

The Minimum Emergency Management Planning Criteria for Assisted Living Facilities must be used to develop a Comprehensive Emergency Management Plan ("CEMP" or "Plan") for assisted living facilities. The criteria will serve as the format for compliance review. The criteria listed are the minimum requirements for your Plan. The criteria are not intended to limit or exclude additional information that may be included in the Plan. The criteria will also serve as the compliance review document upon submission for review and approval pursuant to Chapter 252, Florida Statutes.

These minimum criteria satisfy the basic emergency management plan requirements of Florida Statutes (F.S.), and Rules 59A-36.019 and 59A-36.025, F.A.C.

This form must be uploaded with to your facility's comprehensive emergency management plan submission for approval. 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.

Criteria and upload portal is available on the Emergency Management website: [CEMP Portal](#)

*******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; include the approval letter from the fire marshal.



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CEMP TABLE OF CONTENTS (Example)

Planning Criteria	Location (note the page and paragraph of the criteria in your Plan)
1. INTRODUCTION – Provide basic information about the Plan and the facility.	
1.1 Table of Contents	
1.2 Plan Approval Record	
1.2.1 Date of Last Approval	
1.2.2 Date of Approvals for Significant Modification submissions. Include for each approval a description of the modification of item number(s) changed.	
1.3 Facility Information	
1.3.1 Facility Name as it appears on the AHCA License	
1.3.2 Street Address, City, County, Zip Code	
1.3.3 Main Phone Number	
1.3.4 Emergency 24-hour Phone Number	
1.3.5 AHCA License Number	
1.3.6 Specialty License(s) if any (Indicate Extended Congregate Care, Limited Nursing Services, Limited Mental Health)	
1.3.7 AHCA Field Office (Indicate #1-11)	
1.4 License Information – as designated on your licensure application	
1.4.1 Name	
1.4.2 Business Address, if different from Facility Street Address	
1.4.3 Work Phone Number	
1.4.4 Cell Phone Number	
1.4.5 Email Address	
1.5 Management Company (if applicable)	
1.5.1 Company Name	
1.5.2 Contact Name	
1.5.3 Business Address	
1.5.4 Work Phone Number	
1.5.5 Cell Phone Number	
1.5.6 Email Address	
1.6 Administrator Information	
1.6.1 Name	
1.6.2 Work Telephone Number	
1.6.3 Cell Phone Number	
1.6.4 Email Address	
1.7 Designated Alternate Administrator	
1.7.1 Name	
1.7.2 Work Telephone Number	
1.7.3 Cell Phone Number	
1.7.4 Email Address	
1.8 Safety Liaison – Serving as primary contact for emergency operations pursuant to s. 408.821(1), F.S.	
1.8.1 Name	
1.8.2 Emergency 24-hour Phone Number	
1.8.3 Email Address	
1.9 Plan Developer – Person Responsible for Overall Plan Development	
1.9.1 Name and Routine Position Title	
1.9.2 Work Phone Number	
1.9.3 Cell Phone Number	
1.9.4 Email Address	

2. SITUATION – Vulnerability Analysis, Geographic Information, and Demographics	
2.1 Hazard Vulnerability Analysis - Outline and describe the threats and hazards to which the facility is vulnerable. Examples include hurricanes, tornados, flooding, fires, infectious disease outbreaks, cyber threats, hazardous materials, gas leaks, transportation accidents, nuclear power plant incident, power outages during severe weather, extreme cold or heat, or other potential threats to the health and safety of residents. In conducting the hazard vulnerability analysis, consider and incorporate past experiences, lessons learned, and actions to mitigate and reduce vulnerabilities.	
2.2 Facility Site – Specific and Geographic Information	
2.2.1 Year facility was built and type of construction.	
2.2.1.1 Date and type of subsequent construction or substantial renovation.	
2.2.2 Identify the elevation of the first finished floor of the facility, or provide the Federal Emergency Management Agency (FEMA) flood map elevation data.	
2.2.3 Identify the hurricane evacuation zone as designated by the county where the facility is located, if located in a coastal county.	
2.2.4 Identify flood zone as indicated on a Flood Insurance Rate Map or a Digital Flood Insurance Rate Map as distributed by FEMA.	
2.2.5 Indicate proximity, in miles, to a railroad or a major transportation artery to identify possible hazardous material incidents.	
2.2.6 Identify if facility is located within a 10-mile or a 50-mile emergency planning zone of a nuclear power plant and the evacuation zone if applicable.	
2.3 Demographics	
2.3.1 Licensed resident capacity (# of facility beds).	
2.3.2 Minimum number of staff needed to maintain operations.	
2.3.3 Indicate characteristics and relevant dependencies of residents served or capable of being served. Examples include resident dependency upon electrical equipment (i.e., CPAP); services or treatments involving insulin, oxygen, or dialysis; assistance with ambulation; residents with a diagnosed mental disorder; or residents with Alzheimer's disease or a related dementia.	

