

EMERGENCY MANAGEMENT PLANNING CRITERIA FOR AMBULATORY SURGICAL CENTERS

The following criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all Ambulatory Surgical Centers. These criteria will be used as the approval guidelines for the county emergency management agencies, pursuant to Chapter 252, Florida Statutes. The criteria also serve as the suggested plan format for the CEMP, since they satisfy the basic emergency management plan requirements of s. 395.1055, Florida Statutes, and Chapter 59A-5, Florida Administrative Code.

These criteria are not intended to limit or exclude additional information that ambulatory surgical centers may decide to include 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 the specific review by the county emergency management personnel, although they may provide informational comments.

This form must be attached to your center's comprehensive emergency management plan upon submission for approval to the county emergency management agency for review. 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 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.



Shirley Exner, Sr. Planner
Seminole County Office of Emergency Management
150 Bush Blvd.
Sanford FL 32773
Phone: (407)-665-5121
Fax: (407)-665-5036
exners@seminolecountyfl.gov
www.prepareseminole.org

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

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CEMP TABLE OF CONTENTS

- I. Introduction
- II. Authorities and References
- III. Hazards Analysis
- IV. Concept of Operations
 - A. Direction and Control
 - B. Notification
 - C. Evacuation
 - D. Re-entry
- V. Information, Training and Exercise
 - 1. Calendar / schedule showing drills and exercises for 12 months

Appendices

- A. Roster of Employees and Companies with Key Disaster Roles
- B. Agreements and Understandings
 - 1. Host Facility, Transportation, Water, Food, Pharmacy
- C. Evacuation Maps (attach to MA and MOU)
 - 1. Routes and description to receiving facility
- D. Support Material
 - 1. Any additional material to support the plan: (supply list, menu, floor plans)
 - 2. Facility Approved Fire Safety Plan
- E. Standard Operating Procedures (employee's emergency role)

EM Requirements

- 1. Contact Information Form
- 2. Facility Acknowledgement Plan Review Form
- 3. Location map of facility
- 4. Facility Operating License

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I. INTRODUCTION

A. Provide basic information concerning the ambulatory surgical center to include:

- _____ 1. Name of the center,
Address,
telephone number,
emergency contact telephone number,
pager number and
fax number.
Email address (if applicable)

- _____ 2. Year the center was built,
type of construction, and
date of any subsequent construction.

- _____ 3. Name of the Administrator,
address,
telephone number and an
alternate contact person.
Cell number and Email address for administrator and alternate

- _____ 4. Name,
address,
telephone number of person(s) who developed this plan.

- _____ 5. Organizational chart with key management positions identified.

- _____ Identify the Safety Liaison Officer (per 2011 Florida Statute 408.821)
email address (for correspondence)

- _____ 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 ambulatory surgical center that has bearing on the implementation of this plan.

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II. AUTHORITIES

- _____ A. Identify the hierarchy of authority in place during emergencies.
Provide an organizational chart, if different from A. 5. above.

III. HAZARD ANALYSIS

- _____ A. Describe the potential hazards that the ambulatory surgical center 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.
- B. Provide site-specific information concerning the ambulatory surgical center to include:
- _____ 1. Location Map.
- _____ 2. Number of recovery beds,
number of operation suites,
maximum number of patients on site,
average number of patients on site.
- _____ 3. Type of patients served by the center.
- _____ 4. Identification of the hurricane evacuation zone the ambulatory surgical center is in.
- _____ 5. Identification of which flood zone the ambulatory center is in, as identified on the Flood Insurance Rate Map. To obtain flood zone information contact the Seminole County Building & Zoning Department at 407-665-7335 or online at <http://gis2.seminolecountyfl.gov/InformationKiosk/>
- _____ 6. Proximity of the ambulatory surgical center to a railroad or major transportation artery (to identify possible hazardous materials incidents).
- _____ 7. Identify if the ambulatory surgical center is located within the 10 mile or 50 mile emergency planning zone of a nuclear power plant.

