



## Residential/24-hour Care Provider CEMP Emergency Management Planning Criteria for Assisted Living Facilities

Provider Name:	
Physical/Street Address:	
AHCA License Number:	
Main Telephone Number:	Emergency Telephone Number:

The following criteria are to be used for the development of Comprehensive Emergency Management Plans (“CEMP” or “plan”) for Assisted Living Facilities. The criteria will serve as a recommended format as the compliance review document for designated plan approvers.

This form must be included with the submission to the plan approver requesting approval of a CEMP. **Use it as a cross reference, by listing the page number and paragraph where the criteria are located in your plan to the left of each item.** This will ensure accurate review of your provider's CEMP. The items listed are the minimum requirements for your plan; however, these criteria are not intended to limit or exclude additional information providers may decide to include in their CEMP. Any additional information which is included in the CEMP will not be subject to approval by the plan approver, although they may provide informational comments.

All policies and procedures must abide by privacy and security related laws and regulations, including the Social Security Act, which incorporates the Health Insurance Portability and Accountability Act (HIPAA).

### 1) Introduction

- a) Provide basic information concerning the provider to include:
  - i) Year facility was built.
  - ii) Name of Administrator and their address, work telephone number, mobile telephone number, and email address. Include a home telephone number, if available.
  - iii) Administrator’s designated alternate, telephone numbers, and email address.
  - iv) Name of designated Safety Liaison serving as the primary contact for emergency operations pursuant to 408.821(1), F.S. and their address, work, and cell phone number, a 24-hour contact number, and e-mail address.
  - v) Name of person who developed this plan and their position title, address, email address, work telephone number, and mobile telephone number.
  - vi) Name of person implementing the provisions of this plan position title, address, email address, work telephone number, and mobile telephone number.

- vii) Type of ownership as designated on your licensure application, owner name, address, email address if applicable, work telephone number, and mobile telephone number if applicable. Include a home telephone number if available.
- viii) Organizational chart with two identifying telephone numbers corresponding to the key management positions.

b) **Introductory Material**

Supply 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 provider that has bearing on the implementation of this plan.

- i) Table of contents
- ii) Record of changes since last approval
- iii) Record of approvals (organizational approval, county emergency management, etc.)

2) **Authorities**

Identify the legal basis for plan development and implementation including rules, statutes, and local ordinances.

3) **Hazard Analysis**

- a) Outline and describe the potential hazards that the provider is vulnerable to such as hurricanes, tornados, flooding, fires, hazardous materials, transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, gas leaks, etc. Indicate past experiences and lessons learned.
- b) Identify site specific information concerning the provider to include:
  - i) Year facility was built, type of construction and date of any subsequent construction.
  - ii) Licensed capacity (# of facility beds).
  - iii) Maximum number of staff onsite.
  - iv) Maximum number of residents on site.
  - v) Average number (approx.) of residents on site over your past licensure period.
  - vi) Identify types of residents served:
    - (1) Residents with cognitive or mental impairments.
    - (2) Residents requiring special equipment or other special services, such as insulin, oxygen, or dialysis.
    - (3) Residents with physical impairments.
    - (4) Residents who are non-ambulatory.
    - (5) Residents who require assistance.
    - (6) Residents who do not require assistance.
    - (7) Other – list types
  - vii) Identify hurricane evacuation zone as specified by the county in which the provider is located.
  - viii) Identify which flood zone as identified on a Flood Insurance Rate Map or a Digital Flood Insurance Rate Map as distributed by Federal Emergency Management Agency (FEMA).
  - ix) Indicate proximity to a railroad or major transportation artery (to identify possible hazardous materials incidents).
  - x) Identify if provider is located within a 10-mile or 50-mile emergency planning zone of a nuclear power plant and the evacuation zone if applicable.
  - xi) Identify the base level elevation of the facility.

#### 4) Concept of Operations

This section of the plan defines the policies, procedures, responsibilities, and actions that will be taken before, during, and after any emergency.

##### a) Direction and Control

Define the management function for emergency operations. Provide a basis for decision-making and identify who has the authority to make decisions for the provider.

