



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



ADULT DAY CARE FACILITIES

(Based upon AHCA Criteria dated July 2001)

The document below is the “cross-reference” used by Palm Beach County Division of Emergency Management for the annual review and re-certification of your CEMP. Review this document and carefully follow all instructions for your next re-certification. The review process has become more stringent due to lessons learned from previous events.

REVIEW DATE:
2014

FACILITY/ADDRESS:

REVIEW: Initial Review First Revision Review Second Revision Review

Legend: A “No” in the “Meets Criteria” (right hand) column, or if the “Meets Criteria” box is blank and the number is circled, it is an indication that **action is needed** for that question, which appears in the left hand column. A “/” (Slash) at a number indicates that slight adjustment is needed at that issue. Emergency Management comments are found under that question or on that page of the crosswalk.

Instructions: Facility is to fill out the column labeled “Location” by putting the page number and location in the box adjacent to the required information. A Table-of-Contents noting the page number for each item is required.

Crosswalk Criteria		Specific Location (Section & Page) (Facility Input)	Actual Location	Meets Criteria (OK or No)
I. INTRODUCTION <i>Page, Section, etc.</i>				
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.			
2	Owner of facility, address and telephone number. Indicate whether private or corporate ownership. Type of facility and license.			
3	Year facility was built, type of construction and date of any subsequent construction.			



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4	Name of Administrator, address, work/home telephone number, and alternate contact person.			
5	Name, address, work and home telephone number of person(s) implementing the provisions of this plan, if different from the Administrator.			
6	Name, work and home telephone number of person(s) who developed this plan.			
7	Provide an organizational chart, including phone numbers, with key management positions identified.			
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.			
II. AUTHORITIES				
A	Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc.			
B	Identify reference materials used in development of the plan.			
C	Identify the hierarchy of authority in place during emergencies. Provide an organization chart, if different from the previous required chart.			
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. <i>(Indicate past history and lessons learned)</i>			
B.	Provide site specific information concerning the facility to include:			
1.	Licensed capacity.			
2.	Maximum number of staff on site.			
3.	Identify type of participants served by the facility:			
a	Participants with dementia			
b	Participants requiring special equipment or other special care, such as oxygen or dialysis			
c	Participants who are non-ambulatory			
d	Participants who require assistance			
e	Participants who do not require assistance			
f	Other – list types			



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4.	Identification of the hurricane evacuation zone the facility is located in.			
5.	Identification of which flood zone the facility is located in as identified on a Flood Insurance Rate Map.			
6.	Proximity of the facility to a railroad or major transportation artery (per hazardous materials incidents).			
7.	Identify if the facility is located within the 10-mile or 50-mile Emergency Planning Zone (EPZ) of a nuclear power plant.			

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.			
2.	Identify the chain of command to ensure continuous leadership and authority in key positions.			
3.	State the procedures to ensure timely activation and staffing of the facility in emergency functions.			
4.	State the operational and support roles for all facility staff. <i>(This is accomplished through the Standard Operating Procedures, which must be attached to this plan)</i>			
5.	State the procedures to ensure the following needs are supplied.			
a.	Emergency power: electric, natural gas and/or diesel? If natural gas, identify alternate means should loss of power occur, which would effect the natural gas system. What is the capacity of any emergency fuel system? <i>(Complete and include the Generator Information form)</i>			
b.	Transportation (May be covered in the evacuation section)			
c.	Food and water.			
d.	Oxygen, if required for participants.			



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<p>B. Notification</p> <p>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.</p>			
1.	Define how the facility will receive warnings. <i>(From Emergency Mgmt: To include off hours and weekends/holidays)</i>		
2.	Define how key staff will be alerted.		
3.	Define the procedures and policy for staff reporting to work.		
4.	Describe how participants will be alerted and the precautionary measures that will be taken.		
5.	Identify alternative means of notification should the primary system fail.		
6.	Identify procedures for notifying those facilities (for which mutual aid agreements are in place) to which facility participants will be evacuated.		
7.	Identify procedures for notifying families of participants that the facility is being evacuated or closed.		
<p>C. Evacuation</p> <p>Facilities must plan for both internal and external disasters. The following criteria should be addressed to allow facilities to respond to both types.</p>			
1.	Identify the staff position responsible for determining if and when evacuation is required.		
2.	Identify the staff position responsible for implementing the facility and evacuation procedures.		
3.	Identify all arrangements made through mutual aid agreements, memorandums of understandings that will be used to evacuate participants. <i>(Copies of the agreements must be updated annually and attached as appendices)</i>		
4.	Describe transportation arrangements for logistical support to ensure essential records, medications, treatments, and medical equipment remain with the participant at all times.		
5.	Identify the pre-determined locations to which participants will be evacuated.		
6.	Provide a copy of any mutual aid agreement that has been entered into with a facility to receive patients. <i>(Copies of the agreements must be included)</i>		
7.	Identify primary evacuation routes that will be used, including secondary routes if the primary route would be impassable.		



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8.	Specify the amount of time it will take to successfully evacuate all participants to the receiving facility. <i>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).</i>			
9.	Describe the procedures to ensure that the facility’s staff will accompany evacuating participants.			
10.	Identify procedures that will be used to keep track of participants once they have been evacuated (<i>to include a log system</i>).			
11.	Establish procedures for responding to family inquiries about participants who have been evacuated.			
12.	Establish procedures for ensuring all participants are accounted for and are out of facility .			
13.	Specify at what point the mutual aid agreements, <i>including transportation</i> , and the notification of alternate facilities will begin.			
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.			
2.	Identify procedures for inspection of the facility to ensure it is structurally sound.			
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.				
A.	Identify how and when staff will be trained in their emergency roles during non-emergency times.			
B.	Identify a training schedule for all employees and identify the provider of the training.			
C.	Identify the provisions for training new employees regarding their disaster related role(s).			
D.	Identify a schedule for exercising all or portions of the disaster plan on an annual basis. (<i>From Emergency Management – HURRICANES, FIRES AND ALL OTHER HAZARDS</i>)			
E.	Establish procedures for correcting deficiencies noted during training exercises.			
F.	Describe the method by which family members of participants will be made aware of the facility’s plan prior to a disaster.			



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VI. APPENDICES				
The following information is required, yet placement in an appendix 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 names, addresses, and telephone numbers of all staff.			
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			
B. Agreements and Understandings				
1.	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			
C. Evacuation Route Maps				
1.	Maps of primary and secondary evacuation routes and a description of how to travel to a receiving facility for the drivers of each route.			
D. Support Material				
1.	Any additional material needed to support the information provided in the plan.			
2.	1) A copy of the fire safety plan that is approved by the local or county fire department.			
2)	A letter approving the facility's fire safety plan. <i>(Annual Approval)</i>			
E Include Standard Operating Procedures (From Emergency Management)				