



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Ambulatory Surgical Centers

FACILITY'S INFORMATION:

Facility Name:	State License No.:
Contact Person:	Phone Number:
Street Address:	
City, State, Zip	
Submitted By:	Phone Number:

The following criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all ambulatory surgical centers. These criteria will be used as the approval guidelines for the county emergency management agencies, pursuant to Chapter 252, Florida Statutes. The criteria also serve as the suggested plan format for the CEMP, since they satisfy the basic emergency management plan requirements of s. 395.1055, Florida Statutes, and Chapter 59A-5, Florida Administrative Code.

We do not intend these criteria to limit or exclude additional information facilities may decide to include in their plans to satisfy other requirements, or to address other arrangements that they have made for emergency preparedness. Any additional information that you include in the plan will not be subject to approval by Martin County Emergency Management Agency review, although they may provide informational comments.

This form must be attached to your facility's Comprehensive Emergency Management Plan (CEMP) upon submission for approval to Martin County Emergency Management Agency

NOTE: To ensure an expedited and accurate review of your facility's CEMP, please use this crosswalk as a cross reference to your plan by listing the page number(s), sections, or tab in the column titled "Indicate Location". Secondly, our agency has 60 days after the receipt of a plan to start the initial review.

For Official Use Only

Date Received:	Initial Review:
Second Review:	Third Review:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date
Reviewed By:	Title:



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I. INTRODUCTION

CROSSWALK CRITERIA	Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
A. Provide basic information concerning the facility to include:			
1	Name of the center, address, telephone number, emergency contact telephone, fax numbers, and state license number.		
Reviewer Comments (MCEMA use only)			
2	Year the center was built, type of construction, and date(s) of any subsequent construction		
Reviewer Comments (MCEMA use only)			
3	Name of the Administrator, address, telephone number and an alternate contact person.		
Reviewer Comments (MCEMA use only)			
4	Name, address, telephone number of person(s) who developed this plan.		
Reviewer Comments (MCEMA use only)			
5	Organizational chart with key management positions identified.		
Reviewer Comments (MCEMA use only)			
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 ambulatory surgical center that has bearing on the implementation of this plan.			
Reviewer Comments (MCEMA use only)			

II. AUTHORITIES AND REFERENCES

CROSSWALK CRITERIA	Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
Identify the hierarchy of authority in place during emergencies. Please provide an organizational chart (if different from A.5 above).			
Reviewer Comments (MCEMA use only)			



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III. HAZARD ANALYSIS				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
A. Describe the potential hazards that your facility is vulnerable to, such as, hurricanes, tornadoes, flooding, fires, hazardous materials incidents from fixed facilities or transportation accidents, power outages during severe cold or hot weather, etc. Indicate past history and lessons learned.				
Reviewer Comments (MCEMA use only)				
B. Provide a site-specific information concerning the facility to include:				
1	Location Map			
2	Please provide the following information: <ul style="list-style-type: none"> • Number of recovery beds [_____] • number of operating suites [_____] • maximum number of patients on site [_____] • average number of patients on site [_____] 			
3	Type of patients served by the center includes, but not limited to.			
4	Identification of the hurricane evacuation zone the ambulatory surgical center is in. *Please visit https://www.martin.fl.us/EvacuationZones (include the map showing the facility's address as an attachment)			
5	Identification of which flood zone the ambulatory surgical center is in, as identified on the Flood Insurance Rate Map. *Please visit https://www.martin.fl.us/FloodZones (include the map showing the facility's address as an attachment)			
6	Proximity of the ambulatory surgical center to a railroad or major transportation artery (to identify possible hazardous materials incidents).			
7	Identify if the ambulatory surgical center is located within the 10 mile or 50-mile emergency planning zone of a nuclear power plant (attach a map showing the distance from your facility to 6501 S. Ocean Drive, Jensen Beach 34957).			
Reviewer Comments (MCEMA use only)				



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IV. CONCEPT OF OPERATIONS

This section of the plan defines the policies, procedures, responsibilities, and actions that the ambulatory surgical center will take before, during and after any emergency situation. At a minimum, the ASC plan needs to address direction and control, notification, and evacuation.

