ADULT DAY CARE FACILITIES

PLAN COVER SHEET

Discard this page before submission.

**(Based upon AHCA Criteria dated July 2001)**

This form should be filled out electronically and submitted as Tabs I-V of your facility’s Comprehensive Emergency Management Plan. Filling all fields and adding the appropriate attachments in Tabs VI-X will ensure you have addressed all required criteria.

Some questions will allow you to answer with text, or insert an image. Others will require you to specify individuals with responsibilities, such as notifying AHCA.

List all persons on separate lines

Note that the text boxes on the form will expand as needed – please use as much space as you need.

The plan should be submitted in a binder, organized into tabs as shown below

Tab I: Introduction

Tab II: Authorities

Tab III: Hazard Analysis

Tab IV: Concept of Operations

Tab V: Information, Training, and Exercises

Tab VI: Key Disaster Roles

Tab VII: Agreements and Understandings

Tab VIII: Support Material

Tab IX: Fire Plan and Approval Letter

Tab X: Standard Operating Procedures

***INSTRUCTIONS FOR SECTIONS NOT INCLUDED IN TEMPLATE***

Discard before submission.

***The following information is required, beyond the contents of this document and will be considered not meeting the requirement if incomplete or not in the correct tab.***

***Please mark the location of these items on the next page***

Tab VI: Key Disaster Roles

1. List the names, addresses, and telephone number of all staff with disaster related roles.
2. List the name of the company, agency or organization contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, Emergency Management, etc

Tab VII: Agreements and Understandings

* Provide copies of any mutual aid agreements, memorandums of agreement or any other understandings entered pursuant to the fulfillment of the plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure operational integrity of the plan

Tab VIII: Support Material (License, table of org etc)

* Organizational Chart.
* Optional facility-specific materials (service agreements, menus, corporate info, etc.)

Tab IX: Fire Plan and Approval Letter

1. A copy of the fire safety plan that is approved by the local or county fire department.
2. A letter approving the facility’s fire safety plan. ***(Annual Approval)***

Tab X: Standard Operating Procedures

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VI. KEY DISASTER ROLES…………………………………….Click here to enter text.

1. List the names, addresses, and telephone number of all staff with disaster related roles. .......………………………………………..……….Click here to enter text.
2. List the name of the company, agency or organization contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, Emergency Management, etc.......…………………………………….Click here to enter text.

VII. AGREEMENTS AND UNDERSTANDINGS.......………….Click here to enter text.

VIII. SUPPORT MATERIAL……………………………………..Click here to enter text.

IX. FIRE PLAN AND APPROVAL LETTER……………………Click here to enter text.

1. A copy of the fire safety plan that is approved by the local or county fire department. .......……………………………………….Click here to enter text.
2. A letter approving the facility’s fire safety plan. ***(Annual Approval)*** .......…………………………………………………….Click here to enter text.

X. STANDARD OPERATING PROCEDURES………………....Click here to enter text.

# I. INTRODUCTION

1. Basic Facility Information
2. **Name of facility, address, telephone number, emergency contact telephone number, pager number (if available), fax number.**

Click here to enter text.

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

Click here to enter text.

1. **Year facility was built, type of construction and date of any subsequent construction.**

Click here to enter text.

1. **Name of Administrator, address, work/home telephone number, and the work/home telephone number of his/her alternate.**

Click here to enter text.

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

1. **Provide an organizational chart, including phone numbers, with key management positions identified. (Text or Image. Image must be resized for clarity.)**

Click here to enter text.



1. Introduction to the Plan

**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.**

Click here to enter text.

# II. AUTHORITIES AND REFERENCES

1. **Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc.**

Click here to enter text.

1. **Identify reference materials used in the development of the plan.**

Click here to enter text.

1. **Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous required chart. (Text and/or Image. Image must be resized for clarity.)**

Click here to enter text.



# III. HAZARD ANALYSIS

1. **Describe the potential hazards that the facility is vulnerable to such as hurricanes, tornadoes, interruption of municipal water supply, flooding, acts of terrorism, fires, hazardous materials incidences 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).**

Click here to enter text.

1. **Provide site specific information concerning the facility to include:**
2. **Licensed capacity.**

Click here to enter text.

1. **Maximum number of staff on site**.

Click here to enter text.

1. **Identify types of participants served by the center:**
2. **Participants with Dementia**

Click here to enter text.

1. **Participants requiring special equipment**

**or other special care, such as oxygen or dialysis**

Click here to enter text.

1. **Participants who are non-ambulatory**

Click here to enter text.

1. **Participants who require assistance**

Click here to enter text.

1. **Participants who do not require assistance**

Click here to enter text.

1. **Other - list types**

Click here to enter text.

1. **Identification of the hurricane evacuation zone the facility is located in.**

Choose an item.

1. **Identification of which flood zone the facility is located in as identified on a Flood Insurance Rate Map.**
2. Choose an item.
3. **Proximity of the facility to a railroad or major transportation artery (per hazardous materials incidents).**

Click here to enter text.

1. **Identify if the facility is located within the 10-mile or 50-mile Emergency Planning Zone (EPZ) of a nuclear power plant.**

Choose an item.

