

Indian River County
Department of Emergency Services
Helpful Hints for the Development of
Health Care Facility Disaster Plans

These helpful hints are being provided to assist you with the development of a comprehensive emergency management plan for your health care facility.

These hints and tips are offered ONLY for the areas of the criteria that have been found to create the most difficulty and resulted in plans being returned for corrections. These comments do not cover all areas of the criteria. Sample statements are only provided as a guide and can be changed to your preference. Please click on the following link to access the **complete** compliance review criteria for your facility type:

http://www.irces.com/Emergency_Management_Division/HCFPR.htm

1. Miscellaneous

- a. All plans must be typed and paginated.
- b. You must include a copy of the plan review criteria document with your plan, referencing the page number where the criteria can be found.
- c. Plan reviews can take up to 60 days to be completed. A receipt will be provided upon request and will serve as documentation that your plan is currently in the review process.

2. Introduction

- a. (A.1.) Provide a **copy** of your current AHCA license; simply referencing your AHCA license number in the plan is not acceptable.
- b. (A.7.) Organization chart – This is often left out but **MUST** be included. Be sure to identify the key emergency positions. **Tip:** An organization chart can be created in Microsoft Word (Insert | Picture | Organization Chart).
- c. (B) Provide an introduction to your plan. **Sample statement:** *This plan has been created for the purpose of having established policies and procedures in effect that will outline the responsibilities of individuals and departments in the event that our facility is involved in an emergency situation caused by either internal or external causes. The desired outcome is to provide the maximum degree of safety and well being for our residents and staff of our facility during times of an emergency.*

3. Authorities and References

- a. (C) Identify the hierarchy of authority in place during emergencies and provide an organization chart if different from previous chart submitted.

Example #1:

The hierarchy of authority in place during an emergency situation is as follows:

Individual in charge (position or title)

First alternate in charge (position or title)

Second alternate in charge (position or title)

Third alternate in charge (position or title)

Example #2:

If the hierarchy of authority is the same as the organization chart for the day-to-day operations, then provide either a statement to this fact in this section or on the organization chart. **Sample statement:** *The hierarchy of authority during an emergency situation follows the lines of authority normally utilized for day-to-day operations as listed in the organization chart on page ___.*

4. Hazard Analysis

- a. (B.3.) Identification of hurricane evacuation zone facility is located. **Contact the emergency management office at (772) 226-3856 for assistance.**
- b. (B.4.) Identification of which flood zone and panel number the facility is in. **Contact the “Planner of the Day” at the Indian River County Community Development Department at (772) 226-1259 or find the map at <https://bit.ly/2rsNLzG>. You can also find the storm surge zone maps at <https://bit.ly/2xbOGcc>.**
- c. (B.6.) **Every** facility in Indian River County lies within the 50 mile Emergency Planning Zone of the St. Lucie Nuclear Power Plant. **Sample statement:** *Facility X lies within the 50 mile Emergency Planning Zone of the St. Lucie Nuclear Power Plant.*

5. Direction and Control

- a. (A.3.) State the procedures to ensure timely activation and staffing of the facility in emergency functions. Are there provisions for emergency workers’ families? This is often overlooked. You must specify PROCEDURES for this criteria. **For example:**
 - i. Identify HOW the facility will call back staff and HOW the facility will be contacted if phones are not operational, etc.
 - ii. Identify if the facility utilizes a call notification system
 - iii. Identify specific policies in place for workers’ families
- b. (A.4.) States the operational and support roles for all facility staff (this will be accomplished through the development of Standard Operating Procedures). You must either identify in your plan, or attach a Standard Operating Procedure (SOP), identifying (by position) your staff’s roles and responsibilities during an emergency. Each staff member has their daily responsibilities and duties to perform. During an emergency, their responsibilities and duties would most likely change. This must identify the roles for all staff – not just key management. **NOTE:** An SOP is not the staff’s day-to-day job description.
- c. (5.b.) Auxiliary emergency power - **For Assisted Living Facilities and Nursing Homes:** The state requires all Assisted Living Facilities and Nursing Homes to have generators and fuel on site. In addition, ALFs and NHs need to have an Emergency Power Plan (EPP), also known as Emergency Environmental Control Plan (EECP), which outlines the specific information on the power and fuel and must be attached as an annex to the CEMP. For more information on the requirements and a template for the EPP/EECP visit: http://ahca.myflorida.com/mchq/emergency_activities/epp.shtml. For this section in your CEMP, note the type of generator, type of fuel, and capacity of fuel system. Add a statement similar to “See EPP (or EECP) in Annex (insert annex number) for more details.” **For all other health care facilities:** The state requires all health care facilities have a provision for emergency power in the form of a generator. Your facility can purchase any reasonably sized portable generator and use the following, or similar sample statement, to meet compliance with the plan criteria: The facility owns a _____ KW generator with _____ type of fuel with a fuel capacity of _____.
- d. (6) Makes provisions for 24-hour staffing on a continuous basis until the emergency has abated. **Sample statement:** *Our facility normally operates 24 hours per day, seven days per week. During times of an emergency, off duty staff will be recalled to support emergency operations. All staff have been advised of emergency staffing patterns as a condition of employment. The administrator will establish a staffing schedule utilizing all available staff to ensure 24-hour staffing on a continuous basis until the emergency has abated.*

