



CROSS-REFERENCE FOR COMPREHENSIVE EMERGENCY MANAGEMENT PLAN HOSPITALS



HOSPITALS

(Based upon AHCA Form # 3130-8005 SEPTEMBER 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.

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.

	Specific Location (Section & Page) (Facility Input)	Actual Location	Meets Criteria (Y or N)
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 and title of person(s) who developed this plan.			
6.	Provide an organizational chart 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. AUTHORITY				
A.	Identify the hierarchy of authority in place during emergencies. Provide an organization chart, if different from Item A.6 above.			
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. Indicate past history and lessons learned.			
B. Provide site specific information concerning the facility to include:				
1.	Location Map			
2.	Number of hospital beds, maximum number of patients on site, average number of patients on site.			



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3.	Type of patients served by the facility, including but not limited to: Patients requiring special equipment or other special care, such as oxygen or dialysis.			
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. <i>(To identify possible hazardous materials incidents)</i>			
7.	Identify if 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				
1.	Identify, by position title, 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.			



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4.	State the operational and support roles for all established positions within the facility. This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan.			
5.	State the procedures to ensure the following needs are supplied. Since hospitals must plan for both internal and external disasters, the plan should take into consideration self-sufficiency, dependence upon other sources, and a contingency plan in case of community-wide disasters.			
a	Food, water and other essential supplies sources.			
b	Emergency power: electric, natural gas and/or diesel? If natural gas, identify alternate means should loss of power occur, which would affect the natural gas system. What is the capacity of any emergency fuel system? <i>(Complete and include the Generator Information form)</i>			
6.	Provisions for continuous staffing until emergency has abated.			
B. Notification Procedures must be in place for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff and patients of potential emergency conditions.				
1.	Explain how the facility will receive warnings, to include off hours and weekends/holidays.			
2.	Explain how key staff will be alerted.			
3.	Describe the procedures and policy for reporting to work for key workers.			
4.	Explain how patients will be alerted and the precautionary measures that will be taken.			
5.	Identify alternative means of communication should the primary system fail.			
6.	Identify procedures for notifying those areas or facilities to which facility patients will be moved or relocated.			



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7.	Identify procedures for notifying families that patients have been moved or relocated.			
<p>C. Evacuation Hospitals must plan for both internal and external disasters. Although facilities must be prepared for the possibility of relocating patients to another facility, there are instances when moving patients to another part of the hospital would be more appropriate. The following criteria should be addressed to allow the hospital to respond to both types of evacuation.</p>				
1.	Describe the policies, roles, responsibilities and procedures for moving and relocating patients.			
2.	Identify the individual responsible for initiating the hospital's evacuation procedures. <i>(From Emergency Management – Who will notify AHCA?)</i>			
3.	Identify any transportation arrangements made through mutual aid agreements/understandings that will be used to move or relocate patients. If transportation is coordinated through a central agency, please explain. If any transportation shortfalls exist in the area, please identify how problem is addressed under current limitations. <i>(Copies of current agreements must be attached as appendices).</i>			
4.	Describe logistical arrangements for transporting support services, including: moving medical records, medicine, food, water and other necessities. If arranged through a centralized agency, please explain.			
5.	Identify locations where patients will be moved or relocated, if they are pre-determined. If relocation is coordinated through a centralized agency, please explain.			
6.	Identify primary evacuation routes that will be used, including secondary routes if the primary route would be impassable.			



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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 evacuation processes will be completed before 39 mph winds begin).</i>			
8.	What are the procedures to ensure that facility staff will accompany evacuating patients? If facility staff will not be accompanying patients, what measures will be used to ensure safe arrival.			
9.	Identify how patients will be tracked once they have been relocated. If patients are considered discharged at the time of relocation, please explain.			
10	Establish procedures for responding to family inquiries about patients who have been moved or relocated.			
11	Establish procedures for ensuring all patients are accounted for and are out of the facility.			
12	Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.			
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.			
2.	Identify procedures for inspection of the facility to ensure it is structurally sound.			
3.	Explain how patients will be transported back to the hospital following relocation. If patients will not be re-admitted, please explain the criteria that will be used to make this determination.			



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E. Sheltering If the hospital will be accepting patients from an evacuating hospital, the plan must describe the procedures that will be used once the evacuating hospital's patients arrive.			
1.	Describe the receiving procedures for patients arriving from an evacuating hospital.		
2.	Identify the means for providing, for a minimum of 72-hours, additional food, water, and medical needs of those patients being hosted.		
3.	Identify how the hospital will notify AHCA if it exceeds its licensed operating capacity.		
4.	Describe procedures for tracking additional patients within the hospital.		
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 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.		



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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 positions 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.		
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 facility's fire safety plan. (<i>Annual Approval</i>)		
E. Standard Operating Procedures (From Emergency Management)			