



**EMERGENCY
MANAGEMENT**

Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Nursing Homes

FACILITY'S INFORMATION:

Facility Name:	State License No.:
Contact Person:	Phone Number:
Street Address:	
City, State, Zip	
Submitted By:	Phone Number:
Other Required Documents to be Submitted: Emergency Power Plan (EPP) Crosswalk and Supporting Documentation	

The following minimum criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all Health Care Facilities, including, but not limited to, Assisted Living Facilities (ALF's), Nursing Homes, Home Health Care Providers, Hospitals, and other residential health care providers. 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 s400.23 Florida Statutes and Chapter 58A-5 Florida Administrative Code for Assisted Living Facilities (ALF's); s400.23 Florida Statutes and 59A-4 for Nursing Homes.

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.

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 facility, address, telephone number, emergency contact telephone number, fax numbers, type of facility, and state license number.			
Reviewer Comments (MCEMA use only)				
2	Owner of facility, address, and telephone number.			
Reviewer Comments (MCEMA use only)				
3	Year facility was built, type of construction, and date(s) of any subsequent construction.			
Reviewer Comments (MCEMA use only)				
4	Name of Administrator, address, work/home telephone numbers, and the same information of his/her alternate in command.			
Reviewer Comments (MCEMA use only)				
5	Name, address, work/home telephone number of the person implementing the provisions of this plan, <u>*if different from the administrator.</u>			
Reviewer Comments (MCEMA use only)				
6	Name and work/home telephone numbers of person(s) who developed this plan.			
Reviewer Comments (MCEMA use only)				
7	Name and work/home telephone numbers of the designated Safety Officer.			
Reviewer Comments (MCEMA use only)				
8	Provide an organizational chart, including phone numbers, with key management positions identified.			
Reviewer Comments (MCEMA use only)				



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B. Provide an “ <u>Introduction</u> ” 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)			
II. AUTHORITIES AND REFERENCES			
CROSSWALK CRITERIA	Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
A. Identify the <u>legal basis</u> for the plan development and implementation to include statutes, rules and local ordinances, (i.e., State of Florida Chapter 400.23, F.S., Rules 9G-20, and 58A-5.024 F.A.C.)			
Reviewer Comments (MCEMA use only)			
B. Identify the reference materials used in the development of this Plan, (i.e., Red Cross, AHACA, Martin County, FHCA, etc.).			
Reviewer Comments (MCEMA use only)			
C. Identify the hierarchy of authority in place during emergencies. Please provide an organizational chart (if different from the previous chart required).			
Reviewer Comments (MCEMA use only)			
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)			



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<p>B. Provide a site-specific information concerning the facility to include:</p> <ol style="list-style-type: none"> 1. Number of facility beds [_____] 2. Maximum licensed number of clients on site [_____] 3. Average number of clients on site [_____] 			
Reviewer Comments (MCEMA use only)			
<p>C. Provide the type of residents/patients served by the facility to include, but not limited to:</p> <ol style="list-style-type: none"> 1. Patients with Alzheimer’s Disease. [_____] 2. Patients requiring special equipment or other special care, such as oxygen or renal dialysis. [_____] * {If your facility has patients with special needs, please make sure to work out agreements of understanding with each provider for these special services} 3. Number of residents who are self-sufficient. [_____] <p>(Please fill in number of each patient category)</p>			
Reviewer Comments (MCEMA use only)			
<p>D. Identify any hurricane storm surge evacuation zones the facility may be in that may require evacuation based on the category of the hurricane (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)</p>			
Reviewer Comments (MCEMA use only)			
<p>E. Identification of which flood zone (i.e., A, V, X, etc) the facility is in as identified on FEMA’s Flood Insurance Rate Map. *Please visit https://www.martin.fl.us/FloodZones (include the map showing the facility’s address as an attachment)</p>			
Reviewer Comments (MCEMA use only)			
<p>F. Proximity of facility to a railroad or major transportation arteries (i.e., Interstate, or major highway) where hazardous materials incidents may occur.</p>			
Reviewer Comments (MCEMA use only)			
<p>G. Identify if your facility is within 10 miles or 50 miles of an 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)</p>			
Reviewer Comments (MCEMA use only)			



