**Instructions: Facility shall ONLY fill out all fields labeled Facility Input. Criteria location should be as specific as possible to include tab, page number, and line found.**

## REVIEW YEAR: FACILITY/ADDRESS:

|  |  |
| --- | --- |
| Choose plan year | Click here to enter the facility name Click here to enter the facility address  Click here to enter a follow up contact |

##### REVIEW: ☐ Initial Review ☐ First Revision ☐ Second Revision

**Legend:**  A “N” in the “Meets Criteria” (right hand) column is an indication that **action is needed** for that question. An “Ok” indicates an item passes but needs improvement. Emergency Management comments are below the criteria. Items marked “Y” are approved.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Crosswalk Criteria** | | | | **Specific Location (Section & Page)** | **Actual Location (DEM Use Only)** | **Meets Criteria** |
| **I. INTRODUCTION** | | | | | | |
| **A.    Provide basic information concerning the facility to include:** | | | | | | |
| 1 | Name of facility, address, telephone number, emergency contact telephone number, pager number if available, and fax number. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 2 | Owner of facility, address, and telephone number. Indicate whether private or corporate ownership. Type of facility and license. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 3 | Year facility was built, type of construction and date of any subsequent construction. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 4 | Name, address, work and home telephone number, of the Administrator. Name, address, work and home telephone number, of an alternate contact person. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 5 | Name and title of person(s) who developed this plan. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 6 | Provide an organizational chart with key management positions identified. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **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 any bearing on the implementation of this plan. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **II. AUTHORITY** | | | | | | |
| 1 | Identify the hierarchy of authority in place during emergencies. Provide an organization chart, required if different from Item A.6 above. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **III. HAZARD ANALYSIS** | | | | | | |
| **A.** | 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. *(Note-* *Must indicate past history and lessons learned)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **B.     Provide site specific information concerning the facility to include:** | | | | | | |
| 1 | Location Map | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 2 | Number of hospital beds, maximum number of patients on site, average number of patients on site. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 3 | Type of patients served by the facility to include but not limited to: | | | | | |
|  | a. | Patients requiring special equipment or other special care, such as oxygen or dialysis. | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 4 | Identification of the **hurricane evacuation zone** the facility is located in. *(Note- Zone only, no map. Reference www.readyPBC.com)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 5 | Identification of which **flood zone** the facility is located in as identified on a Flood Insurance Rate Map. *(Note- Zone only, no map. Reference www.readyPBC.com)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 6 | Proximity of the facility to a railroad or major transportation artery. *(Note- Indicate a straight line distance to first major road/highway/railway in all four cardinal directions. No maps are requested)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 7 | Identify if facility is located within the 10-mile or 50-mile Emergency Planning Zone (EPZ) of a nuclear power plant. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **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** | | | | | | |
| 1 | Identify, by position title, who is in charge during an emergency, and one alternate, should that person be unable to fill that capacity. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 2 | Identify the chain of command to ensure continuous leadership and authority in key positions. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 3 | State the procedures to ensure timely activation and staffing of the facility in emergency functions. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 4 | State the operational and support roles for all facility staff. (This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan) | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 5 | State the procedures to ensure the following needs are supplied. Since hospitals must plan for both internal and external disasters, the plan should take into consideration self-sufficiency, dependence upon other sources, and a contingency plan in case of community-wide disasters. | | | | | |
|  | a. | Food, water, and other essential supplies sources. | | Facility Input |  |  |
| For DEM use only | | | | | | |
|  | b. | 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)* | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 6 | Provision for continuous staffing until the emergency has abated. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **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 patients of potential emergency conditions. | | | | | | |
| 1 | Explain how the facility will receive warnings, to include off hours and weekends/holidays. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 2 | Explain how key staff will be alerted. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 3 | Define the procedures and policy for reporting to work for key workers. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 4 | Explain how patients will be alerted and the precautionary measures that will be taken. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 5 | Identify alternative means of notification should the primary system fail. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 6 | Identify procedures for notifying those areas to which facility patients will be moved or relocated. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 7 | Identify procedures for notifying families of residents that patients have been moved or relocated. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **C.    Evacuation** | | | | | | |
| Hospitals must plan for both internal and external disasters. Although facilities must be prepared for the possibility of relocating patients to another facility, there are instances when moving patients to another part of the hospital would be more appropriate. The following criteria should be addressed to allow the hospital to respond to both types of evacuation. | | | | | | |
