

Palm Beach County

Emergency Environmental Control Workshop

April 23, 2018

Together, Emergencies Are Managed



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Division of
Emergency
Management



Together
Emergencies
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Managed

Palm
Beach
County



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Three Parts to Today's Meeting

Part 1

- Emergency Environmental Control Rule

Part 2

- Assembling the submission

Part 3

- Open Discussion

Objectives

- ❑ Learn about the EEC Plan
- ❑ Understand the difference between the CEMP, EPP, and the EEC.
- ❑ Know how to submit the plan

Note:

- This Presentation is held to assist you in compliance with:
- Florida Administrative Code: 27P-20.003, 58A-6.011, 59A-5.018, 59A-3.078, 65B-6, 59A-4.1265, 58A-5.036
- Florida Statutes: §252.38, §393.067, §395.1055, §400.967, §400.23, §429.929, §429.41

Note:

- ❑ Relevant materials are posted online.

Part 1

- Emergency Environmental Control Rule
 - Intro to the EEC
 - Who needs to comply
 - EPP and EEC comparison



Introduction to the new Emergency Environmental Control Plan

- ❑ After Hurricane Irma in 2017 new Emergency Power Plan Rules were implemented
 - ❑ Emergency rules are inherently temporary as they bypass the normal rulemaking process
 - ❑ The EPP allowed waivers for implementation. All of these expired with the ending of the rules.
 - ❑ The EPP was considered a stand alone plan from the CEMP

Intro to the EEC

- ❑ The 2018 legislative session introduced permanent rules to replace the emergency order. This is called the Emergency Environmental Control Plan.
- ❑ These rules superseded the temporary emergency rules.
- ❑ The Florida Legislature passed permanent rules on March 26th which go into effect on April 25th. Implementation guidance was provided on April 18th
- ❑ The EEC becomes part of the CEMP once approved.

EPP vs EEC

- ❑ Following the implementation of the two emergency rules the EPP was introduced
 - ❑ Emergency rules are inherently temporary as they bypass the normal rulemaking process
 - ❑ The EPP allowed waivers for implementation. All of these expired with the ending of the rules.
 - ❑ The Florida Legislature passed permanent rules on March 26th which go into effect on April 25th.
 - ❑ Implementation guidance was provided on April 18th

Who Needs to Comply?

- ❑ Per AHCA:
 - ❑ ALFs and SNFs
 - ❑ **Plans previously approved** under the Emergency Rules published in September, 2017 **do not require resubmission** unless changes occur.
 - ❑ Any changes to the plan require submission.
 - ❑ http://ahca.myflorida.com/MCHO/Emergency_Activities/docs/EPPRuleQAs4-20-18.pdf
 - ❑ 59A-4.1265 2(a)

New CEMP Checklist

EMERGENCY ENVIRONMENTAL CONTROL PLAN CHECKLIST

The following points must be addressed to create the Emergency Environmental Control Plan (EEC Plan) for your facility.

The CEMP and check should be delivered to:

Palm Beach County Emergency Operations Center
20 S. Military Trail
West Palm Beach, FL 33415
Telephone: (561) 712-6400

1. A check for \$31.25 made out to "**Board of County Commissioners**"
 - All EEC plan submissions will be charged \$31.25 based on one hour at \$31.25 per hour (FL Ch. 27P-20). If the review process requires additional time, you will be contacted and an invoice will be forwarded to your facility.
2. The plan should be submitted in a flat envelope ready to be inserted into your CEMP binder.
3. Be sure to include all core documents:
 - Assisted Living Facility Emergency Environmental Control Plan Worksheet
 - Nursing Home Emergency Environmental Control Plan Worksheet
 - Policies and Procedures (Operation and Maintenance of Generator(s))
 - Floor plan map(s) with area(s) to be protected marked
 - Service Agreements
 - i. Fuel
 - ii. Maintenance (if applicable)
 - iii. 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 planner project from AHCA (SNF ONLY)
 - Implementation timeline (if applicable, and not included in worksheet)

Covers both ALF and SNF
EEC's

Send or bring a physical copy


Review fee based on 1 hour


Think of this as an "11th
tab" to your binder

Review your
documentation carefully:
Most failures will be lack
of documentation

All contracts must not expire within 60 days of the date submitted.