3. CONCEPT OF OPERATIONS – Describe the policies, procedures, responsibilities, and actions that will be taken before, during, and after an emergency.	
3.1 Direction and Control - Define the management structure for emergency operations. Identify who has the authority to make decisions for the facility and provide a basis for decision-making. An individual may serve in more than one role.	
3.1.1 Provide an organizational chart that identifies key positions and the chain of command to ensure continuous leadership authority and responsibility during an activation for an emergency in Appendix B: Organizational Charts and Rosters. Include identification by position title of the following:	
3.1.1.1 Identify by position title the individual in charge during an emergency (your Primary Incident Commander).	
3.1.1.2 Identify the alternate individual in charge during an emergency - if the Primary Incident Commander is unable to serve.	
3.1.2 Identify, by position title, the individual(s) responsible for updating the database approved by AHCA for reporting emergency status, planning, or operations pursuant to s. 408.821, F.S., and the procedure for making updates. Attach proof of registration in the database by including a screen print of your registration in Appendix H.	
3.1.3 Provide a summary statement for how the Plan will be timely activated. Specific activation triggers must be included within facility Standard Operating Procedures (SOPs) attached at Appendix C. The SOPs must include pre-determined conditions for activation of the Plan based on hazards identified in the Hazard Vulnerability Analysis and considering local emergency management requirements. Activation triggers may include forecast cone tracks, wind speed, flood water level, proximity of wildfire, as well as a sudden, no-notice event.	

3.2 Staffing	
3.2.1 Provide a summary statement of the general roles and responsibilities for key staff during an emergency. Include within the SOPs attached at Appendix C, the roles and responsibilities for key staff and other staff positions during each type of emergency response.	
3.2.2 Describe the procedures for timely activation of emergency staffing to cover 24-hour continuous staffing until the emergency has abated.	
3.2.3 Describe the policies and procedures for reporting to work for key staff when the facility remains operational during an emergency.	
3.3 Emergency Resources – Describe the following procedures to support the short-term stabilization of facility operations regarding the following:	
3.3.1 Emergency power source and fuel source as identified in the Emergency Environmental Control Plan (EECP) required by Rule 59A-36.025, F.A.C. Include the EECP in Appendix G.	
3.3.2 A 3-day supply of all essential supplies including food and water, and sleeping arrangements for up to 3 days (this is a minimum – county emergency management may have additional requirements).	
3.3.3 Continuation of services and supplies for residents with specific characteristics or dependencies (identified in Item 2.3.3) until the emergency conditions have abated. This may reflect the Plan to coordinate with third party providers or the direct provision of service by the facility.	
3.4 Communication and Notification – Procedures must describe how information will be communicated before, during, and after an emergency with the facility's key staff, other staff, residents, resident's responsible parties, and government parties.	
3.4.1 Describe how the facility and staff in key positions who are responsible for Plan implementation will receive timely notification of hazards and impending threats, including during off-hours, weekends, and holidays.	
3.4.2 Describe how staff and third-party providers will be notified of emergencies and decisions about evacuation.	
3.4.3 Describe how providers of essential supplies and services, transportation companies, and entities that have agreed to receive evacuees will be notified of emergencies and decisions about evacuation.	
3.4.4 Describe how residents and residents' responsible parties will be informed and how responses to inquiries will be handled for an emergency incident or impending threat; for actions taken; and for decisions and information about evacuation, sheltering in place, or cessation of operations.	
3.4.5 Describe how government partners, including the county emergency management agency, will be notified about decisions to evacuate.	
3.4.6 Describe alternate methods of communication that will be used if the primary system fails.	
3.4.7 Attach documentation showing the facility has registered for the county emergency notification system (if applicable).	
3.5 Evacuation - Describe the policies, roles, responsibilities, and procedures for the evacuation of residents. Planning must address internal and external disasters for relocating residents to another location within the same facility or to a separate facility.	
3.5.1 Decision Makers: Identify the key staff position(s) with the authority to determine if and when evacuation procedures will be implemented.	
3.5.2 Memorandums of Understanding, Agreements, Contracts between Evacuating Facilities and Receiving Facilities.	
3.5.2.1 Identify all arrangements made through memorandums of understanding (MOUs), agreements, or contracts that will be used to evacuate residents. Arrangements must be reviewed and updated annually as needed. Attach documents in Appendix D: Agreements, Understandings, and Contracts.	
3.5.2.2 Identify the pre-determined locations to which residents will be evacuated	
3.5.2.3 Include the primary evacuation routes that will be used and secondary routes to each location that would be used if the primary route is impassable. Include routes in Appendix E: Maps.	
3.5.3 Evacuation Times	

