

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

The following criteria are to be used for the development of Comprehensive Emergency Management Plans (CEMP) for Adult Day Care (ADC). 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.

Criteria and upload portal is available on the Emergency Management website:

<http://www.seminolecountyfl.gov/health>

*****IMPORTANT SUBMITTAL INFORMATION*****

1. All plans **must** be submitted on-line through the Healthcare Upload Portal;
2. It must be in PDF, doc, or docx format;
3. It cannot be password protected;
4. Criteria showing page numbers, Contact Sheet and Review Acknowledgement must be included before the basic plan.
5. Plans must be submitted as one document with all supporting documentation inserted after the basic plan. Use identifiers (blank page with title of next section) between each section to separate the annexes/appendixes/MA Agreements/Floor plans etc;
6. All pages must be numbered; annexes / appendixes should be numbered separately.
7. The **fire plan** must be a separate appendix, and include the approval letter from the fire marshal.



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** ITALIZED ITEMS ARE BEING REQUESTED BY THE OFFICE OF EMERGENCY MANAGMEMENT**

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

CEMP TABLE OF CONTENTS (Example)

- I. Introduction
 - II. Authorities and References
 - III. Hazards Analysis
 - IV. Concept of Operations
 - A. Direction and Control
 - B. Notification
 - C. Evacuation
 - D. Re-entry
 - E. Sheltering
 - V. Information, Training and Exercise
- Appendix
- A. Roster of Employees and Companies with Key Disaster Roles
 - 1. List of company
 - 2. List of emergency service provider
 - B. Agreements and Understandings
 - 1. Transportation, Host Facility, Pharmacy, Water, Food
 - C. Evacuation Route Maps
 - 1. Map of evacuation routes and description to receiving facility
 - D. Support Materials
 - 1. Any additional material to support the plan: (SOP, supply list, menu, floor plans, location map)
 - 2. Facility Approved Fire Safety Plan
- EM Requirements
- 1. Contact Information Form
 - 2. Facility Acknowledgement Plan Review Form

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

I. INTRODUCTION

A. Provide basic information concerning the center to include:

- _____ 1. Name of center,
Address,
Telephone number,
Emergency contact telephone number,
Pager number (if available),
Fax number,
Type of center and,
License.
Email address (if applicable)

- _____ 2. Owner of center,
Address,
Telephone (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 telephone,
Number of his/her alternate.
Cell number and Email address

- _____ 5. Name, address, work and home telephone number, of person implementing the provisions of this plan, if different from Administrator.

- _____ 6. Name, work and home telephone number of persons(s) who developed this plan.

- _____ 7. Organizational chart, identifying phone numbers, with key management positions.

- _____ Identify the Safety Liaison Officer (per 2011 Florida Statute 408.821(1))
Cell number and Email address.

- _____ Person responsible for DOH – EMResource, per Section 408.821(4), Florida Statutes

- _____ 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.

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

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 past history and lessons learned.
- B. Provide site specific information concerning the center to include:
 - _____ 1. Licensed capacity.
 - _____ 2. Maximum number of staff on site.
 - _____ 3. 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
 - _____ 4. Identify hurricane evacuation zone.
 - _____ 5. Identify which flood zone as identified on a Flood Insurance Rate Map.
To obtain flood zone information, contact Seminole County Building & Zoning at 407-665-7335 or online at <http://gis2.seminolecountyfl.gov/InformationKiosk/>
 - _____ 6. Number of miles center is located from a railroad or major transportation artery.
 - _____ 7. Identify if center is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant.

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

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 situation. 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 an emergency incidents.
- ____ 4. State the operational and support roles for all center 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. 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. Transportation (may be covered in the evacuation section)
 - ____ c. Food and water (*state amount and procedures for obtaining*)
 - ____ d. Oxygen, if required for participants

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.

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

- ____ 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 and 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. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.
- ____ 8. Specify the amount of time it will take to successfully evacuate all participants to the receiving facility.
- ____ 9. Describe the procedures to ensure that the center's staff will accompany evacuating participants.
- ____ 10. Identify procedures that will be used to keep track of participants once they have been evacuated (to include a log system).

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

- _____ 11. Establish procedures for responding to family inquiries about participants who have been evacuated.
- _____ 12. Establish procedures for ensuring that all participants are accounted for.
- _____ 13. Specify at what point the mutual aid agreements and the notification of alternate facilities will begin.

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 emergency situations 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.

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY CARE FACILITIES

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, telephone numbers of all staff.
- _____ 2. List the name of the company, agency, organization, contact person, telephone 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

- _____ 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

- _____ 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 center's fire safety plan that is approved annually by the local fire department, or an annual letter of approval from the fire department.

FACILITY CONTACT INFORMATION

Date: _____

Facility Name: _____ Facility Type: _____

Location Address: _____

City: _____ Zip: _____

Mailing Address (if different): _____

City: _____ Zip: _____

Facility Phone: _____ Emerg. Phone Number: _____

Facility Email: _____

Administrator/Owner Contact: **New Contact** _____ **Contact Update** _____

First Name: _____ Last Name: _____

Office Phone: _____ X _____ Cell Phone: _____

Office E-Mail: _____

Alt. E-Mail (optional): _____

Alternate Administrator Contact: **New Contact** _____ **Contact Update** _____

First Name: _____ Last Name: _____

Office Phone: _____ X _____ Cell Phone: _____

Office E-Mail: _____

Alt. E-Mail (optional): _____

Safety Liaison Officer Contact: **New Contact** _____ **Contact Update** _____

First Name: _____ Last Name: _____

Office Phone: _____ X _____ Cell Phone: _____

Office E-Mail: _____

Alt. E-Mail (optional): _____

All information is required

FACILITY CEMP ANNUAL REVIEW ACKNOWLEDGEMENT

FACILITY NAME: _____

FACILITY TYPE: _____

ADDRESS: _____

CITY: _____ Zip: _____

I certify the facility's Comprehensive Emergency Management Plan (CEMP) and the facility's fire plan have been updated and all employees have been trained on their roles and responsibilities during an emergency and given the opportunity to review the CEMP.

This CEMP is exercised on an annual basis with all employees who have a disaster role and any deficiencies found during an exercise have been corrected and the plan updated with all emergency personnel made aware of any new procedures or changes.

Please **initial** by each one:

- _____ DOH EMSsystems: The information in the DOH EMSsystem has been updated
- _____ Weather Radio: The facility has a NOAA weather radio monitored at all times
- _____ Alert Seminole: The facility is signed up for Alert Seminole to receive emergency information

Signature of Administrator / Director / Owner **AND/OR**

Print Name

Signature of Assistant Administrator/Manager **AND/OR**

Print Name

Signature of Safety Liaison

Print Name

Date

At least one signature is required