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IV. CONCEPT OF OPERATIONS

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

A. Direction and Control

- _____ 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 to ensure timely activation and staffing of the ambulatory surgical center in emergency functions.
- _____ 4. State the operational and support roles for all ASC 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. Water and food source. (*state procedures for obtaining*)
 - _____ 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 the emergency fuel system?
- _____ 6. Describe the ambulatory surgical center's role in the community wide Comprehensive emergency management plan and/or its role in providing for the treatment of mass casualties during an emergency.
- _____ 7. Provide information on the management of patients treated at the center during an external and internal emergency.

B. Notification

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

- _____ 1. Explain how the ambulatory surgical center will receive warnings of emergency situations.
- _____ 2. Identify the ambulatory surgical center's 24-hour contact number, if different than the number listed in introduction.
- _____ 3. Explain how key staff will be alerted.

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- _____ 4. Define the procedures and policy for reporting to work for key workers, when the center remains operational.
- _____ 5. Explain how patients will be alerted, and the precautionary measures that will be taken, including but not limited to voluntary cessation of center operations.
- _____ 6. Identify alternative means of notification should the primary system fail.
- _____ 7. Identify procedures for notifying those hospitals or subacute care facilities to which patients will be transferred.
- _____ 8. Identify procedures for notifying families of patients if the ambulatory surgical center is ceasing operations, and the patients have been relocated.

C. Evacuation

Ambulatory surgical centers must plan for both internal and external disasters. The following criteria should be addressed to allow the ambulatory surgical center to respond to both types of evacuation.

- _____ 1. Describe the policies, roles, responsibilities and procedures for the discharge or transfer of patients from the ambulatory surgical center.
- _____ 2. Identify the individual responsible for implementing the ambulatory surgical center discharge and evacuation procedures.
- _____ 3. Identify transportation arrangements made through mutual aid agreements / understandings or agreements that will be used to transfer patients. If transportation is coordinated through a central agency, i.e., county EOC, please explain. In addition, if there is a "transportation shortfall" in the area, please explain how the problem is addressed under current limitations.
- _____ 4. Describe transportation arrangements for logistical support to include: moving medical records and other necessities. If this is arranged through a centralized agency, i.e., county EOC, please explain.
- _____ 5. Provide a copy of any mutual aid agreement that has been entered into with hospitals to receive patients.
 - _____ please identify the primary and secondary hospital to receive patients, if they are pre-determined. If relocation is coordinated through a centralized agency, i.e., county EOC, please explain.
- _____ 6. Identify evacuation routes that will be used, including secondary routes if the primary route is rendered impassable.

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- _____ 7. Specify the amount of time it will take to discharge or successfully transfer patients to the receiving hospital or subacute care facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (40 mph).
- _____ 8. What are the procedures to ensure ambulatory surgical center staff will accompany transferring patients. If ASC staff will not be accompanying patients, what measures will be used to ensure their safe arrival (i.e., who will render care during transport).
- _____ 9. Establish procedures for responding to family inquiries about patients who have been transferred.
- _____ 10. Establish procedures for ensuring all patients are accounted for and are out of the center. If patients will be considered discharged at the time of relocation, please explain.
- _____ 11. Specify at what point the mutual aid agreements for transportation and the notification of alternate hospital or subacute care facilities will begin.

D. Re-entry

Once an ambulatory surgical center has been evacuated, procedures need to be in place for allowing patients to re-enter the center.

- _____ 1. Identify who is the responsible person(s) for authorizing re-entry to occur.
- _____ 2. Identify procedures for inspecting the ambulatory surgical center to ensure it is structurally sound.

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V. INFORMATION, TRAINING AND EXERCISE

This section shall identify the procedures for increasing employee and patient awareness of possible emergency situations and provide 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 who will provide the training.

- _____ C. Identify the provisions for training new employees regarding their disaster-related roles.

- _____ D. Identify a schedule for exercising all or portions of the disaster plan on a semiannual basis.

- _____ E. Establish procedures for correcting deficiencies noted during training exercises.

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APPENDICES

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 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 host hospital agreements, transportation agreements, current vendor agreements or any other agreements 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 hospital or subacute care facility for drivers.

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 by the local fire department.

E. Standard Operating Procedures

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 CONTACT INFORMATION

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