

Palm Beach County

CEMP Program Workshop



Together, Emergencies Are Managed

January 2017



Together
Emergencies
Are
Managed

Palm
Beach
County



Keith Wall, MPA, CEM, MPCP
Senior Planner
Operations Section
Palm Beach County
Division of Emergency Management
561-712-6329
KWall@pbcgov.org

Three Parts to Today's Meeting

❑ Part 1

- ❑ Beta Testing Progress

❑ Part 2

- ❑ ADC Beta Test: A first hand account from A Place for You ADC

❑ Part 3

- ❑ Hands on ALF Beta Test Workshop

Objectives

- ❑ Learn about the electronic CEMP Program
- ❑ Hear about a Facility's Experience Transitioning from a paper CEMP
- ❑ Get hands on with the ALF Template

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
- Florida Statutes: §252.38, §393.067, §395.1055, §400.967, §400.23, §429.929, §429.41

Note:

- ❑ Certificates will be available in the lobby. You will need to turn in a course feedback form.
- ❑ A brief intermission will precede Part 3 for those not wishing to participate in the workshop

Part 1

Beta Testing Progress



What's Changed Since Last Time?

- ❑ The Adult Day Care Template underwent months of testing and revision.
 - ❑ This process was far more time consuming than expected!
- ❑ Assisted Living Facility and Skilled Nursing Facility templates have been developed.

What's Changed Since Last Time?

- ❑ As each template is approved it will go online and development on a new facility type will begin.

So Where are These CEMP Templates ?

- ❑ Adult Day Care Template is posted to the website.
- ❑ Assisted Living Facility and Skilled Nursing Facility templates are ready for Beta Testing.
- ❑ Facilities interested in Beta testing the templates should contact Keith Wall by email Kwall@PBCGOV.org.

New CEMP Templates

- ❑ The templates contain formatting to ensure each section begins on an odd page and each subsection starts on a new page.
- ❑ These formatting changes will ensure that the plan can be printed, hole punched and tabbed quickly, with no plan sections sharing a piece of paper.
- ❑ The formatting also ensures that when a page or section is replaced it does not impact any other sections.

New CEMP Templates



COMPREHENSIVE EMERGENCY MANAGEMENT PLAN ADULT DAY CARE FACILITIES



ADULT DAY CARE FACILITIES PLAN COVER SHEET

Discard this page before submission.

(Based upon AHCA Criteria dated July 2001)

Use this template to create your plan. This form should be filled out electronically (i.e. typed) and submitted as your facility's Comprehensive Emergency Management Plan. Filling all fields 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 tabbed binder 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

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN ADULT DAY CARE FACILITIES

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A. Direction and Control.....	9
B. Notification.....	11
C. Evacuation Plan.....	12
D. Re-Entry.....	14
V. INFORMATION, TRAINING AND EXERCISES.....	15
VI. KEY DISASTER ROLES.....	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.
X. STANDARD OPERATING PROCEDURES.....	Click here to enter text.

New CEMP Templates

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V. INFORMATION, TRAINING AND EXERCISES	15
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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.
X. STANDARD OPERATING PROCEDURES	Click here to enter text.



Fill in your own locations for Tabs VI-X!


New CEMP Templates

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN
ADULT DAY CARE FACILITIES

I. INTRODUCTION

A. Basic Facility Information

1. Name of facility, address, telephone number, emergency contact telephone number, pager number (if available), fax number.
[Click here to enter text.](#)
2. Owner of facility, address, telephone number. Indicate whether private or corporate ownership. Type of facility, and license.
[Click here to enter text.](#)
3. Year facility was built, type of construction and date of any subsequent construction.
[Click here to enter text.](#)
4. 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.](#)
5. 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.](#)
6. Name, work and home telephone number of person(s) who developed this plan.
[Click here to enter text.](#)
7. Provide an organizational chart, including phone numbers, with key management positions identified.(Text or Image)
[Click here to enter text.](#)



Most items allow only text.

Administrator and alternate each go on separate lines.

Some items allow both text and graphical responses.

New CEMP Templates

- ❑ Instruction sheets are included on the first page for Tabs I-V and VI-X.

CROSS-REFERENCE FOR
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN
ADULT DAY CARE FACILITIES

INSTRUCTIONS FOR REMAINING SECTIONS

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.

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, memos, 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

Features

- ❑ Easier updates.
- ❑ Page numbers.
- ❑ Digital submission ready.
- ❑ Each template has text boxes for entry of your criteria.
- ❑ A completely filled template will have answered all the AHCA requirements.