- i) Identify, by position title, the person in charge during an emergency and their alternate, should that person be unable to serve in that capacity.
- ii) Identify, by position title, the person responsible and the procedure for updating the Agency's approved database for reporting emergency status, planning or operations pursuant to 408.821(4), F.S.
- iii) Describe the procedures for ensuring timely activation of the emergency management plan and staffing during an emergency. This would include a listing of the potential hazards identified in section 3 that the provider is vulnerable to such as hurricanes, tornados, flooding, fires, hazardous materials, transportation accidents, proximity to a nuclear power plant, power outages during severe weather, etc. The provider should have a pre-determined time of activation such as wind speed, flood water level, proximity of wildfire, etc., as well as a plan when no warning is given.
- iv) State the operational and support roles for all established positions within the provider. This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan.
- v) Describe the procedures to ensure the following needs are supplied. The plan should take into consideration self-sufficiency, dependence upon other sources, and a contingency plan in case of community-wide disasters.
  - (1) Emergency power and, if applicable, natural gas or diesel. Identify the fuel type, amount, and supplier for the emergency power system. If natural gas, identify alternate means should loss of power occur (which would affect the natural gas system). What is the capacity of the fuel tank for the emergency power system?
  - (2) Food, water, and sleeping arrangements.
  - (3) 4-day supply of all essential supplies.
  - (4) Oxygen, if required for residents. If needed during an emergency, describe how additional oxygen will be obtained for residents with their own agreements for oxygen.
- vi) Describe the procedures and provisions for 24-hour staffing on a continuous basis until the emergency has abated.
- vii) Describe the management of residents who will continue to receive services prior to, during, and immediately following an emergency.

##### b) Notification

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

- i) Describe how the provider will receive warnings of emergency situations.
- ii) Identify procedures on how the provider's staff in charge of emergency plan implementation will receive warnings of emergencies, including off hours, weekends, and holidays.
- iii) Identify the provider's 24-hour contact number, if different from the number listed in the introduction.
- iv) Describe how staff and contractors will be alerted.

- v) Describe how residents will be alerted and the precautionary measures that will be taken, including voluntary cessation of operations.
  - vi) Describe the procedures and policy for reporting to work for key staff when the provider remains operational.
  - vii) Describe the procedures for alternative means of notification of key staff (may include mobile phones, satellite phones, contact with a community-based am radio group, public announcements through radio or television stations, face-to-face contact and, in medical emergency situations, contact with police or emergency rescue services) and communicating with the local county health department and county emergency management should the primary system fail.
  - viii) Describe the procedures for notifying those providers (for which mutual aid agreements are in place) to which residents will be evacuated.
  - ix) Describe the procedures for maintaining a current prioritized list of residents who need continued services during an emergency. The list shall indicate how services shall be continued in the event of an emergency or disaster for each resident and shall indicate if the resident is receiving skilled nursing services or has life-supporting or life-sustaining equipment and the resident's specific medication, equipment, and supply needs. The list shall be furnished to county health departments and to county emergency management agencies, upon request.
  - x) Describe the procedures for notifying authorities of any on-duty staff or residents that they are unable to contact.
  - xi) Describe the procedures for notifying families of residents that the facility is being evacuated.
  - xii) Describe the procedures for notifying residents and their responsible party if the provider is ceasing operations and resident/ services has been delegated to another provider.
- c) During an Emergency
- i) Describe the facility'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.
  - ii) When there is not a mandatory evacuation, some residents may decide to stay in place. Describe the procedures the provider will take to assure that all residents needing services will receive it, either from this provider or through arrangements made by this provider, the resident or the resident's caregiver; and how this provider will contact other providers to arrange for services to the resident.
  - iii) Describe how the provider will continue to provide the same type and quantity of services to its residents, which were being provided to those residents prior to the emergency.
  - iv) Establish and identify links to the local emergency operations center to determine a mechanism by which to approach specific areas within a disaster area.
- d) Evacuation
- Describe the policies, roles, responsibilities, and procedures for the evacuation of residents. Providers must plan for both internal and external disasters. Although providers must be prepared for the possibility of relocating residents to another provider, there are instances when moving residents to another part of the facility would be more appropriate. The following criteria should be addressed to allow the provider to respond to both types of evacuation.
- i) Decision Makers
    - (1) Identify the staff position responsible for determining if and when evacuation is required.
    - (2) Identify the staff position responsible for implementing discharge or transfer and evacuation procedures including notifying all residents or caregivers.
  - ii) Mutual Aid Agreements or Contracts Including Transportation

