ASSISTED LIVING FACILITIES

PLAN COVER SHEET

Discard this sheet before submission.

**(Based upon AHCA Criteria dated OCTOBER 1995)**

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 TABS VI-X***

Discard this sheet 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.***

***The table of contents on the next page provides blank spaces to enter the Tab and Page locations for these criteria***

Tab VI: Key Disaster Roles

* List the names, addresses, and telephone number of all staff with disaster related roles.
* 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

* A copy of the fire safety plan that is approved by the local or county fire department.
* 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 or tap here to enter text.

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

Click or tap here to enter text.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Click or tap 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 or tap here to enter text.

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

Click or tap here to enter text.

1. Provide an organizational chart, including phone numbers, with key management positions identified. (Text and/or Image. Drag corner to enlarge image.)

Click or tap 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 or tap 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 or tap here to enter text.

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

Click or tap 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. Drag corner to enlarge image.)

Click or tap 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 or tap here to enter text.

1. Provide site specific information concerning the facility to include:
2. Number of facility beds, maximum number of clients on site, average number of clients on site.

Number of beds: Click here to enter text.

Maximum number of clients on site: Click here to enter text.

Average number of clients on site: Click here to enter text.

1. Type of residents/patients served by the facility to include but not limited to:
2. Participants with Alzheimer’s Disease

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 self-sufficient

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.

Choose an item.

1. Proximity of the facility to a railroad or major transportation artery (per hazardous materials incidents).

North: Click or tap here to enter text.

East: Click or tap here to enter text.

South: Click or tap here to enter text.

West: Click or tap here to enter text.

Rail: Click or tap 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 or tap here to enter text.

1. Identify the chain of command to ensure continuous leadership and authority in key positions. (Text and/or Image. Drag corner to enlarge image.)

Click or tap here to enter text.



1. State the procedures to ensure timely activation and staffing of the facility in emergency functions. What are the provisions for emergency workers’ families?

 Click or tap 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 or tap here to enter text.

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

1. Food, water, and sleeping arrangements. *(From Emergency Management –* ***AHCA Recommends 7 days****)*

Click or tap here to enter text.

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 or tap here to enter text.

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

Click or tap here to enter text.

1. 72-hour supply of all essential supplies

Click or tap here to enter text.

1. Provision for providing 24-hour staffing on a continuous basis until the emergency has abated.

Click or tap 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 or tap here to enter text.

1. Identify the facility 24-hour contact telephone, if different than the telephone number listed in the Introduction.

Click or tap here to enter text.

1. Define how staff will be alerted.

Click or tap here to enter text.

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

 Click or tap here to enter text.

1. Describe how residents/patients will be alerted and the precautionary measures that will be taken.

Click or tap here to enter text.

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

Click or tap 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 or tap here to enter text.

1. Identify procedures for notifying families of residents that the facility is being evacuated.

Click or tap here to enter text.

## C. Evacuation

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 individual responsible for implementing facility evacuation procedures.(*From Emergency Management* – ***Who will notify AHCA****?*).

Click or tap 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 or tap here to enter text.

1. Describe transportation arrangements for logistical support to include moving records, medications, food, water and other necessities.

Click or tap here to enter text.

1. Identify the pre-determined locations to which residents will evacuate to.

Click or tap 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 residents/patients. ***(Copies of the agreements must be included)***

Click or tap here to enter text.

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

Click or tap here to enter text.

1. Specify the amount of time it will take to successfully evacuate all patients/residents 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 or tap here to enter text.

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

Click or tap 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 or tap here to enter text.

1. Determine what and how much each resident should take. Provide for the minimum of a 72-hour stay, with provisions to cover this period of time if the disaster is of catastrophic magnitude.

Click or tap here to enter text.

1. Establish procedures for responding to family inquiries about patients/residents who have been evacuated (*to include a log system.*)

Click or tap here to enter text.

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

Click or tap here to enter text.

1. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.

Click or tap here to enter text.

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

Click or tap 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 or tap here to enter text.

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

Click or tap here to enter text.

1. 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.

Click or tap here to enter text.

***E. Sheltering***

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.

1. Describe the receiving procedures for arriving residents/patients from evacuating facility.

Click or tap here to enter text.

1. Identify where additional residents will be house. Provide a floor plan that identifies space allocated for additional residents/patients.

Click or tap here to enter text.

1. Address provision of additional food, water, medical needs of residents/patients being hosted at the receiving facility for a minimum of 72-hours.

Click or tap here to enter text.

1. Describe the procedures for ensuring 24-hour operations.

Click or tap here to enter text.

1. Describe procedures for providing shelter for family members of crucial workers.

Click or tap here to enter text.

1. Identify when the facility will seek a waiver from the Agency for Health Care Administration (AHCA) to allow for the sheltering of evacuees if this creates a situation which exceeds the operating capacity of the host facility. (From Emergency Management – Who will contact AHCA?)

Click or tap here to enter text.

1. Describe procedures for tracking additional residents or patients sheltered within the facility.

Click or tap 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 key workers will be trained in their emergency roles during non-emergency times.

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap 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 or tap here to enter text.

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

Click or tap here to enter text.