

**OCTOBER, 1995**

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

The following minimum criteria are to be used when Comprehensive Emergency Management Plans (CEMP) for all Residential Health Care Facilities (Facilities), including, but not limited to Assisted Living Facilities (ALFs), nursing homes, hospitals, and other residential health care providers. The criteria will serve as the 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, Florida Statutes.

These minimum criteria satisfy the basic emergency management plan requirements of § 395.1055, Florida Statutes (F.S.), and Rule Chapter 59A-3, Florida Administrative Code (F.A.C.), for Hospitals and Ambulatory Surgical Centers; § 400.23, F.S., and Rule Chapter 59A-4, F.A.C., for Nursing Homes; § 429.41, F.S., and Rule Chapter 58A-5, F.A.C., for ALF's; § 393.067, F.S., and Rule Chapter 65B-6, F.A.C., for residential care facilities for the developmentally disabled.

These criteria are not intended to limit or exclude additional information that facilities 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 information comments.

This form must be attached to your facility'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 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.

**I. INTRODUCTION**

A. Provide basic information concerning the facility to include:

- \_\_\_\_\_ 1. Name of facility, address, telephone number, emergency contact telephone number and pager number if available, and fax number, type of facility, and license.
- \_\_\_\_\_ 2. Owner of facility, address, telephone.
- \_\_\_\_\_ 3. Year facility was built, type of construction, and date of any subsequent construction.
- \_\_\_\_\_ 4. Name of Administrator, address, work/home telephone number of his/her alternate.
- \_\_\_\_\_ 5. Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the administrator.

- \_\_\_\_\_ 6. Name and work and home telephone number of person(s) who developed this plan.
- \_\_\_\_\_ 7. Provide an organizational chart, including phone numbers, with key management positions identified.
- 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 facility that has bearing on the implementation of this plan.

**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 facility is vulnerable to such as hurricanes, tornados, 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. Indicate past history and lessons learned.
- \_\_\_\_\_ B. Provide site specific information concerning the facility to include:
  - \_\_\_\_\_ 1. Number of facility beds, maximum number of clients on site, average number of clients on site.
  - \_\_\_\_\_ 2. Type of residents/patients served by the facility to include but not limited to:
    - \_\_\_\_\_ a. Patients with Alzheimer Disease.
    - \_\_\_\_\_ b. Patients requiring special equipment or other special care, such as oxygen or dialysis.

- \_\_\_\_\_ c. Number of patients who are self sufficient.
- \_\_\_\_\_ 3. Identification of hurricane evacuation zone facility is in.
- \_\_\_\_\_ 4. Identification of which flood zone facility is in as identified on Flood Insurance Rate Map.
- \_\_\_\_\_ 5. Proximity of facility to a railroad or major transportation artery (per hazardous materials incidents).
- \_\_\_\_\_ 6. Identify if facility is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant.

**IV. CONCEPT OF OPERATIONS**

This section of the plan defines the policies, procedures, responsibilities and actions that the facility will take before, during and after any emergency situation. At a minimum, the facility 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 identifies who has the authority to make decisions for the facility.

- \_\_\_\_\_ 1. Identify, by name and 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 facility in emergency functions. What are the provisions for emergency workers' families?
- \_\_\_\_\_ 4. State the operational support roles for all facility 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. Food, water, and sleeping arrangements.

- \_\_\_\_\_ b. Emergency power, natural gas or diesel. If natural gas, identify alternate means should loss of power occur which would effect the natural gas system. What is the capacity of emergency fuel system?
- \_\_\_\_\_ c. Transportation (may be covered in the evacuation section).
- \_\_\_\_\_ d. 72-hour supply of all essential supplies.
- \_\_\_\_\_ 6. Provisions for 24-hour staffing on a continuous basis until the emergency has abated.

B. Notification

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

- \_\_\_\_\_ 1. Define how the facility will receive warnings, to include off hours and weekends/holidays.
- \_\_\_\_\_ 2. Identify the facilities 24 hour contact number, if different than number listed in introduction.
- \_\_\_\_\_ 3. Define how key staff will be alerted.
- \_\_\_\_\_ 4. Define the procedures and policy for reporting to work for key workers.
- \_\_\_\_\_ 5. Define how residents/patients will be alerted and the precautionary measures that will be taken.
- \_\_\_\_\_ 6. Identify alternative means of notification should the primary system fail.
- \_\_\_\_\_ 7. Identify procedures for notifying those facilities to which facility residents will be evacuated to.
- \_\_\_\_\_ 8. Identify procedures for notifying families of residents that facility is being evacuated.