6. Notification

- a. (B.1.) Define how the facility will receive warnings, to include off hours and weekends/holidays. **Sample statement:** *The Weather Channel, government access channel*

(channel 27), local FM radio stations, county government alert notification system “Alert Indian River”, county government website (www.ircgov.com and www.irces.com) and other Internet websites, NOAA weather radio, and other resources will be monitored continuously during times of severe weather by on-duty staff designated by the administrator.

- b. (B.4.) Define the procedures and policy for reporting to work for key workers. **Sample statement:** *Once warned of an emergency situation, on-duty staff will notify the Administrator/designee. If the Administrator/designee determines the emergency plan should be activated, the mobilization of on and off duty key staff members will begin. Key staff will be alerted by (telephone, cell phone, pager) using the (employee roster or call down system). Someone will be dispatched to key emergency staff homes if the telephone system is inoperable. If the emergency is major and the telephone system is inoperable, key staff know they are to report to the facility without direct notification.*
- c. (B.5.) Define how residents/patients will be alerted and the precautionary measures that will be taken. **Sample statement:** *Residents will be told in a calm, reassuring manner with accurate information. Staff will take the necessary action needed for residents immediate safety (such as leaving the building immediately) at the first notification of the emergency situation. Residents would be told of the emergency situation by the following methods: Face-to-face contact by on-duty staff members, the facility’s fire alarm system, the facility’s internal public address system, the facility’s internal telephone system, etc.*
- d. (B.7.) Identified procedures for notifying those facilities to which facility residents will be evacuated. You MUST provide the PROCEDURES for this criteria. You must identify WHO will be responsible for notifying the host facility, WHEN the host facility will be notified, the anticipated arrival TIME and DATE and NUMBER of residents expected to be taken to the host facility.
- e. (B.8.) Identify procedures for notifying families of residents that facility if being evacuated. You MUST provide the PROCEDURES for this criteria. You must identify WHO will be responsible for notifying the residents’ family member that the facility is being evacuated, WHAT the notification method is and WHEN the notification will be made.

7. Evacuation

- a. (B.10) Determine what and how much each resident should take. Provide for a minimum 72-hour stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude. **Sample statement:** *The CNA will oversee or assist residents with packing their clothes, toiletries, medicine and personal items for a minimum of 3 days. Items will be placed in a small duffle bag with the resident’s name affixed to the outside of the bag. An inventory list of the resident’s personal belongings will be placed in the bag. This list will be used when preparing to return to the home facility to insure all items have been packed. Additional clothing, personal items, medicines and other essential supplies for an evacuation period longer than 72 hours will be packed and taken with each resident based upon the judgment of the Administrator.*
- b. (B.11.) Establishes procedures for responding to family inquiries about residents who have been evacuated. You MUST provide the PROCEDURES for this criteria. You must identify WHO will be responsible for responding to family inquiries, and HOW will this be handled from different facilities.
- c. (B.12.) Established procedures for ensuring all residents are accounted for and are out of the facility. **Sample statement:** *The (maintenance manager) will perform a walk-through of the facility to ensure that all residents have been evacuated prior to departure of the last vehicle to the host facility.*
- d. (B.13) Determines at what point to begin the pre-positioning of necessary medical supplies and provisions. **Sample statement:** *Immediately upon the decision to evacuate, supplies will*

be gathered by the (CNA) and positioned for loading onto evacuation vehicles. The essential supplies will be transported to the designated shelter(s) in the evacuation vehicles that are transporting the residents. If able, some supplies may be sent ahead of residents.

