



Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Hospital Facilities

FACILITY'S INFORMATION:

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

The following minimum criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for Hospitals. The criteria will serve as the recommended plan format for the CEMP and will also serve as the Compliance Review Document for Martin County Emergency Management Agency upon the submission for review and approval pursuant to Chapter 252, Florida Statutes.

These minimum criteria satisfy the basic emergency management requirements of s395.1055 Florida Statutes and Chapter 59A-3 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 hospital, address, telephone number, emergency contact telephone number and fax number.			
Reviewer Comments (MCEMA use only)				
2	Year the hospital was built, type of construction and date of any subsequent construction.			
Reviewer Comments (MCEMA use only)				
3	Name, address, and telephone number of the Administrator and an alternate contact person..			
Reviewer Comments (MCEMA use only)				
4	Name and title of person(s) who developed this plan.			
Reviewer Comments (MCEMA use only)				
5	Provide an organizational chart, including phone numbers, with key management positions identified.			
Reviewer Comments (MCEMA use only)				
B. Provide an "Introduction" to the Plan that 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 facility that has bearing on the implementation of this Plan.				
Reviewer Comments (MCEMA use only)				



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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 A5 above).				
Reviewer Comments (MCEMA use only)				
III. HAZARD ANALYSIS				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
Describe the potential hazards that the hospital is vulnerable to, such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents from fixed facilities or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, etc. Indicate past history and lessons learned.				
Reviewer Comments (MCEMA use only)				
Provide a site-specific information concerning the facility to include:				
1	Location Map			
2	Number of hospital beds [_____] Maximum number of patients on site [_____] Average number of clients on site [_____]			
3	Type of patients served by the facility, including but not limited to: Patients requiring special equipment or other special care, such as oxygen or dialysis.			
4	Identification of the hurricane evacuation zone the hospital is in. (i.e., Zones AB, CD or E). *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 hospital is in, as identified on the Flood Insurance Rate Map (i.e., A, V, X, etc). *Please visit https://www.martin.fl.us/FloodZones (include the map showing the facility's address as an attachment)			
6	Proximity of the hospital to a railroad or major transportation artery (to identify possible hazardous materials incidents).			



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7	Identify if the hospital 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)				
IV. CONCEPT OF OPERATIONS This section of the plan should define the policies, procedures, responsibilities, and actions that the facility will take before, during, and after any emergency. At a minimum, the hospital plan needs to address direction and control, notification, sheltering-in-place and evacuation.				
A. DIRECTION AND CONTROL Define the management function for emergency operations. Direction and control provide a basis for decision-making and identifies who has the authority to decide for your facility.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Identify, by position 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 hospital in emergency functions.			
Reviewer Comments (MCEMA use only)				
4	State the operational and support roles for all established positions within the hospital. This will be accomplished through the development of Standard Operating Procedures (SOP), which must be available for review.			
Reviewer Comments (MCEMA use only)				



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5	<p>State the procedures to ensure the following needs are supplied. Since the hospital must plan for both internal and external disasters, the plan should take into consideration self-sufficiency, dependence upon other sources, and a contingency plan in case of community wide disasters:</p> <ul style="list-style-type: none"> a. Food, water, and essential supplies. b. Emergency power (i.e., generator), please indicate type: natural/propane gas, gasoline, or diesel. <ul style="list-style-type: none"> • If natural gas, identify alternate means should loss of power occur which would affect the natural gas system. • What is the capacity of emergency fuel systems? [] 			
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Reviewer Comments (MCEMA use only)

6	Provision for continuous staffing until the emergency has abated			
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Reviewer Comments (MCEMA use only)

B. NOTIFICATION

Procedures must be in place for the hospital to receive timely information on impending threats and the alerting of hospital 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 hospital will receive warnings			

Reviewer Comments (MCEMA use only)

2	Explain how the key staff will be alerted			
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Reviewer Comments (MCEMA use only)

3	Define the procedures and policies for reporting to work for key workers			
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Reviewer Comments (MCEMA use only)

4	Explain how patients will be alerted, and the precautionary measures that will be taken.			
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Reviewer Comments (MCEMA use only)