| 1 | Describe the policies, roles, responsibilities, and procedures for moving and relocating patients | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 2 | Identify the individual responsible for initiating the hospital's evacuation procedures. *(Note–* ***Who will notify AHCA?****)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 3 | Identify transportation arrangements made through mutual aid agreements/understandings that will be used to move or relocate patients. If transportation is coordinated through a central agency, please explain. If any transportation shortfalls exist in the area, please identify how the problem is addressed under current limitations. *(Note- Copies of the agreements must be attached as appendices)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 4 | Describe logistical arrangements for transporting support services, including: moving records, medicine, food, water and other necessities. If arranged through a central agency, please explain. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 5 | Identify locations where patients will be moved or relocated, if they are pre-determined. If relocation is organized through a central agency, please explain. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 6 | Identify primary evacuation routes that will be used, **including secondary routes** if the primary route would be impassable. *(Note- Use online directions for easy printing and attach both to agreement)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 7 | Specify the amount of time it will take to discharge and successfully transfer all patients to the receiving facility. *In hurricane evacuations, all movement should be completed before the arrival of tropical storm winds-39 mph winds. (Note –* ***Acknowledge that you will be evacuated before 39 mph winds begin****)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 8 | What are the procedures to ensure that facility staff will accompany evacuating patients? If facility staff will not be accompanying patients, what measures will be used to ensure safe arrival? | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 9 | Identify how patients will be tracked once they have been relocated. If patents are considered discharged at the time of relocation, please explain. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 10 | Establish procedures for responding to family inquiries about patients who have been moved or relocated. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 11 | Establish procedures for ensuring all patients are accounted for **and are out of the facility.** | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 12 | Determine at what point to begin the pre-positioning of necessary medical supplies and provisions. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **D.     Re-Entry** | | | | | | |
| Once a facility has been evacuated, procedures need to be in place for allowing patients to re-enter the facility. | | | | | | |
| 1 | Identify who is the responsible person(s) for authorizing re-entry to occur. *(Note- DEM will not authorize re-entry into the facility)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 2 | Identify procedures for inspection of the facility to ensure it is structurally sound. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 3 | Explain how patients will be transported back to the hospital following relocation. If patients will no be re-admitted, please explain the criteria that will be used to make this determination. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **E.**  **Sheltering** | | | | | | |
| If the hospital will be accepting patients from an evacuating hospital, the plan must describe the procedures that will be used once the evacuating hospital's patients arrive. | | | | | | |
| 1 | Describe the receiving procedures for arriving patients from an evacuating hospital. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 2 | Identify the means for providing, for a minimum of 72-hours, additional food, water, and medical needs of those patients being hosted. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 3 | Identify how the hospital will notify AHCA if it exceeds its licensed capacity. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 4 | Describe procedures for tracking additional patients within the hospital. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **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 disaster. | | | | | | |
| 1 | Identify how key workers will be instructed in their emergency roles during non-emergency times. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 2 | Identify a training schedule for all employees and identify the provider of the training. *(Note- Examples include meetings, classes, in-services)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 3 | Identify the provisions for training new employees regarding their disaster related roles. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 4 | Identify a schedule for exercising all or portions of the disaster plan on a semi-annual basis. *(Note – Include hurricanes, fires, evacuation, and all other hazards)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 5 | Establish procedures for correcting deficiencies noted during training exercises. *(Note – Focus on plan deficiencies)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **VI**. **APPENDICES** | | | | | | |
| The following information is required, yet placement in an annex is optional, if the material is included in the body of the plan. | | | | | | |
| **A.    Roster of employees and companies with key disaster related roles.** | | | | | | |
| 1 | List the positions of all staff with disaster related roles. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 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. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **B.     Agreements and Understandings** | | | | | | |
| 1 | Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure operational integrity of this plan. *(Note- Must not expire within 60 days of submission)* | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **Contracts and Agreements Table** | | | | | | |
| Use this table to list and track the expiration of facility agreements. For additional agreements please attach a separate page listing all agreements | | | | | | |
| Name of Company | | | Purpose (MOA, Fuel, Food, etc.) | Date Signed | Expiration Date |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| Company Name | | | Purpose of agreement | Click to enter a date. | Click to enter a date. |  |
| For DEM use only | | | | | | |
| **C.    Evacuation Route Maps** | | | | | | |
| 1 | Maps of the **primary and secondary evacuation routes** and a description of how to travel to a receiving facility for drivers of each route. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **D.    Support Material** | | | | | | |
| 1 | Any additional material needed to support the information provided in the plan. | | | Facility Input |  |  |
| For DEM use only | | | | | | |
| 2 | Fire Plan and annual approval letter | | | | | |
|  | a. | A copy of the fire safety plan that is approved by the local or county fire department. | | Facility Input |  |  |
|  | b. | A letter approving the facility’s fire safety plan. ***(Note -Annual Approval)*** | | Facility Input |  |  |
| For DEM use only | | | | | | |
| **E.     Standard Operating Procedures** | | | | Facility Input |  |  |
| For DEM use only | | | | | | |