EEC Compliance Worksheet

 **NURSING HOME**
EMERGENCY ENVIRONMENTAL CONTROL PLAN
RULE 59A-4.1265, FLORIDA ADMINISTRATIVE CODE (F.A.C.)



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:
Street Address:
City, County, Zip:
Administrator Name:
Contact Number(s):
License Number: Number of Licensed Beds:
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:

2. Alternate Power Source:
Description of onsite alternate power source:
 Portable generator Fixed generator Other:
Provide: Make: Model: Size:
Make: Model: Size:
The alternate power source is capable of powering the following equipment:
 Entire Facility Lights Refrigeration Life Safety Systems
 Air Conditioning Heating Systems Other
Provide the date implementation of the alternate power source will be complete:
Date Complete:

3. Fuel Information:
Type of Fuel: Diesel Propane Piped Gas Gasoline
Hours of runtime with onsite fuel: hours

Fill in the blank style plan

Complete the worksheet and attach all required or relevant documentation.

Part 2

- Assembling the submission
 - Including walkthrough of the PBC Worksheets



ALF EEC Worksheet

**ASSISTED LIVING FACILITY
EMERGENCY ENVIRONMENTAL CONTROL PLAN
RULE 58A-5.036, FLORIDA ADMINISTRATIVE CODE (F.A.C.)
AHCA Sample Format for Plan Submission**

The AHCA sample format is designed as a tool for facilities to use as they develop their Emergency Power Plan to meet the provisions of the rule. Local Emergency Management Agencies may have specific checklists to assess the plans and assist with plan development and review, which should be used before this format is considered. Please visit <https://www.floridadisaster.org/counties/> to contact your local county emergency management agency to determine whether a specific local checklist is available.

1. Facility Information:

Facility Name: _____
Street Address: _____
City, County, Zip: _____
Administrator Name: _____
Contact Number(s): _____
License Number: _____ Number of Licensed Beds: _____
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: _____

2. Alternate Power Source:

Description of onsite alternate power source:
 Portable generator Fixed generator Other: _____
Provide: Make: _____ Model: _____ Size: _____
Make: _____ Model: _____ Size: _____
Make: _____ Model: _____ Size: _____
The alternate power source is capable of powering the following equipment:
 Entire Facility Lights Refrigeration Life Safety Systems
 Air Conditioning Heating Systems Other _____
Provide the date implementation of the alternate power source will be complete:
Date Complete: _____

3. Fuel Information:

Type of Fuel: Diesel Propane Piped Gas Gasoline
Hours of runtime with onsite fuel: _____ hours
Fuel Distributor: _____
Are there local restrictions on the amount of fuel stored onsite? Yes No
If yes, list regulation and limitation: _____
Describe how your fuel will be stored onsite? _____
Describe how your facility will refuel before, during, and after an emergency. _____

4. Cooling Method:

What kind of equipment will be used to cool the facility?
 Air Conditioner(s) Spot Cooler(s) Chiller Fan(s)
 Other: _____

5. 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) _____
What is the net square footage of the area to be cooled? _____
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.) _____
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. _____

6. Policies and Procedures

Provide a training procedure to ensure staff are aware of how to operate the emergency power to the facility. Describe: _____
Provide a maintenance and testing schedule for both the alternate power source and cooling system. Describe: _____

7. Carbon Monoxide Alarm

Where is the carbon monoxide alarm(s) located in the facility? _____
What is the maintenance schedule for the carbon monoxide alarm(s)? _____

8. Supporting Documentation

Submit the following documentation with the plan:

ALF EEC Worksheet Cont.

- 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.
- Letter attesting that the alternate power source is sufficient to operate the equipment necessary to maintain an indoor temperature in accordance with the rule. (May be provided by a professional electrical engineer or a licensed electrical contractor).
- If residents will be relocated to an area(s) of refuge, a letter attesting that the HVAC equipment serving the area is sufficient to maintain an indoor temperature, in accordance with the rule, for the number of residents served in the area(s). (May be provided by a professional mechanical engineer or a licensed mechanical contractor).
- Fuel agreement

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 58A-5.036, F.A.C. (Emergency Environmental Control for Assisted Living Facilities).

Signature of Licensee or Authorized Representative

Title

Date

SNF EEC Worksheet



NURSING HOME
EMERGENCY ENVIRONMENTAL CONTROL PLAN
RULE 59A-4.1265, FLORIDA ADMINISTRATIVE CODE (F.A.C.)