\_\_\_\_\_ C. Evacuation

Describe the polices, roles, responsibilities and procedures for the evacuation of residents from the facility.

- \_\_\_\_\_ 1. Identify the individual responsible for implementing facility evacuation procedures.
- \_\_\_\_\_ 2. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate residents (copies of the agreements must be attached as annexes).
- \_\_\_\_\_ 3. Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities.
- \_\_\_\_\_ 4. Identify the pre-determined locations where residents will evacuate to.
- \_\_\_\_\_ 5. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients (current, signed each year).
- \_\_\_\_\_ 6. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.
- \_\_\_\_\_ 7. Specify the amount of time it will take to successfully evacuate all patient/residents to the receiving facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (40 mph winds).
- \_\_\_\_\_ 8. What are the procedures to ensure facility staff will accompany evacuating residents/patients?
- \_\_\_\_\_ 9. Identify procedures that will be used to keep track of residents on call they have been evacuated (to include a log system).
- \_\_\_\_\_ 10. Determine what and how much should each resident take. Provide for a minimum 72-hour stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude.
- \_\_\_\_\_ 11. Establish procedures for responding to family inquires about residents who have been evacuated.
- \_\_\_\_\_ 12. Establish procedures for ensuring all residents are accounted for and are out of the facility.
- \_\_\_\_\_ 13. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.
- \_\_\_\_\_ 14. Specify at what point the mutual aid agreements for transportation and the notification of alternate facilities will begin.

D. Re-Entry

Once a facility has been evacuated, procedures need to be in place for allowing residents or patients to reenter the facility.

- \_\_\_\_\_ 1. Identify who is the responsible person(s) for authorizing reentry to occur.
- \_\_\_\_\_ 2. Identify procedures for inspection of the facility to ensure it is structurally sound.
- \_\_\_\_\_ 3. Identify how residents will be transported from the host facility back to their home facility and identify how you will receive accurate and timely data on re-entry operations.

E. Sheltering.

If the facility is to be used as a shelter for an evacuating facility, the plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.

- \_\_\_\_\_ 1. Describe the receiving procedures for arriving residents/patients from evacuating facility.
- \_\_\_\_\_ 2. Identify where additional residents will be housed. Provide a floor plan which identifies the space allocated for additional residents or patients.
- \_\_\_\_\_ 3. Identify provisions of additional food, water, medical needs of those residents/patients being housed at the receiving facility for a minimum of 72 hours.
- \_\_\_\_\_ 4. Describe the procedures for ensuring 24 hour operations.
- \_\_\_\_\_ 5. Describe procedures for providing sheltering for family members of critical workers.
- \_\_\_\_\_ 6. Identify when the facility will seek a waiver from the Agency for Health Care Administration to allow for the sheltering of evacuees if this creates a situation which exceeds the operating capacity of the host facility.
- \_\_\_\_\_ 7. Describe procedures for tracking additional residents or patients sheltered within the facility.

**V. INFORMATION, TRAINING AND EXERCISES**

This section shall identify the procedures for increasing employee and resident awareness of possible emergency situations and providing 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 the provider of the training.
- \_\_\_\_\_ C. Identify the provisions for training new employees regarding their disaster related roles(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.

## ANNEXES

The following information is required, yet placement in an annex 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 addresses 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 reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement 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 facility for drivers.
  
- D. Support Material
  - \_\_\_\_\_ 1. Any additional material needed to support the information provided in the plan.
  - \_\_\_\_\_ 2. Copy of the facility's fire safety plan that is approved by the local fire department.