# IV. Concept of Operations

This section of the plan defines the policies, procedures, responsibilities and actions that the facility will take before, during and after any emergency situation. At a minimum, the facility plan needs to address: direction and control, notification, evacuation and sheltering.

## A. Direction and Control

Define the management function for emergency operations. Direction and control provide a basis for decision-making and identifies who has the authority to make decisions for the facility.

1. **Identify by name and title who is in charge during an emergency and one alternate, should that person be unable to fill that capacity.**

Click here to enter text.

1. **Identify the chain of command to ensure continuous leadership and authority in key positions.(Text or Image. Image must be resized for clarity.)**

Click here to enter text.



1. **State the procedures to ensure timely activation and staffing of the facility in emergency functions.**

 Click here to enter text.

1. **State the operational and support roles for all facility staff. *(This is accomplished through the Standard Operating Procedures, which must be attached to this plan)***

Click here to enter text.

1. **State the procedures to ensure the following needs are supplied:**

1. **Emergency power: electric, natural gas and/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 any emergency fuel system? (Complete and include the Generator Information form)**

Click here to enter text.

1. **Transportation (May be covered in the evacuation section)**

Click here to enter text.

1. **Food and water.**

Click here to enter text.

1. **Oxygen, if required for participants.**

Click here to enter text.

## B. Notification

Procedures must be in place for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff and residents of potential emergency conditions.

1. **Define how the facility will receive warnings, to include off hours and weekends/holidays.**

Click here to enter text.

1. **Define how staff will be alerted.**

Click here to enter text.

1. **Define the procedures and policy for staff reporting to work.**

 Click here to enter text.

1. **Describe how participants will be alerted and the precautionary measures that will be taken.**

Click here to enter text.

1. **Identify alternative means of notification should the primary system fail.**

Click here to enter text.

1. **Identify procedures for notifying those facilities (for which mutual aid agreements are in place) to which facility participants will be evacuated.**

Click here to enter text.

1. **Identify procedures for notifying families of participants that the facility is being evacuated or closed.**

Click here to enter text.

## C. Evacuation Plan

Facilities must plan for both internal and external disasters. The following criteria should be addressed to allow facilities to respond to both types:

1. **Identify the staff position responsible for determining if and when evacuation is required.**

Click here to enter text.

1. **Identify the staff position responsible for implementing the facility evacuation procedures**.

Click here to enter text.

1. **Identify all arrangements made through mutual aid agreements, memorandums of understandings that will be used to evacuate participants. (*Copies of the agreements must be updated annually and attached as appendices*)**

Click here to enter text.

1. **Describe transportation arrangements for logistical support to ensure essential records, medications, treatments, and medical equipment remain with the participant at all times.**

Click here to enter text.

1. **Identify the pre-determined locations to which participants will be evacuated.**

Click here to enter text.

1. **Provide a copy of any mutual aid agreement(s) that has/have been entered into with a facility to receive patients.** ***(Copies of the agreements must be included)***

Click here to enter text.

1. **Identify primary evacuation routes that will be used, including secondary routes if the primary route would be impassable.**

Click here to enter text.

1. **Specify the amount of time it will take to successfully evacuate all participants to the receiving facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (39 mph winds).** (From EM – ***Acknowledge that you will be evacuated before 39 mph winds begin***).

Click here to enter text.

1. **Describe the procedures to ensure that the facility’s staff will accompany evacuating participants.**

Click here to enter text.

1. **Identify procedures that will be used to keep track of participants once they have been evacuated (to include a log system).**

Click here to enter text.

1. **Establish procedures for responding to family inquiries about participants who have been evacuated.**

Click here to enter text.

1. **Establish procedures for ensuring all participants are accounted for** ***and are out of the facility.***

Click here to enter text.

1. **Specify at what point the mutual aid agreements, *including transportation*, and the notification of alternate facilities will begin.**

Click here to enter text.

## D. Re-Entry:

Once a facility has been evacuated, procedures need to be in place for allowing participants to re-enter the facility.

1. **Identify who is the responsible person(s) for authorizing re-entry to occur.**

Click here to enter text.

1. **Identify procedures for inspection of the facility to ensure it is structurally sound.**

 Click here to enter text.

# V. INFORMATION, TRAINING AND EXERCISES

This section shall identify the procedures for increasing employee and patient awareness of possible emergency situations and providing training on their emergency roles before, during, and after a disaster.

1. **Identify how and when staff will be trained in their emergency roles during non-emergency times.**

Click here to enter text.

1. **Identify a training schedule for all employees and identify the provider of the training.**

Click here to enter text.

1. **Identify the provisions for training new employees regarding their disaster related role(s).**

Click here to enter text.

1. **Identify a schedule for exercising all or portions of the disaster plan on an annual basis. (From Emergency Management – HURRICANES, FIRES AND ALL OTHER HAZARDS)**

Click here to enter text.

1. **Establish procedures for correcting deficiencies noted during training exercises.**

Click here to enter text.

1. **Describe the method by which family members of participants will be made aware of the facility’s plan prior to a disaster.**

Click here to enter text.