



**CROSS-REFERENCE FOR
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN
AMBULATORY SURGICAL CENTERS**



AMBULATORY SURGICAL CENTERS
(Based upon AHCA Form # 3130-2003 JUL 94)

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.

PREPARED/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 (Yes 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, and telephone number of person(s) who developed this plan, if different from the Administrator.			
6.	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 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 ambulatory surgical center 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 ambulatory surgical center to include:			
1.	Location map.			
2.	a) Number of: Facility beds, recovery beds and operating suites			
2.	b) Maximum and average number of patients on site			



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3.	Type of patients served by the facility.			
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 (for 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 ambulatory surgical center 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 title and name, who is in charge during an emergency, and one alternate, should that person be unable to serve in 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 ambulatory surgical center staff. This will be accomplished through the development of Standard Operating Procedures which must be attached to this plan.			



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5.	State the procedures to ensure the following needs are supplied.			
a.	Food, and water. <i>(How many days supply?)</i>			
b.	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>			
6.	Describe the ambulatory surgical center’s role in community-wide comprehensive emergency management plan and/or its role in providing for the treatment of mass casualty during an emergency.			
7.	Provide information on the management of patients treated at the center during an internal AND external emergency. <i>(From Emergency Management – Please address each separately if applicable)</i>			
B. Notification Procedures must be in place for the ambulatory surgical center to receive timely information on impending threats and the alerting of facility decision makers, staff and residents of potential emergency conditions.				
1.	Define how the ambulatory surgical center will receive warnings, to include off hours and weekends/holidays.			
2.	Identify the ambulatory surgical center 24-hour contact telephone number.			
3.	Define how key staff will be alerted.			
4.	Define the procedures and policy for reporting to work for key workers, when the facility remains operational.			
5.	Explain how patients will be alerted and precautionary measures that will be taken, including but not limited to voluntary cessation of operations.			



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6.	Identify alternative means of notification should the primary system fail.			
7.	Identify procedures for notifying those facilities to which patients will be transferred to.			
8.	Identify procedures for notifying families of patients if the ambulatory surgical center is ceasing operations, and the patients have been relocated.			
C. Evacuation Facilities must plan for both internal and external disasters. The following criteria should be addressed to allow facilities to respond to both types.				
1.	Describe the policies, roles, responsibilities and procedures for the discharge or transfer of patients from the ambulatory surgical center.			
2.	Identify the individual responsible for implementing the ambulatory surgical center and evacuation procedures. <i>(From Emergency Management – Who will notify AHCA?)</i>			
3.	Identify transportation arrangements made through mutual aid agreements/understandings that will be used to transfer patients. If transportation is coordinated through a central agency, please explain. If any transportation shortfalls exist in the area, please identify how problem is being addressed. <i>(Copies of the agreements must be attached as appendices)</i>			
4.	Describe transportation arrangements for logistical support to include: moving medical records and other necessities. If this is arranged through a centralized agency, please explain.			



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5.	Provide a copy of any mutual aid agreement that has been entered into with a facility to receive patients. Please identify the primary and secondary facilities, if they are pre-determined. <i>(Copies of the agreements must be attached as appendices)</i>			
6.	Identify primary evacuation routes that will be used, including secondary routes if the primary route would be impassable.			
7.	Specify the amount of time it will take to discharge and successfully transfer all patients 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>			
8.	What are the procedures to ensure ambulatory surgical center staff will accompany evacuating patients? If facility staff will not be accompanying patients, what measures will be used to ensure safe arrival.			
9.	Establish procedures for responding to family inquiries about patients who have been transferred.			
10.	Establish procedures for ensuring all patients are accounted for and are out of the facility . If patients will be considered discharged at the time of relocation, please explain.			
11.	Specify at what point the mutual aid agreements for transportation 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 residents or patients to re-enter the facility.				
1.	Identify who is the responsible person(s) for authorizing re-entry to occur.			



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2.	Identify procedures for inspection of the ambulatory surgical center to ensure it is structurally sound.			
V. INFORMATION, TRAINING AND EXERCISE 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 key workers will be instructed 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 roles.			
D.	Identify a schedule for exercising all or portions of the disaster plan on a semi-annual basis. <i>(From Emergency Management – HURRICANES, FIRES AND ALL OTHER HAZARDS).</i>			
E.	Establish procedures for correcting deficiencies noted during training exercises.			
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 with disaster related roles.			
2.	List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, Red Cross, etc.			
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 host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.			



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C. Evacuation Route Maps				
1.	Maps of primary and secondary evacuation routes and a description of how to travel to a receiving facility for drivers of each route.			
D. Support Material				
1.	Any additional material needed to support the information provided in the plan.			
2.	a) A copy of the fire safety plan that is approved by the local or county fire department			
	b) A letter approving the ambulatory surgical center's fire safety plan. (<i>Annual Approval</i>)			
E. Standard Operating Procedures (From Emergency Management)				