**COUNTY EMERGENCY MANAGEMENT OFFICES  
AND  
DIRECTORS**



<b>A</b>				
COUNTY	NAME	ADDRESS	PHONE	FAX
<a href="#"><u>Alachua</u></a>	<a href="#"><u>Chief Will May</u></a> , Emergency Services Director	1100 SE 27th Street Gainesville, 32602- 0548	352-384- 3116	352-264- 6565
<b>B</b>				
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<a href="#"><u>Baker</u></a>	<a href="#"><u>Adam Faircloth</u></a> , Director	56 North Second Street Macclenny, 32063	904-259- 6111	904-259- 6114
<a href="#"><u>Bay</u></a>	<a href="#"><u>Mark Bowen</u></a> , Director	644 Mulberry Avenue Panama City, 32401	850-784- 4017	850-784- 4010
<a href="#"><u>Bradford</u></a>	<a href="#"><u>Brian K. Johns</u></a> , Director	945-B North Temple Avenue Starke, 32091	904-966- 6336/6337	904-966- 6169
<a href="#"><u>Brevard</u></a>	<a href="#"><u>Robert S. Lay</u></a> , Director	1746 Cedar Street Rockledge, 32955	321-637- 6670	321-633- 1738
<a href="#"><u>Broward</u></a>	<a href="#"><u>Lori Vun Kannon</u></a> , Director	201 Northwest 84 Avenue Plantation, 33324	954-831- 3900	954-382- 5805
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<a href="#"><u>Calhoun</u></a>	<a href="#"><u>Don A. "Sonny"</u></a> <a href="#"><u>O'Bryan</u></a> , Director	20859 Central Avenue East, Room G-40 Blountstown, 32424	850-674- 8075	850-674- 4667
<a href="#"><u>Charlotte</u></a>	<a href="#"><u>Wayne Sallade</u></a> , Director	26571 Airport Road Punta Gorda, 33982	941-8233- 4000	941-833- 4081
<a href="#"><u>Citrus</u></a>	<a href="#"><u>Captain Joseph</u></a> <a href="#"><u>Eckstein</u></a> , Director	3425 West Southern Street Lecanto, 34461	352-746- 6555	
<a href="#"><u>Clay</u></a>	<a href="#"><u>James H. Corbin, Jr.</u></a> , Director	1 Doctors Drive Green Cove Springs, 32043-3128	904-284- 7703	904-529- 2273
<a href="#"><u>Collier</u></a>	<a href="#"><u>Dan E. Summers</u></a> , Director	3301 Tamiami Trail East; Bldg. F	239-252- 8000/8445	239-252- 5008

		Naples, 34112		
<a href="#">Columbia</a>	<a href="#">Ronnie McCardle</a> , Director	Post Office Box 1787 Lake City, 32056-1787	386-758- 1125	386-752- 9644
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<a href="#">DeSoto</a>	<a href="#">Catherine Furr</a> , Director	115 East Oak St.; Room B-1 Arcadia, 34266	863-993- 4831	863-993- 4840
<a href="#">Dixie</a>	<a href="#">Tim Alexander</a> , Director	6575 North W Street Cross City, 32628-2009	352-498- 1240 ext. 224	352-498- 1244
<a href="#">Duval</a>	<a href="#">Lorin L. Mock</a> , Chief, Director	515 North Julia St. Jacksonville, 32202	904-630- 2472	904-630- 0600
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<a href="#">Flagler</a>	<a href="#">Nathan McCollum</a> , Director	1769 E. Moody Blvd#3 Bunnell, 32110	386-313- 4240	386-313- 4241
<a href="#">Franklin</a>	<a href="#">Wilburn "Butch" Baker</a> , Director	28 Airport Road Apalachicola, 32320	850-653- 8977	850-653- 4795
<b>G</b>				
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<a href="#">Gadsden</a>	<a href="#">Shawn Wood</a> , Director	Post Office Box 1709 Quincy, 32351-1709	850-875- 8870	850-875- 8643
<a href="#">Gilchrist</a>	<a href="#">Carlos Perez</a> , Director	Post Office Box 367 Trenton, 32693-0367	352-463- 3134	352-463- 3488
<a href="#">Glades</a>	<a href="#">Angela Snow</a> , Director	PO Box 68 Moore Haven, 33471	863-946- 6020	863-946- 1091
<a href="#">Gulf</a>	<a href="#">Marshall Nelson</a> , Director	1000 Cecil G Costin, Sr. Blvd.; Bldg. 500 Port St. Joe, 32456	850-229- 9110	850-229- 9115
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<a href="#">Hardee</a>	<a href="#">Richard S. Shepard</a> , Director	404 West Orange Street Wauchula, 33873-2831	863-773- 6373	863-773- 9390
<a href="#">Hendry</a>	<a href="#">M. Lupe Taylor</a> , Director	305 E. Cowboy Way or P.O. Box 358 LaBelle, 33975-0358	863-675- 5255	863-674- 4040
<a href="#">Hernando</a>	<a href="#">Thomas Leto</a> , Director	18900 Cortez Blvd. - EOC	352-754- 4083	352-754- 4090

		Brooksville, 34601		
<a href="#">Highlands</a>	<a href="#">Bill Nichols</a> , Director	6850 W est George Boulevard Sebring, 33875	863-385-1112	863-402-7400
<a href="#">Hillsborough</a>	<a href="#">Larry Gispert</a> , Director	2711 East Hanna Avenue Tampa, 33610	813-276-2385	813-272-6878
<a href="#">Holmes</a>	<a href="#">Wanda Stafford</a> , Director	107 East Virginia Avenue Bonifay, 32425	850-547-1112	850-547-7002
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<a href="#">Liberty</a>	<a href="#">Rhonda Lewis</a> , Director	Post Office Box 877; 11109 Northwest SR 20 Bristol, 32321-0877	850-643-2339	850-643-3499
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<a href="#">Manatee</a>	<a href="#">Laurie Feagans</a> , Chief of Emergency Management	1112 Manatee Avenue West, Suite 525 Bradenton, 34205	941-749-3022	941-741-3539
<a href="#">Marion</a>	<a href="#">Capt. Chip Wildy</a> ,	Post Office Box 1987	352-622-	352-369-

