



EMERGENCY  
MANAGEMENT

MARTIN COUNTY EMERGENCY MANAGEMENT AGENCY  
NURSING HOME  
EMERGENCY ENVIRONMENTAL CONTROL PLAN  
RULE 59A-4.1265, FLORIDA ADMINISTRATIVE CODE (F.A.C.)  
AHCA Format for Plan Submission

1. Facility's Information

Facility's Name:

Street Address:

City:

County:

Zip:

Administrator's Name:

Office Number:

Cell Number:

License Number:

Number of Licenses 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

Reviewer Comments (MCEMA use only)

2. Alternate Power Source

Description of onsite alternate power source:

- Portable generator
- Fixed generator
- Other: \_\_\_\_\_

Provide the below information for the generator(s):

Make:

Model:

Size:

Make:

Model:

Size:

Make:

Model:

Size:

Reviewer Comments (MCEMA use only)

3. Fuel Information

Type of Fuel:  Diesel  Propane  Piped Gas  Gasoline

Hours of run time with onsite fuel:    hours

Fuel Distributor: [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#)

Describe how your facility will refuel before, during, and after an emergency: [Click or tap here to enter text.](#)

Reviewer Comments (MCCEMA use only)

#### 4. Cooling Method

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

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

Other: [Click or tap here to enter text.](#)

Reviewer Comments (MCCEMA use only)

#### 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) [Click or tap here to enter text.](#)

What is the net square footage of the areas to be cooled? [Click or tap here to enter text.](#)

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)? [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#)

Reviewer Comments (MCCEMA use only)

#### 6. Policies and Procedures

Provide a training procedure to ensure staff are aware of how to operate the emergency power to the facility (If you have a written procedure, you can attach it). Describe: [Click or tap here to enter text.](#)

Provide a maintenance and testing schedule for both the alternate power source and cooling system. (if you have a written process, you can attach it). Describe: [Click or tap here to enter text.](#)

Reviewer Comments (MCEMA use only)

**7. 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)
- Documentation verifying approval of the planned project from the Agency for Health Care Administration’s Office of Plans and Construction (**new facilities only**)
- Once the plan is implemented (completed), submit documentation that the alternate power source is installed and operable (**Annual Inspection Report**).
- Fuel agreement

Reviewer Comments (MCEMA use only)

**ATTESTATION**

I attest that the facility is in compliance with all of the requirements and standards that are contained in Rule 59A-4.1265, F.A.C (Emergency Environmental Control for Nursing Homes)

Signature of Licensee or Authorized Representative	Title	Date

**NOTE:**

- The plan must be submitted to your Local Emergency Management Agency for review and approval.
- If there are deficiencies with the plan, the plan must be resubmitted to the Local Emergency Management Agency within 10 business days.
- Within 2 business days of the approval of your plan, written proof must be submitted to the Agency for Health Care Administration.
- Once approved by your local 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.
- A copy of our plan must be maintained and readily available at the facility’s physical location.

\*\*\*\*\*

**This section will be completed by Martin County Emergency Management**

Approved by:

\_\_\_\_\_  
 Emergency Management Director or  
 Deputy Emergency Management Director

\_\_\_\_\_  
Date