- (1) Specify at what point the mutual aid agreements and the notification of alternate providers will begin.
- (2) Identify all arrangements made through mutual aid agreements, contracts, and memorandums of agreement or understandings that will be used to evacuate residents (copies of the agreements must be updated annually and attached in the appendix). Identify the transportation types being used. In addition, if there is a "transportation shortfall" in the area, please explain how the problem is addressed under current limitations. If transportation is coordinated through a central agency, i.e., county emergency operations center (EOC), please explain.
- (3) Describe transportation arrangements for logistical support to ensure essential records, medications, treatments, provisions, and medical equipment remain with the resident at all times. If this is arranged through a centralized agency, i.e., county EOC, please explain.
- (4) Identify the pre-determined locations to which residents will be evacuated. If relocation is coordinated through a centralized agency, i.e., county EOC, please explain.

iii) Evacuation Times

- (1) Specify the amount of time it will take to successfully move or evacuate all residents to the receiving provider. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (45 mph sustained).
- (2) Specify the amount of time it will take to internally relocate all residents within the facility for sheltering-in-place.

iv) Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable. (Include in Appendix B)

v) Describe the procedures for staff accompanying evacuating residents.

vi) Describe the procedures for evacuating residents not being accompanied by staff. If staff is not accompanying, what measures will be used to ensure their safe arrival (i.e., who will render services during transport).

vii) Describe the procedures for ensuring all residents are accounted for and are evacuated. Identify procedures that will be used to track residents once they have been evacuated (to include a log system). If residents will be considered discharged at the time of relocation, please explain.

viii) Describe the procedures for responding to family inquiries about residents who have been moved or evacuated.

ix) Define how you will determine what, how much, and who will provide what each resident/ should take. Provide for a minimum 4-day stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude.

x) Define how you will determine at what point to begin the pre-positioning of necessary medical supplies and provisions.

e) Sheltering

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

i) Describe the receiving procedures for arriving residents from an evacuating provider.

ii) Identify where additional residents will be housed. Provide a floor plan which identifies the space allocated for additional residents. (Include the floor plan in Appendix B)

iii) Identify provisions of additional food, water, medical needs of those residents being housed at the host/receiving provider for a minimum of a 4-day supply.

- iv) Describe the procedures for ensuring 24-hour operations.
- v) If provided, describe procedures for providing shelter for family members of critical staff.
- vi) Describe procedures for tracking additional residents sheltered within the facility.
- vii) Describe procedures for providing sheltering for family members of critical workers.
- viii) Identify when the facility will seek approval from the Agency to allow for the sheltering of evacuees if it creates a situation which exceeds the licensed capacity of the host facility. Section 408.821, F.S., authorizes providers to temporarily exceed licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. Approval must be obtained from the Agency to operate at overcapacity beyond 15 days. Note: While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all residents.
- f) After the Emergency and/or upon Re-entry to Affected Area:
  - i) Identify who is the responsible person(s) for authorizing re-entry to occur.
  - ii) Identify procedures for inspection of the provider to ensure it is structurally sound.
  - iii) Describe the procedures for contacting the emergency operation center after the disaster to report on damage, if any, and availability to continue services to their residents.
  - iv) Identify how residents will be transported from the host provider back to their home provider and identify how accurate and timely data on re-entry operations will be received.
  - v) Identify procedures for re-establishing contact with staff and contractors in order to resume services.
  - vi) Define how you will determine prioritization of services should the emergency result in fewer provider personnel or contractors being available immediately following the disaster.

**5) Information, Training, and Exercises**

This section shall identify the procedures for increasing staff, contractor, and resident/ awareness of possible emergencies and provide training on their emergency roles before, during, and after a disaster.

- a) Describe the procedures that facilitate the efforts of the staff or contractor to establish, and keep updated, medication, supplies and equipment lists.
- b) Identify how and when staff will be trained in their emergency roles and responsibilities during non-emergency times.
- c) Identify an annual training schedule for all staff and identify the provider of the training. Training will include a definition of what constitutes an emergency, when the comprehensive emergency management plan will go into effect, the roles and responsibilities of essential and non-essential staff, and the procedures for educating residents about the comprehensive emergency management plan. Training will also include procedures for maintaining resident/ medication, supplies, and equipment; the residents' plan for an emergency; whom to contact if an emergency occurs with phone numbers and alternates; and a comprehensive list of the resident's necessities.
- d) Identify the provisions for training new staff and contractors regarding their disaster related role(s).
- e) Identify a schedule for exercising all or portions of the disaster plan on a semi-annual basis.
- f) Describe the procedures for correcting deficiencies noted during training exercises.
- g) Describe the method by which family members of residents will be made aware of the provider's emergency plan prior to a disaster.

