



Emergency Management Planning & Compliance
 Review Criteria for Nursing Home Facilities
 (Based upon AHCA Criteria form 3110-6006 dated March, 1994)

Notice: Facilities must submit their plans with the appropriate page numbers shown in the left column. We will return plans without this information to the facility for completion. This information will help expedite the review process. The reviewer will show whether the minimum criteria checking ± the OK Column or placing an X in the Revise Column. The reviewer may provide additional comments at the end of this review to help the facility in any revisions.

List Page Nos. Here	Criteria Item	OK ±	Revise X
	I. Introduction		
	A. Provide basic information concerning the facility to include:		
	1. Name of facility, address, telephone number, emergency contact telephone number and pager number if available, type of facility (i.e., ALF), and license number: [_____]		
	2. Owner of facility, address, telephone number		
	3. Year facility was built, type of construction, and date(s) of any subsequent construction		
	4. Name of administrator, address, work/home telephone numbers, and the same information for their alternate in command		
	5. Name, address, work/home number of the person implementing the provisions of this plan		
	6. Name and work/home numbers of person(s) who developed this plan		
	7. Provide an organizational chart with key management positions identified		
	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 facility that has bearing on the implementation of this plan.		
	II. Authorities and References		
	A. Identify the legal basis for the plan development and implementation of local ordinances and apply 400-23, F.S., and 59A-4.126, Florida Administrative Code (F.A.C.).		
	B. Identify reference materials used in the development of the Plan.		
	C. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if		

	different from the previous chart required.		
	III. Hazard Analysis		
	A. Describe the potential hazards that the facility is vulnerable to such as hurricanes, tornados, 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.		
	B. Provide site specific information concerning the facility to include:		
	1. Number of facility beds, maximum number of clients on site, average number of clients on site.		
	2. Type of residents/patients served by the facility to include but not limited to: a. Patients with Alzheimer Disease. b. Patients requiring special equipment or other special care, such as oxygen or dialysis. c. Number of patients who are self-sufficient.		
	3. Identification of hurricane evacuation zone facility is in.		
	4. Identification of which flood zone facility is in as identified on Flood Insurance Rate Map.		
	5. Proximity of facility to a railroad or major transportation artery		
	6. Identify if facility is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant		
	IV. Concept of Operations		
	A. Direction and Control		
	1. Identify, by name and title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity.		
	2. Identify the chain of command to ensure continuous leadership and authority in key positions.		
	3. State the procedures to ensure timely activation and staffing of the facility in emergency functions. What are the provisions for emergency workers' families?		
	4. State the operational support roles for all facility staff. [This will be accomplished through the development of Standard Operating Procedures which must be attached to this plan.]		
	5. State the procedures to ensure the following needs are supplied:		

	<ul style="list-style-type: none"> a. Food, water, and sleeping arrangements. 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 emergency fuel system? c. Transportation (may be covered in the evacuation section). d. 72-hour supply of all essential supplies. 		
	6. Provisions for 24-hour staffing on a continuous basis until the emergency has abated		
	B. Notification		
	1. Define how the facility will receive warnings, to include off hours and weekends/holidays		
	2. Identify the facility's 24 hour contact number		
	3. Define how key staff will be alerted		
	4. Define the procedures and policies for reporting to work for key workers		
	5. Define how residents/patients will be alerted and the precautionary measures that will be taken		
	6. Identify alternative means of notification should the primary system fail		
	7. Identify procedures for notifying those facilities to which facility residents will be evacuated to		
	8. Identify procedures for notifying families of residents that facility is being evacuated		
	C. Evacuation		
	1. Identify the individual responsible for implementing facility evacuation procedures.		
	2. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate residents (copies of the agreements must be attached as annexes).		
	3. Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities.		
	4. Identify the pre-determined locations where residents will evacuate to. <ul style="list-style-type: none"> a. Regional Evacuation Plan 		
	5. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients (current, signed each year).		
	6. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.		
	7. Specify the amount of time it will take to successfully		

	evacuate all patient/residents to the receiving facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (40 mph winds).		
	8. What are the procedures to ensure facility staff will accompany evacuating residents/patients?		
	9. Identify procedures that will be used to keep track of residents on call they have been evacuated (to include a log system).		
	10. Determine what and how much each resident should take. Provide for a minimum 72-hour stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude.		
	11. Establish procedures for responding to family inquiries about residents who have been evacuated.		
	12. Establish procedures for ensuring all residents are accounted for and are out of the facility.		
	13. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.		
	14. Specify at what point the mutual aid agreements for transportation and the notification of alternate facilities will begin.		
	D. Re-entry		
	1. Identify who is the responsible person(s) for authorizing reentry to occur.		
	2. Identify procedures for inspection of the facility to ensure it is structurally sound.		
	3. Identify how residents will be transported from the host facility back to their home facility and identify how you will receive accurate and timely data on re-entry operations.		
	E. Sheltering <i>If the facility is to be used as a shelter for an evacuating facility, the plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.</i>		
	1. Describe the receiving procedures for arriving residents/patients from evacuating facility.		
	2. Identify where additional residents will be housed. Provide a floor plan which identifies the space allocated for additional residents or patients.		
	3. Identify provisions of additional food, water, medical needs of those residents/patients being housed at the receiving facility for a minimum of 72 hours.		
	4. Describe the procedures for ensuring 24 hour		

	operations.		
	5. Describe procedures for providing sheltering for family members of critical workers.		
	6. Identify when the facility will seek a waiver from the Agency for Health Care Administration to allow for the sheltering of evacuees if this creates a situation which exceeds the operating capacity of the host facility.		
	7. Describe procedures for tracking additional residents or patients sheltered within the facility.		
	V. Information, Training, and Exercises		
	A. Identify how key workers will be instructed in their emergency roles during non-emergency times.		
	B. Identify a training schedule for all employees and identify the provider of the training.		
	C. Identify the provisions for training new employees regarding their disaster related roles(s).		
	D. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.		
	E. Establish procedures for correcting deficiencies noted during training exercises.		
	ANNEXES		
	A. Roster of employees and companies with key disaster related roles. 1. List the names, addresses, and telephone numbers of all staff with disaster related roles. 2. List the name of the company, contact person, telephone number and addresses of emergency service providers such as transportation, emergency power, fuel, water, police, fire, Red Cross, etc.		
	B. Agreements and Understandings 1. Provide 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, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.		
	C. Evacuation Route Maps (including Regional Evacuation Routes) 1. A map of the evacuation routes and description of how to get to a receiving facility for drivers.		
	D. Support Material 1. Any additional material needed to support the information provided in the plan. 2. Copy of the facility's fire safety plan that is approved by the local fire department.		

