Palm Beach County

Understanding the CEMP one section at a time

I. Introduction

Together, Emergencies Are Managed

Objectives

A. Understand the correct format for facility information

B. Understand the purpose of the Plan, time of implementation, and desired outcome

Division of Emergency Management

Note:

- This Presentation is held to assist you in compliance with:

- Florida Administrative Code: 27P-20, 59A-3.078, 59A-4.126, 59A-4.1265, 59A-5.018, 59A-16.107, 59A-16.107(10), 59A-26.020, 59A-36.019(1), 59A-36.019(2), 59A-36.025, 59A-36.025(2), 65E-9.005(10), 65G-2.010

- Florida Statutes: §252.38(e), §393.067(8), §394.879(1)(d), §395.1055, §395.1055(1)(c), §400.23(2)(g), §400.967, §400.967(2)(g), §400.998(3)(g), §400.9982(2)(e), §429.929(1)(g), §429.41(1), §429.41(1)(b)

Division of Emergency Management

Table of Contents

Division of
Emergency
Management

I A.   Basic Facility Information

I A 1. Name of Facility

- Name of facility, address, telephone number, emergency contact telephone number, pager number (if available), fax number.

  Make sure each field is completed. If it does not apply, please write "none" or "N/A" or otherwise indicate in the text.

Division of Emergency Management

I A. Basic Facility Information

I A 2. Owner of Facility

- Owner of facility, address, telephone number. Indicate whether private or corporate ownership. Type of facility, and license.

Please make sure that the information is the owner's address and personal phone number, not the facility's number and address

Division of Emergency Management

I A.   Basic Facility Information

I A 3. Facility Construction

- Year facility was built, type of contraction and date of any subsequent construction.

Please include the type of construction such as STEEL, CONCRETE, BLOCK, etc. Make sure to identify any updates on construction that has been renovated. If there are no renovations, make sure to say that there aren't any.
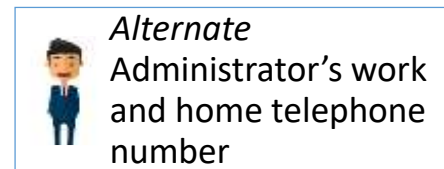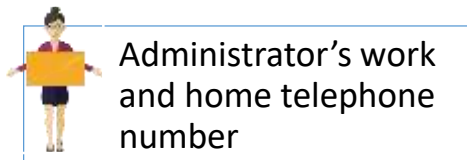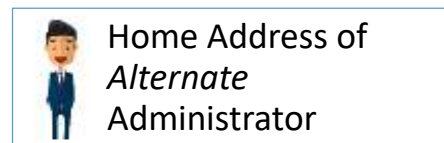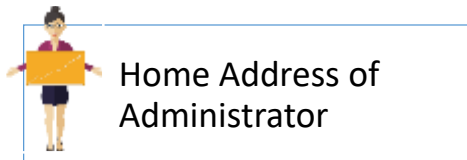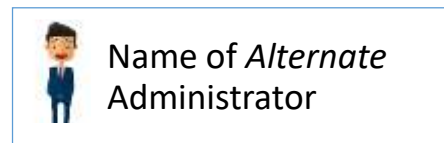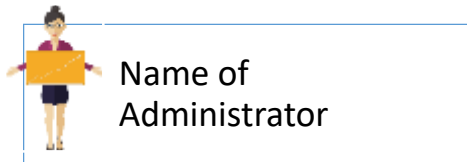
Division of Emergency Management

I A.   Basic Facility Information

I A 4. Administrator and Alternate Administrator

- Name of Administrator, address, work and home telephone number of the Administrator. Name, Address, work and home telephone number of the Alternate Administrator.

It is important to include the name, address, work and home telephone numbers for BOTH the Administrator and the Alternate Administrator. In the event of an emergency, individuals within your facility need to know how to contact the primary or secondary administrator, if one is not attainable.

Name of Administrator	Name of *Alternate* Administrator
Home Address of Administrator	Home Address of *Alternate* Administrator
Administrator's work and home telephone number	*Alternate* Administrator's work and home telephone number

Division of Emergency Management

I A.   Basic Facility Information

I A 5. Plan Implementer

- Name, address, work, and home telephone number of the person implementing the provisions of this plan, if different from the Administrator.

  Answer this question even if it is the same as the Administrator. Provide the personal address, and work and home telephone number.

Division of
Emergency
Management

I A.   Basic Facility Information

I A 6. Person(s) who Developed this Plan

- Name, work and home telephone number of person(s) who developed this plan.

Indicate who developed the plan. Who do we call if we have questions about the plan? Provide both work and personal number of the people who developed the plan.
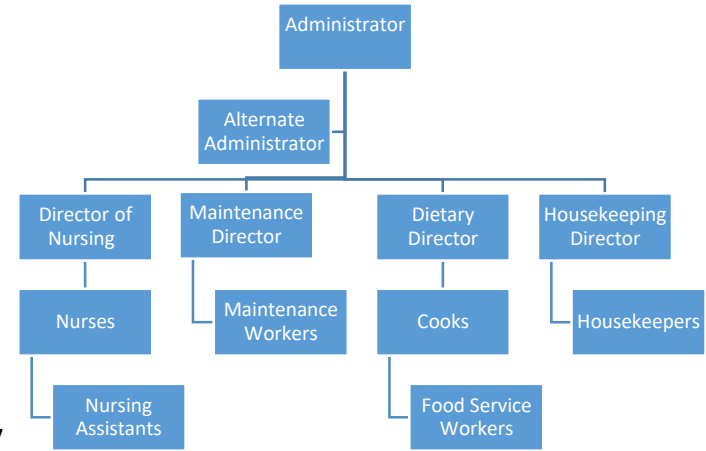
Division of Emergency Management

I A. Basic Facility Information

I A 7. Organizational Chart

A. Most common mistakes include:
1. Missing required information
2. Chart does not have clear lines of authority

Don't forget to add names with key positions. Depending on your facility CEMP criteria, phone numbers may need to be added with key positions and names.

Administrator

Alternate Administrator

Director of Nursing

Maintenance Director

Dietary Director

Housekeeping Director

Nurses

Maintenance Workers

Cooks

Housekeepers

Nursing Assistants

Food Service Workers

Division of Emergency Management

I B. Introduction to the Plan

- 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.
- Provide any other information concerning the facility that has bearing on the implementation of this plan

This could be a couple of sentences, or a whole page, as long as all of the 3 core elements are met in the introduction.

Division of Emergency Management

Still have a Question?

Feel free to contact Palm Beach County Division of Emergency Management. We are not only the plan reviewer, but also your local partner and guide through the plan review process.

For plan status and scheduling meetings
contact : 561-712-6362
For submitting your plan
contact: 561-712-6400
www.ReadyPBC.com/hcemp