**6) Appendices**

The appendices that follow are provided in support of the CEMP:

- a) Appendix A – Agreements and Understandings  
List and insert copies of annually updated mutual agreements, memoranda of understanding, or any other understandings entered into between the provider and any local, state, and county entities, or health care entities, and service providers that have responsibility during a disaster. This is to include reciprocal host provider agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.
- b) Appendix B - Maps
  - i) Location Map, street-level including all service areas as needed.
  - ii) Evacuation Routes, primary and secondary evacuation routes with descriptions of how to travel to receiving facilities for drivers.
  - iii) Floor Plan, including areas designated for evacuees if providing shelter through agreements with other providers.
- c) Appendix C - Roster  
Roster of staff and companies with key disaster related roles.
  - i) Organization chart listing the names, addresses, telephone numbers, and email addresses of all staff.
  - ii) Succession Plan defining chain of command to ensure continuous leadership and authority.
  - iii) Delegations of Authority as needed.
  - iv) List the name of the company, agency, organization, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, etc.
- d) Appendix D – Support Materials  
Attach any additional material needed to support the information provided in the plan including a copy of the provider’s Standard Operating Procedures (SOPs).
- e) Appendix E – Fire Safety Plan  
Attach copies of the facility’s current, approved fire safety plan and current fire inspection.
- f) Appendix F - Documents related to the Emergency Environmental Control Plan (EECP)
  - i) Appendix F1: Attach a copy of your approved EECP. Plans must include all elements listed in Rules 59A-36.025 and 59A-36.019, F.A.C.
  - ii) Appendix F2: Attach the EECP approval letter from the designated plan approver.
  - iii) Appendix F3: EECP Sample Format
  - iv) Appendix F4: EECP Consumer-Friendly Summary Sample Format

**ASSISTED LIVING FACILITY  
Emergency Environmental Control Plan (EECP)**

This AHCA sample format is designed as a tool for facilities to use as they develop their Emergency Environmental Control Plan (EECP) to meet the provisions of Rules 59A-36.025 and 59A-36.019, F.A.C. Plan approvers may have specific checklists to assess the plans and assist with plan development and review, which should be used before this format is considered. Please contact your designated plan approver to determine whether a specific local checklist is required. The EECF should be submitted as an appendix to the Comprehensive Emergency Management Plan.

**1. Provider Information:**

Provider Name:

Street Address:

City, County, Zip:

Administrator Name:

Contact Number(s):

License Number: \_\_\_\_\_ Number of Licensed Beds: \_\_\_\_\_

- Is the facility:      Located on a campus with other facilities under common ownership  
                           Located in a multistory building  
                           Stand-alone single-story building  
                           Located in a mandatory evacuation zone (If so, provide details below)

Details:

**2. Alternate Power Source:**

Description of onsite alternate power source:

- Portable generator                    Fixed generator                    Other: \_\_\_\_\_  
Provide:    Make:                    Model:                    Size:  
              Make:                    Model:                    Size:  
              Make:                    Model:                    Size:

The alternate power source is capable of powering the following equipment:

- Entire Facility      Lights                    Refrigeration      Life Safety Systems  
 Air Conditioning    Heating Systems    Other \_\_\_\_\_

Provide the date implementation of the alternate power source will be complete:

Date Complete: \_\_\_\_\_

**3. Fuel Information:**

Type of Fuel:      Diesel      Propane      Piped Gas      Gasoline

Hours of runtime with onsite fuel: \_\_\_\_\_ hours

Fuel Distributor:

Are there local restrictions on the amount of fuel stored onsite?    Yes      No

If yes, list regulation and limitation:

Describe how your fuel will be stored onsite?

Describe how your facility will refuel before, during, and after an emergency.

**4. Cooling Method:**

What kind of equipment will be used to cool the facility?

Air Conditioner(s)     Spot Cooler(s)     Chiller     Fan(s)

Other: \_\_\_\_\_

**5. Cooled Area:**

What area(s) of the facility do you plan to keep at or below 81 degrees?

Entire Facility     Living Room     Dining Room     Resident Room(s)

Common Area(s)     Hallways     Other Area(s) \_\_\_\_\_

What is the net square footage of the area to be cooled? \_\_\_\_\_

How many people (residents and staff) do you plan to locate in this cooled space/area? \_\_\_\_\_

(Please keep in mind the required square footage requirements per person for your facility type.)