	Director	Ocala, 34478-1987	3205	6762
<a href="#">Martin</a>	<a href="#">Keith Holman</a> , Director	800 Monterrey Road Stuart, 34994	772-288- 5694	772-286- 7626
<a href="#">Miami-Dade</a>	<a href="#">C. Douglas Bass</a> , Contact/Director	9300 NW 41st Street Miami, 33178-2414	305-468- 5403	305-468- 5401
<a href="#">Monroe</a>	<a href="#">Irene Toner</a> , Director	490 63rd Street Marathon, 33050	305-289- 6065	305-289- 6333

**N**

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**O**

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<a href="#">Orange</a>	<a href="#">Preston Cook</a> , Director	Post Office Box 5879; 6590 Armory Court Winter Park, 32793	407-836- 9140	407-836- 9147
<a href="#">Osceola</a>	<a href="#">David A. Casto</a> , Director	320 North Beaumont Avenue Kissimmee, 34731	407-343- 7000	407-343- 6868

**P**

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<a href="#">Pasco</a>	<a href="#">James D. Martin</a> , Director	7530 Little Road New Port Richey, 34654	727-847- 8137	727-847- 8004
<a href="#">Pinellas</a>	<a href="#">Sally Bishop</a> , Director	400 South Fort Harrison Avenue; Ste. 111 Clearwater, 33756	727-464- 5550	727-464- 4024
<a href="#">Polk</a>	<a href="#">Pete McNally</a> , Director	1295 Brice Boulevard Bartow, 33831-1458	863-534- 5605	863-534- 5647
<a href="#">Putnam</a>	<a href="#">Quin Romay</a> , Director	120 Orié Griffin Boulevard Palatka, 32177-1416	386-329- 0379	386-329- 0897

**S**

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<a href="#">Santa Rosa</a>	<a href="#">Sheryl Bracewell</a> , Director	4499 Pine Forest Road Milton, 32583	850-983- 5360	850-983- 5352

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<a href="#">Seminole</a>	<a href="#">Alan S. Harris</a> , Acting Director	150 Bush Blvd Sanford, 32773	(407) 665- 5102	407-665- 5036
<a href="#">St. Johns</a>	<a href="#">E.R. Ashton</a> , Director	4455 Avenue "A"; Suite 102 St. Augustine, 32095	904-824- 5550	904-824- 9920
<a href="#">St. Lucie</a>	<a href="#">Tom Christopher</a> , E M Coordinator	101 North Rock Road Ft. Pierce, 34945	772-461- 5201	772-462- 1774
<a href="#">Sumter</a>	<a href="#">Judd Wright</a> , Interim Director	414 Lawrence Street Bushnell, 33513	352-569- 6000	352-569- 1222
<a href="#">Suwannee</a>	<a href="#">John G. Wooley</a> , Director	13354 NW 80th Terrace Live Oak, 32060	386-364- 3405	386-362- 0584
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<a href="#">Taylor</a>	<a href="#">Brenda Freund</a> , Director	108 North Jefferson Perry, 32347	850-672- 0830	850-838- 3575
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<a href="#">Union</a>	<a href="#">James D. York</a> , Director	58 Northwest 1st Street Lake Butler, 32054	386-496- 4300	386-496- 3226
<b><u>V</u></b>				
<b>COUNTY</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>FAX</b>
<a href="#">Volusia</a>	<a href="#">James R. Ryan</a> , Director	49 Keyton Avenue Daytona Beach, 32124	386-254- 1500 x 1505	386-248- 1742
<b><u>W</u></b>				
<b>COUNTY</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>FAX</b>
<a href="#">Wakulla</a>	<a href="#">Scott Nelson</a> , Director	15 Oak Street Crawfordville, 32327	850-926- 0861	850-926- 8027
<a href="#">Walton</a>	<a href="#">Edwin Baltzley</a> , Emergency Response Director	75 South Davis Lane DeFuniak Springs, 32435	850-892- 8065	850-892- 8382
<a href="#">Washington</a>	<a href="#">Roger Hagan</a> , Director	1331 South Boulevard Chipley, 32428	850-638- 6203	850-638- 63165

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