- e. (B.14.) Specifies at what point the mutual aid agreements for transportation and the notification of alternative facilities will begin. **Sample statement:** *The Administrator, or designee, will immediately upon the decision to evacuate notify the host facility and the transportation providers that the agreements for these services will be activated. The administrator will advise the host facility of the number of residents and staff to be expected and their estimated time of arrival. The Administrator will at this time also advise the transportation provider the expected number of residents and staff, the destination, date and time for the vehicles to arrive at the facility for departure.*

8. Re-Entry

- a. (D.1.) Identifies who the responsible person(s) is for authorizing re-entry to occur. Note: Remember that not all evacuations are issued by emergency management. **Sample statement:** *The Administrator, or designee, will authorize re-entry to the facility when: (1) evacuation orders for the area or facility have been lifted or terminated by the appropriate authority having jurisdiction over the emergency event, (2) the facility has been inspected and has been deemed safe for the residents and staff to return, and (3) inventory of supplies and materials have been completed by (provide name of position) to insure there are sufficient supplies for normal operations.*
- b. (D.2.) Identifies procedures for inspecting the facility to ensure it is structurally sound. **Sample statement:** *Prior to re-entry into the facility, the administrator, or his designee, will inspect the building. If structural integrity is questionable, a contractor may be contacted to inspect the building to ensure that it is structurally sound. Any recommended repairs will be made as soon as possible.*

9. Sheltering

- a. You must provide procedures for all criteria items. If you plan on NOT using your facility as a host shelter, you must provide a statement to that effect in your plan. **Sample statement:** *This facility does not have plans to serve as a host facility at this time.*

10. Information, Training and Exercise

- a. (IV.A.) Identify how key workers will be instructed in their emergency roles during non-emergency times. **Sample Statement:** *Key workers will be instructed in their emergency roles and associated procedures during non-emergency periods. Training will include in-service training given by the Administrator, or designee, and review of the current plan and procedures. In addition, prior to the start of each hurricane season on June 1, the Administrator will hold a briefing session with supervisory staff to review any updated information on the evacuation plan, current agreements, and responsibilities for implementing procedures.*
- b. (IV.B.) Identify a training schedule for all employees and identifies the provider of the training. Example: PROVIDE a copy of a training calendar/schedule (to include all employees and all shifts), identify the TYPE of training (evacuation procedures, host procedures, tornadoes, etc.) and identify WHO (person/agency) will provide the training.
- c. (IV.C.) Identify the provisions for training new employees regarding their disaster related roles. Example: Identify WHAT training is offered regarding disaster related roles and identify WHEN the training will occur (during orientation, 2 weeks upon being hired, etc.). **Sample statement:** *New employees will be given a copy of the disaster plan with a description of their disaster related roles. The administrator or supervisor will provide a briefing on the emergency plan and implementing procedures within two weeks of employee's hire. Normally, the briefing will be a part of the normal orientation provided to new*

employees. New employees will also be expected to participate in the next available annual training program for all staff members.

d.(IV.D.) Identify a schedule for exercising all or portions of the disaster plan on an annual basis. Example: Provide a calendar or schedule showing WHEN the exercises are planned and indicate WHAT part of the plan will be exercised (evacuation, sheltering another facility, a particular hazard: tornado, bomb threat, missing resident). **Sample statement:** *The Administrator will conduct a training exercise of the emergency plan at least annually, between January 1 and June 1 of each year. The exercise will practice, in particular, all or a portion of the _____ (fill in the blank - example: evacuation procedures).*

e.(IV.E.) Establish procedures for correcting deficiencies noted during training exercises. **Sample statement:** *Every training exercise of the emergency plan will be evaluated and critiqued by the Administrator and supervisory staff within five business days of the exercise. Deficiencies observed by the exercises, if any, will be identified, assessed, and appropriate corrective actions taken within 5 working days or the next monthly safety meeting.*

11. Appendices – This information is required and can be included either in the body of the plan or placement in an appendix. Appendices need to be clearly labeled.

- a. (A.1.) List the names, addresses and telephone numbers of all staff with disaster related roles
- b. (A.2.) List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, food, water, police, fire, Red Cross, etc. – Verify these contact names and numbers annually.
- c. **(B) Agreements and Understandings** - Provide copies of any agreements entered into pursuant to the fulfillment of this plan. This includes host facility agreements, transportation agreements, vendor agreements or any other agreements needed to ensure the operational integrity of this plan. All agreements must be **signed** and **dated ANNUALLY**.
- d. **(C) Evacuation Route Maps** – The plan must include a map of the evacuation routes (primary and secondary) and a written description of how to get to a receiving facility for drivers (**routes must be highlighted**). The following websites are an example of those that can be consulted for assistance: www.maps.google.com, www.mapquest.com or www.maps.yahoo.com
- e. **Fire Safety Plans** – Facilities are required to submit an approved fire safety plan. For facilities that are within Sebastian city limits, please contact the Sebastian Building Dept. at 388-8235 for assistance. For all others, please contact IRC Fire Prevention Bureau for assistance at (772) 226-1880.
- f. **Emergency Power Plan** – Assisted Living Facilities and Nursing Homes are required to have an Emergency Power Plan (EPP) or otherwise called Emergency Environmental Control Plan (EECP). This needs to be annex to your CEMP.