



JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

To Health Care Providers:

July 6, 2005

As we have entered another Hurricane Season, many health care providers have forwarded contact information to the Agency for Health Care Administration. **For those of you who have not yet done so, we ask that you please complete the following information so that you may be reached in the event of power outages or other impact. Please complete the attached form and return today by Fax or E-mail to the number or e-mail address listed on the form by July 11.** Additionally, if you are likely to be impacted by a storm this season, it is imperative that you make as many preparations as possible before the storm.

- Vendors – contact all vendors to assure they are willing to follow through on agreements for fuel, water and other supplies.
- Generators - Make certain your generator is in good working order. Run a load test on the generator. Identify that key parts of the generator (ex. Water pump or fuel pump, relay switch) are available for order if needed.
- Fuel - Make sure all fuel tanks are full. Make arrangements to be re-supplied with fuel as needed for up to 7 days. If this is not possible, have both a local and an out of state contract for refueling backup. Include guidance on how much fuel will be needed for the requisite size of generator and the facility size.
- Special Needs - If your patients are on dialysis, ensure they are dialyzed at their assigned centers within 24 hours of a hurricane warning. Make sure you have an emergency contact number for the dialysis centers. The patients should then be placed on their disaster diets and be provided with a list of all dialysis facilities in the state as well as the patients' treatment sheets. After the storm subsides, patients should call the dialysis center and see if it is operational. If it is not, call the emergency contact for the facility. If these contacts fail, call Network 7 at 1-800-826-3773. Unless prior arrangements have been made and checked with the hospitals before the storm, do not assume that your local hospitals can handle dialysis patients' needs. If your patients have special needs, know and be able to pass those needs and the supplies to meet them along to the receiving facilities. Be sure to send sufficient staff to the receiving facilities.
- Water systems – Water is often polluted and/or unreliable after a storm. If you need bottled water or large tanks of water, get them now. Again, assume the need for a 7-day supply.
- Food - Make sure you have sufficient food on hand to cover a 7-day period for both residents and staff. You need to have a food disaster order ready.



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- Batteries - Pre-stock batteries for everything from smoke alarms to hearing aids, IV pumps, portable phones, vital sign equipment, etc. as well as electrical tapes.
- Vehicles - Make sure all facility vehicles are in good working order, fueled, and ready to go. Obtain any needed specialty licenses (ex. Bus driver) in advance.
- Oxygen - If your patients need oxygen, make sure you have sufficient tanks to meet their needs for up to 7 days. Plan for anyone with COPD or any potential oxygen need on routine or PRN basis. Prepare for additional oxygen needs due to power outages, etc.
- Evacuation - If you have an evacuation plan and locations to which your patients will be sent, call the receiving facilities before the storm and make certain that plan is still viable. Include both contact with transportation providers and contact with receiving facilities. Check with the receiving facility before a storm to ensure there is compatibility of wander guard or secure care systems. Discuss who will be responsible for food, medications, supplies, etc. before a storm requires an evacuation. **CONTACT AHCA IF EVACUATING.**
- Home Health Agencies - Home Health Agencies must have a prioritized list of patients who need continued services in an emergency. Be certain this listing has been furnished to the county health departments and local emergency agencies. Be certain that emergency plans have been discussed with each patient and those that need assistance in evacuation are registered with the special needs registry maintained by each county level emergency management agency. Lists of patients' medications and equipment in the patients' homes must be provided for those that are registered with the special needs registry. Tell your patients to obtain a 30-day supply of maintenance drugs before the storm.
- Emergency Contacts - In an emergency, your first contact should be your local or county emergency management entity. However, if you are unable to get through to your local office, the following numbers are operational during emergencies:
  - Florida Emergency Information Line at (800) 342-3557
  - Emergency Support Function-8 at (850) 410-1822 or (800) 320-0519 (request ESF-8)
- Call the appropriate licensure unit at the Agency for Health Care Administration if your facility decides to evacuate or if you have questions.

Assisted Living Unit (850) 487-2515

Assisted Living Facilities and Adult Family Care Homes

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Long Term Care Unit (850) 488-5861

Nursing Homes, Intermediate Care Facilities for the Developmentally Disabled, and  
Transitional Living Facilities

Hospital Unit (850) 487-2717

Hospitals, Crisis Stabilization Units, Residential Treatment Facilities

Laboratory Unit (850) 487-3109

End Stage Renal Disease facilities

Home Care Unit (850) 414-6010

Home Health Agencies, Hospices

Attached: Health Care Provider Information Form

Health Care Provider Information

Date Form Completed: \_\_\_\_\_

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Person Completing Form

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Persons - can be reached if facility phones are out of service

<u>Primary Emergency Contact:</u> Name: _____ Title/Position: _____ Phone: _____ Cell: _____ Pager: _____ Fax: _____ Satellite Phone: _____ E-mail: _____	<u>Other Emergency Contacts:</u> Name: _____ Title/Position: _____ Phone: _____ Cell: _____ Pager: _____ Fax: _____ Satellite Phone: _____ E-mail: _____
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Contact Information for Chief Executive Officer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Pager: \_\_\_\_\_  
Fax: \_\_\_\_\_ Satellite Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Utility Company Information

Utility Company: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name on Account if Different: \_\_\_\_\_

Generator Information

Does facility have a working generator? Yes \_\_\_ No \_\_\_  
If yes, does it provide power for air-conditioner? Yes \_\_\_ No \_\_\_

Residents with Special Needs – Indicate the number of residents requiring each:

Dialysis \_\_\_ Insulin Dependent \_\_\_ Oxygen Dependent \_\_\_ Ventilator \_\_\_

**Return to Agency for Health Care Administration at**  
**E-mail: [ltcs@ahca.myflorida.com](mailto:ltcs@ahca.myflorida.com) or Fax to: (850) 922-1984 or (850) 410-1512**