providing training on their emergency roles before, during, and after a disaster.

\_\_\_\_\_ A. Identify how and when staff will be trained 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.
- \_\_\_\_\_ F. Describe the method by which family members of participants will be made aware of the center's emergency plan prior to a disaster.

## \_\_\_\_\_ VI. 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 phone numbers of all staff.
  - \_\_\_\_\_ 2. List the name of the company, agency, organization, contact person, phone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, etc.
- \_\_\_\_\_ B. Agreements and Understandings
  - \_\_\_\_\_ 1. Provide copies of any mutual aid agreements, memorandums of agreement or any other understandings entered into pursuant to the fulfillment of this plan. This is to include reciprocal host center 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 primary and secondary evacuation routes and description of how to travel to receiving facility(ies).
- \_\_\_\_\_ 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 annually by the local fire department, with an annual letter of approval from the fire department. (Fire Inspection Certificates will not be accepted, it must be a letter of approval.)
- \_\_\_\_\_ E. Standard Operating Procedures