Do I Need to Start Over with this Template?

- ❑ Eventually yes.
 - ❑ If your plan is not in word format and easily edited you should begin migrating now for next plan year.
 - ❑ If your plan is already in word format and you are happy with it you can wait for the next plan year.
 - ❑ *The new file format will be required for digital submission.*

If your plan is a PDF of photocopies or completely paper, immediately assign someone to begin transcribing the plan an hour or two a week.

So what should I do?

- ❑ Check our website prior to preparing your submission.

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

Changes generally kick in with the fiscal year on 1 October.

- ❑ Make use of all the online resources
- ❑ Ask Questions. Send emails, make calls.

Pro Tip

❑ Search the Web for

“Palm Beach County
Healthcare CEMP”

To find our webpage.



Public Safety - Emergency Management

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[About Us](#) ▾

[Programs & Services](#) ▾


[Hurricane](#)

[Know Your Zone](#)

Healthcare CEMP

The Residential Health Care Facility (RHCF) Comprehensive Emergency Management Plan (CEMP) Review Program was introduced as a result of Florida State Legislature, requiring certain health care facilities to prepare and annually update a comprehensive emergency management plan. These facilities include:

- Adult Day Care Centers (ADC)
- Assisted Living Facilities (ALF)
- Ambulatory Surgical Centers (ASC)
- Hospitals
- Residential Treatment Centers(RTC)
- Skilled Nursing Homes (SNF)

State law requires that the Agency for Health Care Administration (AHCA) develop and adopt minimum criteria for the CEMP.  [The law also requires that the CEMPs be reviewed and approved by Palm Beach County Division of Emergency Management \(DEM\).](#)

The AHCA has a local office here in Palm Beach County. The agency's contact information is as follows:

5150 Linton Boulevard, Suite 500
Delray Beach, Florida 33445
Telephone number [561-496-5900](tel:561-496-5900)

AHCA Criteria Cross-Walk

The crosswalk documents identify the minimum criteria to be used when developing CEMPs for residential health care facilities. The cross-walk serves as the required plan format for the CEMP, and will also serve as the

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Ask For Help!

- ❑ You have options to get assistance

- ❑ Contact DEM

- ❑ Phone Calls.
 - ❑ Great for about 3 questions or 15 minutes.
- ❑ Make an appointment
 - ❑ Ideal for reviewing rejected plans.
 - ❑ Can be by phone or in our office.

- ❑ Reach out to other facilities or associations.

Ask For Help!

- ☐ Let's help each other out.
 - ☐ Share and enter MOU's
 - ☐ Share best practices.
 - ☐ Streamlining updates.

Please Don't

- ❑ Mail checks without the facility name.
- ❑ Send disorganized submissions.
 - ❑ Ask for help. Make updating easy!
- ❑ Expect Walk-In meetings.
 - ❑ We are always happy to answer a few questions but please respect our time and the needs of other facilities by making an appointment.

Disaster Preparedness

- [www.pbcgov.com/
dem/knowurzone](http://www.pbcgov.com/dem/knowurzone)

Things to look forward to

- ❑ Digital Submission by June 2017.
 - ❑ Ref: PBC DEM Strategic Plan 2016-2020
- ❑ Digital submissions will be whole plan vs updated pages.
- ❑ New templates are digital submission friendly.
- ❑ A transition period will be announced to allow facilities to submit hard copy plans while they prepare for digital submission.

Part 2

□ ADC Beta Test: A first hand account from A Place for You ADC



A Place For You
adult daycare & rehabilitation center

Caely Perez

President / Owner

A Place for You Adult Day Care & Rehab Center

Immediate Past President of FADSA

561-965-6980

Cperez@aplaceforyouadultdaycare.com

Beta Test Experience

- ❑ Who was involved, what was the experience like, where did the project take place, when did the project take place, how many hours?, why did you volunteer for the experience, how did the process work.
- ❑ What would you want to share with other facilities about the experience?
- ❑ What advice might you offer them?
- ❑ Strategies for transition?

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Thank You!

Any questions?

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Palm Beach County Division of Emergency Management

Senior Planner

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Phone: 561-712-6329

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

Intermission

Certificates are available in the back of the room. Please see Nancy or Megan in the lobby for any questions. Please exchange your course feedback form for a certificate.



Part 3

Hands on ALF Beta Test Workshop