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: _____
Street Address: _____
City, County, Zip: _____
Administrator Name: _____
Contact Number(s): _____
License Number: _____ Number of Licensed Beds: _____
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: _____

2. Alternate Power Source:

Description of onsite alternate power source:
 Portable generator Fixed generator Other: _____
Provide: Make: _____ Model: _____ Size: _____
Make: _____ Model: _____ Size: _____
Make: _____ Model: _____ Size: _____

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

Entire Facility Lights Refrigeration Life Safety Systems
 Air Conditioning Heating Systems Other _____

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

Date Complete: _____

3. Fuel Information:

Type of Fuel: Diesel Propane Piped Gas Gasoline
Hours of runtime with onsite fuel: _____ hours

Fuel Distributor: _____

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

If yes, list regulation and limitation: _____

Describe how your fuel will be stored onsite? _____

Describe how your facility will refuel before, during, and after an emergency. _____

4. Cooling Method:

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

Air Conditioner(s) Spot Cooler(s) Chiller Fan(s)
 Other: _____

5. 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) _____

What is the net square footage of the area to be cooled? _____

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.) _____

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. _____

6. Policies and Procedures

Provide a training procedure to ensure staff are aware of how to operate the emergency power to the facility. Describe: _____

Provide a maintenance and testing schedule for both the alternate power source and cooling system. Describe: _____

7. 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
 - a. Fuel
 - b. Maintenance (if applicable)
 - c. Installation (if applicable)
- Generator worksheet (for each generator)

SNF EEC Worksheet Cont.

- 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)

Signature of Licensee or Authorized Representative

Title

Date

Assembling a Submission is as Easy as 1-2-3

1. Complete the worksheet
2. Attach required documentation
3. Submit with payment to the
EOC

Assembling a Submission is as Easy as 1-2-3

- The checklist details what you need to provide
- Submissions will be hard copy.
 - EEC Plan will be placed in the back of your CEMP as submitted.

Assembling a Submission

EMERGENCY ENVIRONMENTAL CONTROL PLAN CHECKLIST

The following points must be addressed to create the Emergency Environmental Control Plan (EEC Plan) for your facility.

The CEMP and check should be delivered to:

Palm Beach County Emergency Operations Center
20 S. Military Trail
West Palm Beach, FL 33415
Telephone: (561) 712-6400

1. A check for \$31.25 made out to "**Board of County Commissioners**"
 - All EEC plan submissions will be charged \$31.25 based on one hour at \$31.25 per hour (FL Ch. 27P-20). If the review process requires additional time, you will be contacted and an invoice will be forwarded to your facility.
2. The plan should be submitted in a flat envelope ready to be inserted into your CEMP binder.
3. Be sure to include all core documents:
 - Assisted Living Facility Emergency Environmental Control Plan Worksheet
 - Nursing Home Emergency Environmental Control Plan Worksheet
 - Policies and Procedures (Operation and Maintenance of Generator(s))
 - Floor plan map(s) with area(s) to be protected marked
 - Service Agreements
 - i. Fuel
 - ii. Maintenance (if applicable)
 - iii. 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 planner project from AHCA (SNF ONLY)
 - Implementation timeline (if applicable, and not included in worksheet)

All contracts must not expire within 60 days of the date submitted.

Assembling a Submission

1. Payment made out to “Board of County Commissioners” for 31.25
 - A. Check, Credit Card, Money Order
2. Mail the plan flat (as applicable)
3. Include all of the following:
 1. Worksheet
 2. Policy and Procedures(Ops and Maintenance of Generator)
 3. Floor plan with cooled areas marked
 4. Service agreements(Fuel, Maintenance, Install, etc.)
 5. Generator Worksheet (per generator)

Assembling a Submission

3. Include the following (cont.)
 6. Letter attesting compliance
Must be from an engineer, electrician, permitting authority
 7. Copy of Ordinance from jurisdiction restricting fuel
(if applicable)
 8. Letter of approval from AHCA Plans and Construction (SNF ONLY)
 9. Implementation timeline (If not in worksheet)
4. Nothing may Expire within 60 days of submission

Assembling a Submission

Fuel Rules

Fuel:

- ALF with 16 or less Beds: 48 Hours minimum
- SNF & ALF with more 17 or more beds: 72 hours minimum