3.5.3.1 Provide the amount of time estimated to evacuate all residents. For hurricane evacuations, all movement should be completed before the arrival of tropical storm force winds as determined by the National Oceanic and Atmospheric Administration (www.nhc.noaa.gov).	
3.5.3.2 Provide the amount of time estimated to relocate residents within the facility when conducting an internal evacuation for sheltering in place.	
3.5.4 Transportation and Evacuation Logistics	
3.5.4.1 Identify the transportation arrangements to be used for evacuation, including whether the transportation is facility-owned or contracted through a carrier. Transportation agreements or contracts must be reviewed and updated annually as needed. Attach documents in Appendix D: Agreements, Understandings, and Contracts.	
3.5.4.2 Describe the procedures for staff accompanying evacuating residents.	
3.5.4.3 Describe the procedures for ensuring all residents are accounted for and are out of the facility, including tracking residents who are on a leave of absence from the facility or who have been evacuated by the resident's responsible party.	
3.5.4.4 Describe the procedures that will be used to identify and keep track of residents once they have been relocated to the shelter location or discharged at the time of relocation.	
3.5.4.5 Describe the procedures to determine what, how much, and who will provide the provisions to accompany each resident to the evacuation location to support the resident for a minimum of 3-days. Include provisions for an extended period of time should the need arise.	
3.5.4.6 Describe the arrangements for transportation of essential resident records, medications, treatments, supplies, and medical equipment that will be available as needed for residents.	
3.5.4.7 Describe the procedures for determining when necessary medical supplies and provisions will be pre-positioned.	
3.6 Sheltering or Receiving Facilities - If the facility will be accepting residents from an evacuating facility, describe the procedures that will be used to shelter or receive the evacuees.	
3.6.1 Describe the procedures for receiving residents from an evacuating facility, including tracking of evacuees.	
3.6.2 Identify the location for housing evacuees. Attach a floor plan indicating the space allocated for additional residents in Appendix E: Maps. The floor plan included for the Emergency Environmental Control Plan may be used to show evacuee accommodation.	
3.6.3 If applicable, describe procedures for sheltering family members of critical staff.	
3.6.4 Identify provisions of additional food, water, essential supplies, and appropriate care and services needed for a minimum of 3 days.	
3.6.5 Describe the procedures for ensuring 24-hour operations if different from those described in item 3.2. Staffing.	
3.6.6 Identify the procedure for notifying AHCA for approval to operate in an overcapacity status under s. 408.821, F.S.	
3.7 Re-Entry to Facility after Emergency	
3.7.1 Identify procedures for obtaining authorization from county officials and AHCA for re-entry to an affected area.	
3.7.2 Describe the procedures for inspection of the facility to determine damage, if any, when deemed safe to do so by local officials. Include the procedures for reporting the extent of damage to authorities and the ability to house and provide services to residents.	
3.7.3 Identify how residents will be transported from a sheltering or receiving facility back to the home facility for resumption of services.	
3.7.4 Identify procedures for re-establishing contact with staff and contracted workers to resume services.	