A. DIRECTION AND CONTROL

CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Identify, by title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity.			
Reviewer Comments (MCEMA use only)				
2	Identify the chain of command to ensure continuous leadership and authority in key positions			
Reviewer Comments (MCEMA use only)				
3	State the procedures to ensure timely activation and staffing of the ambulatory surgical center in emergency functions.			
Reviewer Comments (MCEMA use only)				
4	State the operational and support roles for all ASC staff. This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan			
Reviewer Comments (MCEMA use only)				
5	State the procedures to ensure the following needs are supplied: a. Water and food source. b. Emergency power, natural gas or diesel. If natural gas, identify alternate means should loss of power occur which would affect the natural gas system. What is the capacity of the emergency fuel system?			
Reviewer Comments (MCEMA use only)				
6	Describe the ambulatory surgical center'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.			
Reviewer Comments (MCEMA use only)				



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7	Provide information on the management of patients treated at the center during an external and internal emergency.			
Reviewer Comments (MCEMA use only)				
B. NOTIFICATION Procedures must be in place for the ambulatory surgical center to receive timely information on impending threats and the alerting of ambulatory surgical center decision makers, staff and patients of potential emergency conditions.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Explain how the ambulatory surgical center will receive warnings of emergency situations.			
Reviewer Comments (MCEMA use only)				
2	Identify the ambulatory surgical center's 24-hour contact number, if different than the number listed in introduction.			
Reviewer Comments (MCEMA use only)				
3	Explain how key staff will be alerted.			
Reviewer Comments (MCEMA use only)				
4	Define the procedures and policy for reporting to work for key workers, when the center remains operational			
Reviewer Comments (MCEMA use only)				
5	Explain how patients will be alerted, and the precautionary measures that will be taken, including but not limited to voluntary cessation of center operations			
Reviewer Comments (MCEMA use only)				
6	Identify alternative means of notification should the primary system fail (i.e., backup).			
Reviewer Comments (MCEMA use only)				
7	Identify procedures for notifying those hospitals or subacute care facilities to which patients will be transferred.			



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Reviewer Comments (MCEMA use only)				
8	Identify procedures for notifying families of patients if the ambulatory surgical center is ceasing operations, and the patients have been relocated.			
Reviewer Comments (MCEMA use only)				
C. EVACUATION Ambulatory surgical centers must plan for both internal and external disasters. The following criteria should be addressed to allow the ambulatory surgical center to respond to both types of evacuation.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
1	Describe the policies, roles, responsibilities and procedures for the discharge or transfer of patients from the ambulatory surgical center.			
Reviewer Comments (MCEMA use only)				
2	Identify the individual responsible for implementing the ambulatory surgical center discharge and evacuation procedures.			
Reviewer Comments (MCEMA use only)				
3	Identify transportation arrangements made through mutual aid agreements / understandings or agreements that will be used to transfer patients. If transportation is coordinated through a central agency, i.e., county EOC, please explain. In addition, if there is a "transportation shortfall" in the area, please explain how the problem is addressed under current limitations.			
Reviewer Comments (MCEMA use only)				
4	Describe transportation arrangements for logistical support, to include moving medical records and other necessities. If this is arranged through a centralized agency, i.e., county EOC, please explain.			
Reviewer Comments (MCEMA use only)				
5	Provide a copy of any mutual aid agreement that has been entered into with hospitals to receive patients. Please identify the primary and secondary hospitals to receive patients, if they are pre-determined. If relocation is coordinated through a centralized agency, i.e., county EOC, please explain.			
Reviewer Comments (MCEMA use only)				