Will there be beds available in the cooled area?     Yes     No

If yes, are these beds currently onsite?     Yes     No

Describe how you will ensure the facility does not exceed the required temperature and how the facility and residents will be monitored.

**6. Policies and Procedures**

Provide a training procedure to ensure staff are aware of how to operate the emergency power to the facility. Describe:

Provide a maintenance and testing schedule for both the alternate power source and cooling system. Describe:

**7. Carbon Monoxide Alarm**

Where is the carbon monoxide alarm(s) located in the facility?

What is the maintenance schedule for the carbon monoxide alarm(s)?

**8. Supporting Documentation**

Submit the following documentation with the plan:

- Facility floor plan. Area(s) intended to be used as the “cooled area” identified in Section 5 should be outlined/highlighted on the facility floor plan.
- Letter attesting that the alternate power source is sufficient to operate the equipment necessary to maintain an indoor temperature in accordance with the rule. (May be provided by a professional electrical engineer or a licensed electrical contractor).
- If residents will be relocated to an area(s) of refuge, a letter attesting that the HVAC equipment serving the area is sufficient to maintain an indoor temperature, in accordance with the rule, for the number of residents served in the area(s). (May be provided by a professional mechanical engineer or a licensed mechanical contractor).
- Fuel agreement

Once the plan is implemented (completed), submit documentation that the alternate power source is installed and operable.

**ATTESTATION**

**I attest that the assisted living facility is in compliance with all requirements and standards specified in Rule 59A-36.025, F.A.C., Emergency Environmental Control for Assisted Living Facilities.**

\_\_\_\_\_  
Signature of Licensee or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**NOTE:**

- The plan must be submitted to your County Emergency Management Agency for review and approval.
- If there are deficiencies with the plan, the plan must be resubmitted timely in order to ensure timely implementation.
- Within 2 business days of the approval of your plan, written proof must be submitted to the Agency for Health Care Administration to: [ALF\\_Emergencyrule@ahca.myflorida.com](mailto:ALF_Emergencyrule@ahca.myflorida.com).
- Once approved by your county emergency management office, your facility is responsible for providing a consumer-friendly summary of your emergency power plan to the Agency for Health Care Administration to: [ALF\\_Emergencyrule@ahca.myflorida.com](mailto:ALF_Emergencyrule@ahca.myflorida.com).
- A copy of your plan must be maintained and available for review at the facility's physical location.

**Consumer-Friendly Summary of  
Emergency Environmental Control Plan (EECP)**

<b>Facility Information</b>		
Facility Name:		
License#		
Street Address:		
City:	County:	Zip:
Administrator Name:		
Contact Number(s):		
This facility is:	<input type="checkbox"/> Located on a campus with other facilities under common ownership <input type="checkbox"/> Located in a multistory building <input type="checkbox"/> A stand-alone single-story building	

<b>Alternate Power Source</b>		
Onsite Alternate Power Source:		
<input type="checkbox"/> Portable generator	<input type="checkbox"/> Fixed generator	<input type="checkbox"/> Other: _____
Make:	Make:	Make:
Model:	Model:	Model:
Size:	Size:	Size:
The alternate power source is capable of powering the following requirements:		
<input type="checkbox"/> Entire Facility <input type="checkbox"/> Lights <input type="checkbox"/> Refrigeration <input checked="" type="checkbox"/> Life Safety Systems <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating Systems <input type="checkbox"/> Other		

<b>Cooling Method</b>
The following kind(s) of equipment will be used to cool the facility:
<input type="checkbox"/> Air Conditioner(s) <input type="checkbox"/> Spot Cooler(s) <input type="checkbox"/> Chiller <input type="checkbox"/> Fan(s) <input type="checkbox"/> Other: _____

<b>Temperature Controlled Area(s)</b>
The area(s) the facility plans to keep at 81 degrees or below using the emergency power source is:
<input type="checkbox"/> Within the licensed facility <input type="checkbox"/> In another location on the campus
The following area(s) will be cooled:
<input type="checkbox"/> Entire Facility <input type="checkbox"/> Living Room <input type="checkbox"/> Dining Room <input type="checkbox"/> Resident Room(s) <input type="checkbox"/> Common Area(s) <input type="checkbox"/> Hallways <input type="checkbox"/> Other Area(s)
The net square footage of the area to be cooled is _____ square feet.
How many people are planned to use this area? _____
Will there be beds available in the cooled area? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Plan Implementation</b>
The Emergency Environmental Control Plan was fully implemented on: