# Emergency Environmental Control Plan

**(Based upon AHCA Criteria dated March 2018)**

The document below is the Worksheet used by Palm Beach County Division of Emergency Management for the review of your Emergency Environmental Control Plan. Review this document and carefully follow all instructions. The review process has become more stringent due to lessons learned from previous events. Please visit our website for more information at:

<http://discover.pbcgov.org/publicsafety/dem/Pages/Healthcare-CEMP.aspx>

1. **Facility Information:**

Facility Name: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

 City, County, Zip: Click or tap here to enter text.

Administrator Name: Click or tap here to enter text.

Contact Number(s): Click or tap here to enter text.

License Number: Click or tap here to enter text. Number of Licensed Beds: Click here to enter text.

Is the facility: [ ] Located on a campus with other facilities under common ownership

[ ] Located in a multistory building

[ ] Stand-alone single story building

[ ] Located in a mandatory evacuation zone (If so, provide details below).

Details: Click or tap here to enter text.

1. **Alternate Power Source:**

Description of onsite alternate power source:

[ ]  Portable generator [ ] Fixed generator [ ] other: Click or tap here to enter text.

Provide: Make: Click here to enter text. Model: Click here to enter text. Size: Click here to enter text.

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Make: Click here to enter text. Model: Click here to enter text. Size: Click here to enter text.

The alternate power source is capable of powering the following equipment:

[ ] Entire Facility [ ] Lights [ ] Refrigeration [ ] Life Safety Systems

[ ] Air Conditioning [ ] Heating Systems [ ]  Other: Click or tap here to enter text.

Provide the date implementation of the alternate power source will be complete:

Date Complete: Click or tap here to enter text.

1. **Fuel Information:**

Type of Fuel: [ ] Diesel [ ]  Propane [ ]  Piped Gas [ ]  Gasoline

Hours of runtime with onsite fuel: Click or tap here to enter text.Hours

Fuel Distributor: Click or tap here to enter text.

Are there local restrictions on the amount of fuel stored onsite? [ ] Yes [ ]  No

If yes, list regulation and limitation: Click or tap here to enter text.

Describe how your fuel will be stored onsite? Click or tap here to enter text.

Describe how your facility will refuel before, during, and after an emergency. Click or tap here to enter text.

1. **Cooling Method:**

What kind of equipment will be used to cool the facility?

[ ] Air Conditioner(s) [ ] Spot Cooler(s) [ ] Chiller [ ]  Fan(s)

[ ]  Other: Click or tap here to enter text.

1. **Cooled Area:**

What area(s) of the facility do you plan to keep at or below 81 degrees?

[ ] Entire Facility [ ]  Living Room [ ]  Dining Room [ ]  Resident Room(s)

[ ] Common Area(s) [ ] Hallways [ ]  Other Area(s) Click or tap here to enter text.

What is the net square footage of the area to be cooled? Click or tap here to enter text.

How many people (residents and staff) do you plan to locate in this cooled space/area? (Please keep in mind the required square footage requirements per person for your facility type.) Click or tap here to enter text.

Will there be beds available in the cooled area? Yes [ ]  No [ ]

If yes, are these beds currently onsite? Yes [ ]  No [ ]

Describe how you will ensure the facility does not exceed the required temperature and how the facility and residents will be monitored. Click or tap here to enter text.

1. **Policies and Procedures**

Provide a training procedure to ensure staff are aware of how to operate the emergency power to the facility. Describe: Click or tap here to enter text.

Provide a maintenance and testing schedule for both the alternate power source and cooling system. Describe: Click or tap here to enter text.

1. **Supporting Documentation**

Submit the following documentation with the plan:

* Policies and Procedures (Operation and Maintenance of Generator(s))
* Facility floor plan. Area(s) intended to be used as the “cooled area” identified in Section 5 should be outlined/highlighted on the facility floor plan.
* Service Agreements
	1. Fuel
	2. Maintenance (if applicable)
	3. Installation (if applicable)
* Generator worksheet (for each generator)
* Letter attesting sufficient alternate power source (letter from engineer, Licensed electrical contractor)
* Copy of ordinance from jurisdiction restricting fuel (if applicable)
* Documentation verifying approval of the planned project from the Agency for Health Care Administration’s Office of Plans and Construction
* Implementation timeline (if applicable, and not included in worksheet

Once the plan is implemented (completed), submit documentation that the alternate power source is installed and operable.

**ATTESTATION**

**I attest that the facility is in compliance with all of the requirements and standards that are contained in Rule 59A-4.1265, F.A.C. (Emergency Environmental Control for Nursing Homes)**

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|  |  | Click here |  | Click here |
| Signature of Licensee or Authorized Representative |  | Title |  | Date |