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6	Identify evacuation routes that will be used, including secondary routes if the primary route is rendered impassable.			
Reviewer Comments (MCEMA use only)				
7	Specify the amount of time it will take to discharge or successfully transfer patients to the receiving hospital or subacute care facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (39 mph).			
Reviewer Comments (MCEMA use only)				
8	What are the procedures to ensure ambulatory surgical center staff will accompany transferring patients? If ASC staff will not be accompanying patients, what measures will be used to ensure their safe arrival (i.e., who will render care during transport).			
Reviewer Comments (MCEMA use only)				
9	Establish procedures for responding to family inquiries about patients who have been transferred.			
Reviewer Comments (MCEMA use only)				
10	Establish procedures for ensuring all patients are accounted for and are out of the center. If patients will be considered discharged at the time of relocation, please explain.			
Reviewer Comments (MCEMA use only)				
11	Specify at what point the mutual aid agreements for transportation and the notification of alternate hospital or subacute care facilities will begin			
Reviewer Comments (MCEMA use only)				
D. RE-ENTRY				
Once an ambulatory surgical center has been evacuated, procedures need to be in place for allowing patients to re-enter the center..				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Identify who is the responsible person(s) for authorizing re-entry to occur.			
Reviewer Comments (MCEMA use only)				



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2	Identify procedures for inspecting the ambulatory surgical center to ensure it is structurally sound.			
Reviewer Comments (MCEMA use only)				
V. INFORMATION, TRAINING, AND EXERCISE				
This section shall identify the procedures for increasing employee and patient awareness of possible emergency situations and provide training on their emergency roles before, during, and after a disaster..				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
A. Identify how key workers will be instructed in their emergency roles during non-emergency times.				
Reviewer Comments (MCEMA use only)				
B. Identify a training schedule for all employees and identify who will provide the training.				
Reviewer Comments (MCEMA use only)				
C. Identify the provisions for training new employees regarding their disaster related roles.				
Reviewer Comments (MCEMA use only)				
D. Identify a schedule for exercising all or portions of the disaster plan on a semi-annual basis.				
Reviewer Comments (MCEMA use only)				
E. Establish procedures for correcting deficiencies noted during training exercises.				
Reviewer Comments (MCEMA use only)				
APPENDICES				
The following information is required, yet placement in an appendix is optional, if the material is included in the body of the plan.				
A. Roster of employees and companies with KEY disaster related roles:				



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CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
1	List the names, addresses, telephone numbers of all staff with disaster related roles.			
Reviewer Comments (MCEMA use only)				
2	List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, Red Cross, etc			
Reviewer Comments (MCEMA use only)				
B. Agreements, Understandings, and Contracts:				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include host hospital agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.				
Please complete the table by listing the information for each category. If a category does not apply, please indicate "N/A".				
Host Shelters MOUs				
Name of Agency		Date Signed	Expiration Date	Meets Criteria
Transportation Agreements (i.e., charter bus, rental, etc.)				
Name of Company		Date Signed	Expiration Date	Meets Criteria
Food and Water Agreements				
Name of Company		Date Signed	Expiration Date	Meets Criteria
Pharmacy and Medical Agreements				



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Name of Company	Date Signed	Expiration Date	Meets Criteria
Fuel Agreements			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Service Agreements (i.e., A/C unit, generator, etc.)			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Reviewer Comments (MCEMA use only)			
C. Evacuation Route Map(s):			
CROSSWALK CRITERIA	Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
A map of the evacuation routes and description of how to get to a receiving hospital or subacute care facility for drivers.			
Reviewer Comments (MCEMA use only)			
D. Support Material:			
CROSSWALK CRITERIA	Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1 Any additional material needed to support the information provided in the plan.			
Reviewer Comments (MCEMA use only)			
2 Copy of the facility's annual Fire Safety Plan approval letter from the local fire department (Fire Prevention). Date of Approval: _____ *Must be dated within the same year of the review.			
Reviewer Comments (MCEMA use only)			



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3	Copy of the facility's annual Life/Safety Inspection report from the local fire department (Fire Prevention). Date of Inspection: _____ *Must be dated within the same year of the review.			
Reviewer Comments (MCEMA use only)				
Facilities within Martin County, please mail, email, or drop off to: Martin County Fire Rescue Administration Fire Prevention 800 SE Monterey Road, 2 nd Floor Stuart FL 34994 Phone: (772) 288-5633 Email: fire_prev@martin.fl.us		Facilities is within the City of Stuart, please mail, email, or drop off to: City of Stuart Fire Marshall Fire Prevention 800 SE Martin Luther King, Jr. Blvd. Stuart FL 34994 Phone: (772) 288-5360 Email: fireprevention@ci.stuart.fl.us		