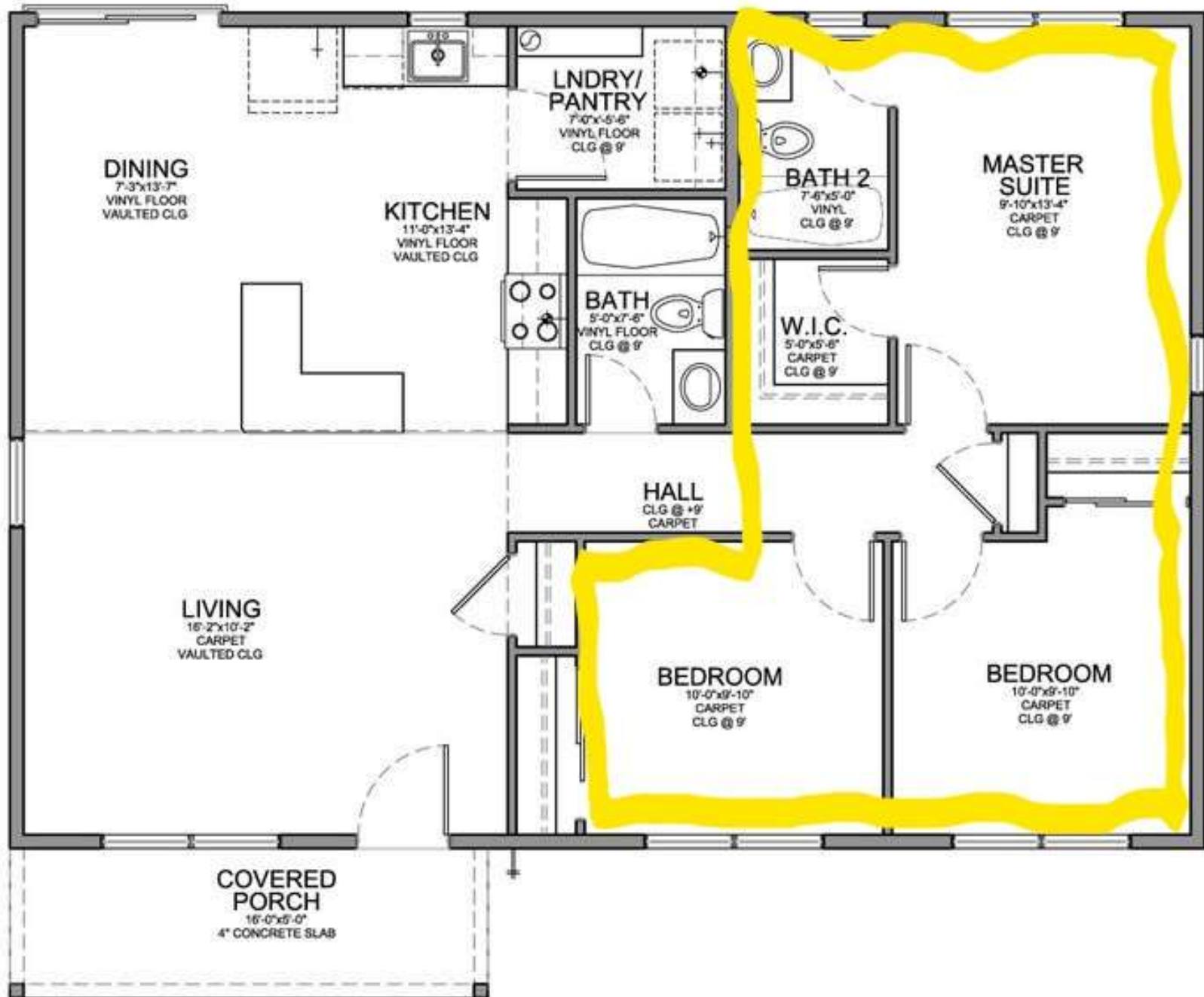
**Local ordinances restricting fuel take
precedence**

Assembling a Submission

Fuel Rules

Fuel Continued:

Once a disaster is declared facilities must bring enough fuel on site to meet the 96 hours requirement at least 24 hours before the fuel is depleted.



Part 3

□ Open Discussion

□ Please press and hold the microphone button while talking



Thank You!

Any questions?

Keith **Wall** MPA CEM MPCP

Palm Beach County Division of Emergency Management

Senior Planner

Email: Kwall@pbcgov.org

Phone: 561-712-6329

[http://discover.pbcgov.org/publicsafety/dem/
Pages/Healthcare-CEMP.aspx](http://discover.pbcgov.org/publicsafety/dem/Pages/Healthcare-CEMP.aspx)