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IV. DIRECTION AND CONTROL; NOTIFICATION AND SHELTERING				
<p>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 facility plan needs to address direction and control, notification, sheltering-in-place, and evacuation to host shelters.</p>				
A. DIRECTION AND CONTROL				
<p>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.</p>				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
1	Identify, by name and title, who is in charge during an emergency, and one alternative, 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 facility in emergency functions. Are there provisions for emergency workers' families?			
Reviewer Comments (MCEMA use only)				
4	State the operational and support roles for all of facility staff. (This will be accomplished through the development of Standard Operating Procedures (SOP), which must be attached to this Plan).			
Reviewer Comments (MCEMA use only)				



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5	<p>State the procedures to ensure the following needs are supplied:</p> <ol style="list-style-type: none"> a. Food, water, and sleeping arrangements. 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? c. Transportation arrangements for evacuation transport of <u>residents</u>. Additionally, include arrangements for transport of <u>logistical supplies</u> (i.e., food, records, medicines, medical equipment, etc.). d. 72 hours supply of all essential supplies (i.e., food, water, medicines, extra fuel, etc.). 			
Reviewer Comments (MCEMA use only)				
6	Provision for 24-hour staffing on a continuous basis until the emergency has abated.			
Reviewer Comments (MCEMA use only)				
B. NOTIFICATION				
Procedures must be in place for the facility to receive timely information on impending threats and alerting of facility decision makers, staff and residents of potential emergency conditions.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Define how the facility will receive warnings, to include off hours and weekend/holidays.			
Reviewer Comments (MCEMA use only)				
2	Identify the facility's 24-HOUR contact number, <u>*if different from</u> telephone number listed in the introduction.			
Reviewer Comments (MCEMA use only)				
3	Define how the key staff will be alerted.			
Reviewer Comments (MCEMA use only)				



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4	Define the procedures and policies for reporting to work for key workers involved in implementation of this plan.			
Reviewer Comments (MCEMA use only)				
5	Define how residents/patients will be alerted and the precautionary measures that the staff will take not to frighten your residents/patients.			
Reviewer Comments (MCEMA use only)				
6	Identify alternative means of notification should your primary alert system fail (i.e., backup).			
Reviewer Comments (MCEMA use only)				
7	Identify procedures for notifying host facilities to which residents will be evacuated.			
Reviewer Comments (MCEMA use only)				
8	Identify procedures for notifying families of residents that facility is being evacuated.			
Reviewer Comments (MCEMA use only)				
C. EVACUATION				
Describe the policies, roles, responsibilities, and procedures for the evacuation of residents from the facility.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location (MCEMA Use Only)	Meets Criteria
1	Identify the individual responsible (i.e., administrator) for carrying out facility evacuation procedures.			
Reviewer Comments (MCEMA use only)				
2	Identify transportation arrangements made through <u>mutual aid agreements or understandings</u> that will be used to evacuate residents. *(Current copies of the agreements must be attached as annexes).			
Reviewer Comments (MCEMA use only)				
3	Describe transportation arrangements for logistical support to include moving of vital records, medications, food, water, and other			



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	necessities (i.e., facility vehicles or rental vehicle). * Current copies of the agreements must be attached as annexes.			
Reviewer Comments (MCEMA use only)				
4	Identify the predetermined locations where you will evacuate your residents (i.e., host shelters) * Current copies of the agreements must be attached as annexes.			
Reviewer Comments (MCEMA use only)				
5	Provide a copy of the mutual aid agreements that have been prearranged with each host facility to receive your residents/patients. Agreements must be current and signed each year. * Current copies of the agreements must be attached as annexes.			
Reviewer Comments (MCEMA use only)				
6	On a map or maps, identify evacuation routes that will be used, and secondary routes should the primary route become impassable. Additionally, provide written driving directions with each map.			
Reviewer Comments (MCEMA use only)				
7	Approximate how much time it will take to successfully evacuate all patients/residents to the receiving facility. *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 facility staff will accompany evacuating patients/residents to the host facility?			
Reviewer Comments (MCEMA use only)				
9	Identify procedures that will be used to keep track of residents once they have been evacuated (to include a log system). *Please include a copy of LOG SYSTEM FORM for reviewer.			
Reviewer Comments (MCEMA use only)				
10	Determine what and how much should each resident take. Provide for a minimum of 72-hour stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude.			
Reviewer Comments (MCEMA use only)				