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5	Identify alternative means of notification should the primary alert system fail (i.e., backup).			
Reviewer Comments (MCEMA use only)				
6	Identify procedures for notifying those areas or facilities to which patients will be moved or relocated.			
Reviewer Comments (MCEMA use only)				
7	Identify procedures for notifying families that patients have been moved or relocated.			
Reviewer Comments (MCEMA use only)				
C. EVACUATION Hospitals must plan for both internal and external disasters. Although facilities must be prepared for the possibility of relocating patients to another facility, there are instances when moving patients to another part of the hospital would be more appropriate. The following criteria should be addressed to allow the hospital to respond to both types of evacuation.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Describe the policies, roles, responsibilities, and procedures for moving and relocating patients and/or the evacuation of patients from the hospital.			
Reviewer Comments (MCEMA use only)				
2	Identify the individual responsible (i.e., administrator) for initiating the hospital's evacuation procedures.			
Reviewer Comments (MCEMA use only)				
3	Identify transportation arrangements made through mutual aid agreements or understandings that will be used to move or relocate patients. *(Current copies of the agreements must be attached). 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 logistical arrangements for transporting support services, including: moving of vital records, medications, food, water, and other necessities (i.e., facility vehicles or rental vehicle). * Current			



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	copies of the agreements must be attached as annexes. If this is arranged through a coordinating agency, please explain.			
Reviewer Comments (MCEMA use only)				
5	Identify locations where patients will be moved or relocated, if they are pre-determined. If relocation is coordinated through a centralized agency, i.e., county EOC, please explain			
Reviewer Comments (MCEMA use only)				
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 successfully move or relocate patients. *Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (i.e., 39mph).			
Reviewer Comments (MCEMA use only)				
8	What are the procedures to ensure hospital staff will accompany relocated patients? If 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	Identify how patients will be tracked once they have been relocated. If patients are considered discharged at the time of relocation, please explain.			
Reviewer Comments (MCEMA use only)				
10	Establish procedures for responding to family inquiries about patients who have been moved or relocated.			
Reviewer Comments (MCEMA use only)				
11	Establish procedures for ensuring patients are accounted for and are out of the facility.			
Reviewer Comments (MCEMA use only)				
12	Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.			
Reviewer Comments (MCEMA use only)				



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D. RE-ENTRY				
Once a hospital has been evacuated, procedures need to be in place for allowing patients to re-enter the facility.				
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 (i.e., administrator, maintenance supervisor).			
Reviewer Comments (MCEMA use only)				
2	Identify procedures for inspecting the hospital to ensure it is structurally sound (i.e., maintenance supervisor, certified building contractor, licensed engineer or architect).			
Reviewer Comments (MCEMA use only)				
3	Explain how patients will be transported back to the hospital following relocation. If patients will not be re-admitted, please explain the criteria that will be used to make this determination.			
Reviewer Comments (MCEMA use only)				
E. SHELTERING				
If the hospital will be accepting patients from an evacuating hospital, the plan must describe the procedures that will be used once the evacuating hospital's patients arrive.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Describe the receiving procedures for patients arriving from an evacuating hospital.			
Reviewer Comments (MCEMA use only)				
2	Identify the means for providing, for a minimum of 72 hours, additional food, water, and medical needs of those patients being hosted.			
Reviewer Comments (MCEMA use only)				
3	Identify how the hospital will notify AHCA if it exceeds its licensed operating capacity.			
Reviewer Comments (MCEMA use only)				
4	Describe procedures for tracking additional patients within the hospital.			



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Reviewer Comments (MCEMA use only)			
V. INFORMATION, TRAINING, AND EXERCISE			
This section will identify the procedures for increasing employee and patient's 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 training schedule for all employees and identify the provider of the training.			
Reviewer Comments (MCEMA use only)			
C. Identify the provision for training new employees regarding their disaster related role(s).			
Reviewer Comments (MCEMA use only)			
D. Identify a schedule for exercising all or portions of the disaster plan on an 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:			
CROSSWALK CRITERIA	Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1 List the positions of all staff with disaster related roles.			
Reviewer Comments (MCEMA use only)			



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2	List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, food, water, law enforcement (City/County), fire department, Red Cross, etc.			
Reviewer Comments (MCEMA use only)				
B. Agreements, Understandings, and Contracts:				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include reciprocal 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".				
Transfer Hospitals Agreements				
Name of Hospital		Date Signed	Expiration Date	Meets Criteria
Transportation Agreements				
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				
Name of Company		Date Signed	Expiration Date	Meets Criteria



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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
Map(s) of the evacuation routes (i.e., primary and secondary routes).				
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)				
3	Copy of the facility's annual Life/Safety Inspection report from the local fire department (Fire Prevention). Date of Inspection: _____			



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<p>*Must be dated within the same year of the review.</p>				
<p>Reviewer Comments (MCEMA use only)</p>				
<p>Facilities within Martin County, please mail, email, or drop off to: Martin County Fire Rescue Administration Fire Prevention 800 SE Monterey Road, 2nd Floor Stuart FL 34994 Phone: (772) 288-5633 Email: fire_prev@martin.fl.us</p>		<p>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</p>		