



Emergency Management Planning & Compliance
 Review Criteria for Hospitals
 (Based upon AHCA Form # 3130-8005, SEPT 94)

Notice: Facilities must submit their plans with the appropriate page numbers shown in the left column. 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 hospital, address, telephone number, emergency contact telephone number, and pager number if available		
	2. Year facility was built, type of construction, and date(s) of any subsequent construction		
	3. Name of administrator, address, work/home telephone numbers, and the same information for their alternate in command		
	4. Name and title of person(s) who developed this plan		
	5. 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 hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.		
	III. Hazard Analysis		
	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.		
	A. Provide site specific information concerning the		

	facility to include:		
	1. Location Map		
	2. Number of hospital beds, maximum number of clients on site, average number of clients on site		
	3. Type of residents/patients served by the center		
	4. Identification of hurricane evacuation zone the hospital is in		
	5. Identification of which flood zone the hospital is in as identified on Flood Insurance Rate Map		
	6. Proximity of center to a railroad or major transportation artery		
	7. Identify if hospital 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 center in emergency functions.		
	4. State the operational support roles for all established positions within the hospital. [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. a. Food and water 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 emergency fuel system?		
	6. Provisions for continuous staffing until the emergency has abated		
	B. Notification		
	1. Explain how the facility will receive warnings		
	2. Define how key staff will be alerted		
	3. Define the procedures and policy for reporting to work for key workers		
	4. Define how patients will be alerted and the		

	precautionary measures that will be taken		
	5. Identify alternative means of notification should the primary system fail		
	6. Identify procedures for notifying those areas or facilities to which patients will be moved or relocated		
	7. Identify procedures for notifying families that patients have been relocated		
	C. Evacuation		
	1. Describe the policies, roles, responsibilities, and procedures for the discharge or transfer of patients from the ambulatory surgical center		
	2. Identify the individual responsible for initiating the hospital's evacuation procedures		
	3. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to move or relocate patients (copies of the agreements must be attached as annexes). In addition, if there is a "transportation shortfall" in the area, please explain how the problem is addressed under current limitations		
	4. Describe transportation arrangements for logistical support to include moving records and other necessities		
	5. Identify locations where patients will be moved or relocated. Provide a copy of the mutual aid agreement that has been entered into with hospitals to receive patients. Please identify the primary and secondary hospitals to receive patients, they are predetermined.		
	6. Identify the evacuation that will be used, including secondary routes a. Regional Evacuation Plan		
	7. Specify the amount of time it will take to successfully relocate patients.		
	8. What are the procedures to ensure staff will accompany evacuating patients? If staff will not be accompanying patients, what measures will be used to ensure their safe arrival (who will render care during transport)		
	9. Identify how patients will be tracked once they have been relocated. If patients are considered discharged at the time of relocation, please explain		
	10. Establish procedures for responding to family inquires about patients who have been moved or		

	relocated		
	11. Establish procedures for ensuring all patients are accounted for and are out of the facility		
	12. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions		
	D. Re-entry		
	1. Identify who is the responsible person(s) for authorizing reentry to occur.		
	2. Identify procedures for inspection of the hospital to ensure it is structurally sound.		
	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		
	E. Sheltering		
	1. Describe the receiving procedures for patients arriving from an evacuating hospital		
	2. Identify the means for providing, for a minimum of 72 hours, additional food, water, and medical needs of those patients being hosted		
	3. Identify how the hospital will notify AHCA if it exceeds its licensed operating capacity		
	4. Describe procedures for tracking additional patients within the hospital		
	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		