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11	Establish procedures for responding to family inquiries about residents whom you have evacuated			
Reviewer Comments (MCEMA use only)				
12	Establish procedures for ensuring all residents are accounted for and are out of the facility.			
Reviewer Comments (MCEMA use only)				
13	Determine at what point to begin the pre-positioning of necessary medical supplies and other logistical provisions.			
Reviewer Comments (MCEMA use only)				
14	Specify at what point the mutual aid agreements for transportation and the notification of alternative host facilities will begin			
Reviewer Comments (MCEMA use only)				
D. RE-ENTRY Once you have evacuated a facility, procedures need to be in place for allowing residents or patients to re-enter the facility.				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	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 facility to ensure it is structurally sound (i.e., maintenance supervisor, certified building contractor, licensed engineer or architect).			
Reviewer Comments (MCEMA use only)				
3	Identify how your facility will transport residents from the host facility back to their home facility and identify how you will receive accurate and timely data on reentry.			
Reviewer Comments (MCEMA use only)				



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E. SHELTERING				
<p>If your facility is to be used as a shelter for an evacuating facility, your Plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.</p> <p>*NOTE: (If your facility will not be used as a host facility, please provide a statement.)</p>				
	CROSSWALK CRITERIA	Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	Meets Criteria
1	Describe the receiving procedures for arriving residents/patients from an evacuating facility.			
Reviewer Comments (MCEMA use only)				
2	Identify where additional patients/residents will be housed. PROVIDE A FLOOR PLAN that identifies the space allocated for additional residents or patients.			
Reviewer Comments (MCEMA use only)				
3	Please identify provisions of additional food, water, medical needs of those residents/patients being hosted at receiving facility for a minimum of 72 hours.			
Reviewer Comments (MCEMA use only)				
4	Describe the procedure(s) for ensuring 24-hour operations.			
Reviewer Comments (MCEMA use only)				
5	Describe procedures for providing sheltering for family members of critical workers.			
Reviewer Comments (MCEMA use only)				
6	Identify when the facility will seek a waiver from the Agency of Health Care Administration (AHCA) to allow for the sheltering evacuees if this creates a situation that exceeds the operating capacity of the host facility. *NOTE: State Rule requires notification of AHCA within 48-hours.			
Reviewer Comments (MCEMA use only)				
7	Describe procedures for tracking additional residents or patients sheltered within the facility. *Suggestion: Use LOG SYSTEM			
Reviewer Comments (MCEMA use only)				



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V. INFORMATION, TRAINING, AND EXERCISE				
This section will identify the procedures for increasing employee and patient/resident'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 annual basis. (*Note: This is in addition to monthly FIRE DRILLS).				
Reviewer Comments (MCEMA use only)				
ANNEXES				
The following information is <u>required</u> , yet placement in an annex is <u>optional</u> , 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 names, addresses, and telephone numbers of all key staff members 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 <i>(MCEMA Use Only)</i>	Meets Criteria
Provide annually updated copies of any “mutual Aid Agreement” entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements for transporting residents and logistical supplies, current vendor agreements (i.e., food, water, pharmacy, other vital medical supplies, renal dialysis, linen, generator, fuel 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				
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 <i>(MCEMA Use Only)</i>	Meets Criteria
Map(s) of the evacuation routes (i.e., primary and secondary routes) to each host facility and a written description of how to get to a receiving host facility for drivers.				
Reviewer Comments (MCEMA use only)				
D. Support Material:				
CROSSWALK CRITERIA		Indicate Location (page #, section, tab)	Actual Location <i>(MCEMA Use Only)</i>	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). <i>Date of Approval:</i> _____ *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		