AHCA OPC Health Facility Damage Assessment Guidelines and Emergency Event Log

Health Care Facility Damage Assessment Guidelines

♦ As further described in the AHCA Emergency Mobilization Plan, the Office of Plans and Construction dispatches Health Care Assessment Teams immediately following a storm event to inspect all damaged health care facilities before the facilities may be reoccupied with patients or residents.
♦ Because this work normally involves electrical and architectural damage, teams consisting of an electrical engineer and architect are sent.
♦ Based on the following guidelines, OPC surveyors make detailed inspections of the facilities including a test of all essential utility support systems. OPC works to help these facilities come back on line by providing as needed on site reviews and by facilitating assistance from the EOC. Once the environment of care is back to normal, the facility may reoccupy.

Actions Post Emergency Event

♦ Immediately following an emergency disaster event, the OPC Health Care Assessment Teams (HCAT) must inspect all evacuated health care facilities which have sustained damage before these facilities can be reoccupied. These teams are composed of an Architect and an Electrical Engineer and will be dispatched by the OPC Tallahassee Office. (ref. appendix)
  The damaged facilities will be inspected in accordance with the Health Care Facility Damage Assessment Guidelines (ref. appendix) and will report their findings to the EMT duty personnel at the ESF-8 in the SEOC and to the OPC Central Office Duty Supervisor.

  OPC must approve the facility before it can be reoccupied. This approval may initially be verbal with a following letter to the facility.

♦ As necessary approvals will be given by MC/HQ headquarters for exceeding bed capacity at facilities which temporarily serve evacuated patients and residents.

HEALTH CARE FACILITY DAMAGE ASSESSMENT GUIDELINES

The following are examples of damage assessment guidelines applicable to each of the four categories:

Category I / Minor Repairs

Description:
- Broken glass, leaky roof, minor water damage to interior
- No structural damage
- Reinstating existing equipment
Requirements: The facility will submit for cursory review a list of repairs and a cost estimate from a licensed Florida contractor.

Action: The Office of Plans and Construction will issue a letter requiring no further review. An on-site survey may be completed at a later date.

**Category II / Moderate Repairs**

Description:
- Damage to mechanical, plumbing, electrical or lightning protection systems
- Extensive roof damage
- Interior water damage to floors, ceilings and walls
- Possible structural damage or weakening

Requirements: The facility will submit for plan review a list of repairs to be done and a cost estimate from a licensed Florida contractor. All data and information sheets referring to replacing equipment or to interior repairs will be submitted. All fire-rated assemblies will be identified.

If structural damage is discovered, a letter from a Florida-registered structural engineer stating the structure is safe to reoccupy may be required.

Action: The Office of Plans and Construction will review all submitted information and material. If additional information is required, we will contact the contractor. A modified approval letter will be issued so that the repairs may begin. After repairs are completed, a team will be sent to survey the facility for approval.

**Category III / Major Repairs**

Description:
- Replacement of mechanical, electrical or fire protection systems
- Structural damage
- Extensive interior damage including fire-rated assemblies

Requirements: The facility will submit for plan review and approval plans and specifications prepared by a Florida-registered architect and/or engineer to accomplish the repairs. These plans and specifications may be submitted in partially complete phases.

Action: The Office of Plans and Construction will expedite the review of the plans and specifications and comments will be made. Additional information may be requested directly from the design professional. A modified approval letter will be issued so that repairs can begin
as soon as possible. After the repairs are completed, a team will be sent to survey the facility for approval.

**Category IV / Partial or Complete Replacement of Facility**

**Description:**
- Partial or complete destruction

**Requirements:**
The facility will submit for plan review and approval plans and specifications prepared by a Florida-registered architect and/or engineer for the rebuilding of the facility. The Office of Plans and Construction will make any existing plans available to the facility although these plans must be re-reviewed under current codes and requirements.

**Action:**
The Office of Plans and Construction will provide an expedited review of the plans and specifications and will issue an approval letter so that reconstruction can begin. A team will be sent on percentage and final surveys until the facility is approved.
I. Facility Name: ____________________________________________
   Facility Type: ____________________________________________
   Log Number: ____________________________________________
   Address: ________________________________________________
   Contact Person: __________________________________________
   Phone Number: __________________________________________

II. (Circle One)
   Category I / Very Minor
   Category II / Moderate Repairs
   Category III / Major Repairs
   Category IV / Partial or Complete Replacement of Facility

III. Occupancy Status: _____
   Ready for Reoccupancy: ___________________________________
   Estimated Time for Reoccupancy: __________________________

   Total Licensed Beds: ______________________________________
   Total Occupied Beds: _____________________________________

   Evacuation Location of Patients/Residents:
   Facility Name: ____________________________________________
   Address: ________________________________________________
   Phone Number: __________________________________________

IV. Estimated Cost of Repairs: ________________________________
    Estimated Time for Repairs: ______________________________
    Description of Damage and Repairs: _________________________

V. Detailed Description of Damage (attach additional sheets if necessary):
EMERGENCY EVENT NAME: ________________

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