4. INFORMATION, TRAINING, AND EXERCISES – Identify the procedures for increasing staff, third party provider, and resident awareness of potential emergencies and for providing training and information on emergency roles before, during, and after a disaster.	
4.1	Identify how and when staff will be trained in their emergency roles and responsibilities.
4.2	Identify an annual training schedule for all staff and identify the provider of the training.
4.2.1	Training should include identification of an emergency, when the Plan will be implemented, and the roles and responsibilities of key staff and other staff.
4.2.2	Training should be conducted using relevant procedures from SOPs.
4.3	Identify the procedures for training new staff regarding their emergency roles and responsibilities.
4.4	Identify the procedures for informing third party providers about expectations for their roles and responsibilities during an emergency.
4.5	Identify an annual schedule for exercising all or portions of the facility's Plan at least twice each year.
4.6	Describe the procedures for conducting after-action reports and incorporating lessons learned in the facility's Plan.

5. APPENDICES	
5.1 Appendix A: Legal Authorities and References	
5.1.1	Identify the legal basis for Plan development and implementation to include applicable statutes, rules, and local ordinances.
5.1.2	Identify reference materials used in the development of the Plan.
5.2 Appendix B: Organizational Charts and Rosters	
5.2.1	Organizational chart that identifies key positions and the chain of command to ensure continuous leadership authority and responsibility during an activation for an emergency.
5.2.2	Roster of persons with key disaster related roles, including names consistent with organizational chart, phone number, email address, and physical business addresses if different from facility address.
5.2.3	Contact information for entities providing services during an emergency: electric, water, sewer, telephone, Internet, generator maintenance and repair, emergency fuel, transportation, police, fire, county emergency management agency. Include organization name, contact person(s), phone number(s), and email address(es).
5.3 Appendix C: Facility Standard Operating Procedures (SOPs)	
5.4 Appendix D: Agreements, Understanding, and Contracts (updated annually)	
5.4.1	Memorandums of Understanding, agreements, or contracts between Evacuating Facilities and Sheltering/Receiving Facilities.
5.4.2	Transportation Agreements or contracts.
5.4.3	Service Provider Agreements or contracts with vendors that have a responsibility during an emergency for essential supplies and services.
5.5 Appendix E: Maps	
5.5.1	Location Map, street-level including all service areas as needed (this may be contained in the fire safety plan).
5.5.2	Primary and secondary evacuation routes with directions for travel to receiving facilities for drivers.

November 2023

MINIMUM EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ASSISTED LIVING FACILITIES

5.5.3 Floor Plan, including areas designated for evacuees if providing shelter through agreements with other facilities (this may be the floor plan used for the Emergency Environmental Control Plan).	
5.6 Appendix F: Current Fire Safety Plan (a.k.a. Emergency Action Plan NFPA 101 32.7.1 and 33.7.1). Attach a copy of the facility's current approved fire safety plan.	
5.7 Appendix G: The Emergency Environmental Control Plan	
5.7.1 Attach copy of EECF that includes all elements in Rules 59A-36.025 and 59A-36.019, F.A.C.	
5.7.2 Attach the EECF approval letter from the designated plan approver, if previously approved.	
5.8 Appendix H: Additional Support Material – Any additional material needed to support the activities and information provided in the Plan.	
5.8.1 Screenshot of AHCA emergency status database registration.	

Seminole County Requirement:

Pursuant to Seminole County Administrative Code 32.10 Seminole County requires participation in two (2) community-wide workshops or whole community exercises per year offered by the Office of Emergency Management. Please include copies of attendance records or exercise documentation demonstrating participation in the plan review cycle.

Failure to demonstrate participation will result in a fee equal to \$15 per licensed chair/bed.

November 2023

**MINIMUM EMERGENCY MANAGEMENT PLANNING CRITERIA FOR
ASSISTED LIVING FACILITIES**

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