



Emergency Management Planning & Compliance  
 Review Criteria for Ambulatory Surgical Centers  
 (Based upon AHCA Form # 3130-2003 JUL 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
	<b>I. Introduction</b>		
	A. Provide basic information concerning the facility to include:		
	1. Name of center, address, telephone number, emergency contact telephone number, and pager number if available		
	2. Year center 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 work/home numbers 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.		
	<b>II. Authorities and References</b>		
	A. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.		
	<b>III. Hazard Analysis</b>		
	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. Location Map		
	2. Number of recovery beds, number of operating suites, 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 center is in		
	5. Identification of which flood zone the center is in as identified on Flood Insurance Rate Map		
	6. Proximity of center to a railroad or major transportation artery		
	7. Identify if center is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant		
	<b>IV. Concept of Operations</b>		
	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 ASC 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. 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. Describe the center's role in the community wide comprehensive emergency management plan and/or its role in providing for the treatment of mass casualties during an emergency		
	7. Provide information on the management of patients being treated at the center during an external and internal emergency		
	B. Notification		

	1. Explain how the center will receive warnings of emergency situations		
	2. Identify the center's 24 hour contact number		
	3. Define how key staff will be alerted		
	4. Define the procedures and policy for reporting to work for key works, when the center remains operational		
	5. Define how patients will be alerted and the precautionary measures that will be taken, including but not limited to voluntary cessation of center operations		
	6. Identify alternative means of notification should the primary system fail		
	7. Identify procedures for notifying those hospitals or subacute care facilities to which patients will be transferred		
	8. Identify procedures for notifying families of patients if the center is ceasing operations, and the 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 implementing center discharge evacuation procedures		
	3. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to transfer 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. Provide a copy of the mutual aid agreement that has been entered into with hospitals to receive patients (current, signed each year). 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 discharge or transfer patients to the		

	receiving hospital or subacute center. 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 staff will accompany evacuating patients? If ASC staff will not be accompanying patients, what measures will be used to ensure their safe arrival (who will render care during transport)		
	9. Establish procedures for responding to family inquiries about patients who have been transferred.		
	10. Establish procedures for ensuring all residents are accounted for and are out of the center. If patients will be considered discharged at the time of relocation, please explain		
	11. Specify at what point the mutual aid agreements for transportation and the notification of alternate hospitals or centers will begin.		
	<b>D. Re-entry</b>		
	1. Identify who is the responsible person(s) for authorizing reentry to occur.		
	2. Identify procedures for inspection of the center to ensure it is structurally sound.		
	<b>V. Information, Training, and Exercises</b>		
	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.		
	<b>ANNEXES</b>		
	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.		

