March 26, 2018

NOTE: In an effort to assist Assisted Living Facilities and Nursing Homes meet the requirements of Rules 58A-5.036 or 59A-4.1265, Seminole County’s Office of Emergency Management has put together this crosswalk to aid in the emergency power plan development. All facility must be compliant with the requirements by June 1, 2018 or a waiver may be granted by the licensing agency in which the facility must answer the questions on Page 3. If you have questions, please contact our offices at 407-665-5102.

**Emergency Power Plan Criteria**

1. What is your facility type? (Nursing Home or Assisted Living)

2. Facility Name?

3. Facility Address?

4. What areas of your facility do you plan to keep below 81 degrees?

5. What kind of equipment is being used to cool the facility?

6. What is the square footage of the cooled area?

7. How many people (residents and staff) do you plan to locate in this cooled space/area?  
   (Assisted Living Facilities must have a minimum of 20 sq ft per resident)  
   (Nursing Homes must have a minimum of 30 sq feet per resident)

8. Please provide a statement for how you plan to move residents to this location?

9. Will there be beds available in the cooled area?  
   a. How many?  
   b. Do you have these beds onsite?

10. Describe how you will ensure the facility does not exceed 81 degrees and how often it will be monitored.

11. Provide written procedures to address the following;  
    a. The use of cooling devices and equipment  
    b. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration  
    c. Wellness checks on residents to monitor for signs of dehydration and heat injury  
    d. Provisions for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.
12. Describe the fuel type you will need to operate the generator?

13. How do you plan on storing the required levels of fuel on-site?
   (Assisted Living Facilities with 16 beds or less must store 48 hours of fuel on-site)
   (Assisted Living Facilities with 17 beds or more must store 72 hours of fuel on-site)
   (Nursing Homes must store 72 hours of fuel on site)

14. State the procedure for how your facility will obtain the required 96 hours of fuel during a declared state of emergency?

15. Please provide a maintenance schedule for both the generator and HVAC system. (include: mechanism for load testing and documentation of the test)

16. State the procedure of how your facility will refuel before and after an emergency.

17. Provide a training procedure to ensure staff is aware of how to operate the emergency power to the facility.

18. Describe how new staff will be informed of the emergency power plan.

19. Please attach a certified HVAC letter approving the tonnage required to cool the space indicated.

20. Please attach a certified electrician letter specifying generator capacity required to run HVAC system and fuel for 96 hours.

21. Please attach a construction implementation timeline.

22. Please provide documentation to show the generator for the facility has been installed and is operable.
**Emergency Power Plan Requirements for Facilities Requesting a Waiver for a Time Period Extension**

Facilities who are requesting a time period extension for compliance with the rule are still required to submit an Interim Emergency Power Plan and then will be required to submit an Emergency Power Plan once the facility implements their equipment. These facilities must follow the instructions below:

1. What is your facility type? (Nursing Home or Assisted Living)

2. Facility Name?

3. Facility Address?

4. How many residents are in your facility?

5. Please provide a copy of documentation indicating an extension of time was granted by the licensing agency.

6. Does your facility have an alternative power source on-site? If so, what kind? If your facility does not have an alternative power source on site, please provide a copy of a contract for delivery of an alternative power source and fuel.

7. State the procedure for how you will activate your alternative power source and secure fuel for 96 hours when a state of emergency is declared.

8. Provide written procedures to address the following;
   a. The use of cooling devices and equipment

   b. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration

   c. Wellness checks on residents to monitor for signs of dehydration and heat injury

   d. Provisions for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

9. Please attach a construction implementation timeline.