

# CROSS-REFERENCE FOR COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

## RESIDENTIAL TREATMENT CENTERS FOR CHILDREN AND ADOLESCENTS

(Based upon AHCA Criteria dated July 2006)

The document below is the “cross-reference” used by Palm Beach County Division of Emergency Management for the annual review and re-certification of the 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.

<b>Crosswalk Criteria</b>	<u>Specific Location (Section &amp; Page)</u> <b>(Facility Input )</b>	<b>Actual Location</b>	<b>Meets Criteria?</b> (Ok or No)
<b>I. INTRODUCTION</b> <i>Page, Section, etc.</i>			
<b>A. Provide basic information concerning the facility to include:</b>			
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 of his/her alternate.			
5.	Name, address, work and home telephone number of the person implementing the provisions of this plan, if different from the administrator.			
6.	Name and 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>B.</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.			
<b>II. AUTHORITIES AND REFERENCES</b>				
<b>A.</b>	Identify the legal basis for plan development and implementation to include statutes, rules and local ordinances, etc.			
<b>B.</b>	Identify reference materials used in the development of the Plan.			
<b>C.</b>	Identify the hierarchy of authority in place during emergencies. Provide an organization chart, if different from the previous required chart.			
<b>III. HAZARD ANALYSIS</b>				
<b>A.</b>	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>B.</b>	Provide site specific information concerning the facility to include			

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1.	Number of facility beds, maximum number of clients on site, average number of clients on site.			
2.	Type of residents/patients served by the facility to include but not limited to:			
a.	Patients with Alzheimer’s or Dementia.			
b.	Patients requiring special equipment or other special care, such as oxygen or dialysis.			
c.	Number of patients who are self-sufficient.			
3.	Identification of the hurricane evacuation zone the facility is located in.			
4.	Identification of which flood zone the facility is located in as identified on a Flood Insurance Rate Map.			
5.	Proximity of the facility to a railroad or major transportation artery (per hazardous materials incidents).			
6.	Identify if the facility is located within the 10-mile or 50-mile Emergency Planning Zone (EPZ) of a nuclear power plant.			
<b>IV. CONCEPT OF OPERATIONS</b>				
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. <b>Direction and Control</b> 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 serve in that capacity.			
2.	Identify the chain of command to ensure continuous leadership and authority in key positions.			
3.	State procedures to ensure timely activation and staffing of the facility in emergency functions. Provisions for emergency workers’ families.			

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4.	State the operational support roles for all facility staff. <i>(This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan)</i>			
5.	State the procedures to ensure the following needs are supplied.			
a.	Food, water, <i>(From Emergency Management – AHCA <b>recommends</b> 7 days)</i> and sleeping arrangements.			
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 Generator Information form)</i>			
c.	Transportation (May be covered in the evacuation section).			
d.	72-hour supply of all essential supplies.			
6.	Provisions for providing 24-hour staffing on a continuous basis until the emergency have abated.			
<p><b>Notification</b></p> <p><b>B.</b> 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, to include off hours and weekends/holidays.			
2.	Identify the facility 24-hour contact telephone number, if different than the telephone number listed in the Introduction.			

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3.	Define how key staff will be alerted.			
4.	Define the procedures and policy for reporting to work for key workers.			
5.	Define how residents/patients will be alerted and the precautionary measures that will be taken.			
6.	Identify alternative means of notification should the primary system fail.			
7.	Identify procedures for notifying those facilities to which facility residents will be evacuated to.			
8.	Identify procedures for notifying families of residents that facility is being evacuated.			
<b>Evacuation</b>				
<b>C.</b>	Describe the policies, roles, responsibilities and procedures for the evacuation of residents from the facility.			
1.	Identify the individual responsible for implementing facility evacuation procedures. <i>(From Emergency Management – Who will notify AHCA?)</i>			
2.	Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate residents <i>(Copies of the agreements must be attached as appendices).</i>			
3.	Describe transportation arrangements for logistical support to include moving records, medications, food, water and other necessities.			
4.	Identify the pre-determined locations where residents will evacuate to.			

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5.	Provide a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients ( <i>Copies of the agreements must be attached as appendices</i> ).			
6.	Identify primary evacuation routes that will be used, <b>including secondary routes</b> if the primary route would be impassable.			
7.	Specify the amount of time it will take to successfully evacuate all patient/residents to the receiving facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds - 39 mph winds. ( <i>From EM – Acknowledge that you will be evacuated before 39 mph winds begin</i> ).			
8.	What are the procedures <b>to ensure</b> facility staff will accompany evacuating residents/patients?			
9.	Identify procedures that will be used to keep track of residents once they have been evacuated (to include a log system).			
10.	Determine what and how much each resident should take. Provide for the minimum of a 72-hour stay, with provisions to cover this period of time if the disaster is of catastrophic magnitude.			
11.	Establish procedures for responding to family inquiries about residents who have been evacuated.			
12.	Establish procedures for ensuring all residents are accounted for <b>and are out of the facility</b> .			
13.	Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.			
14.	Specify at what point the mutual aid agreements for transportation and the notification of alternate facilities will begin.			

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<b>D. Re-Entry</b>				
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.	Identify how residents will be transported from the host facility back to their home facility and identify how you will receive accurate and timely data on re-entry operations.			
<b>E. Sheltering</b>				
If the facility is to be used as a shelter for an evacuating facility, the plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.				
1.	Describe the receiving procedures for arriving residents/patients from evacuating facility.			
2.	Identify where additional residents will be housed. <b>Provide a floor plan</b> , which identifies the space allocated for additional residents or patients.			
3.	Identify provision of additional food, water, medical needs of residents /patients being hosted at the receiving facility for a minimum of 72-hours.			
4.	Describe the procedures for ensuring 24-hour operations.			

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5.	Describe procedures for providing shelter for family members of critical workers.			
6.	Identify when the facility will seek a waiver from the Agency for Health Care Administration (AHCA) to allow for the sheltering of evacuees if this creates a situation which exceeds the operating capacity of the host facility. <i>(From PBC DEM: Who will contact AHCA?)</i>			
7.	Describe procedures for tracking additional residents or patients sheltered within the facility.			

### **V. INFORMATION, TRAINING AND EXERCISES**

This section shall identify the procedures for increasing employee and patient/resident awareness of possible emergency situations and provide training on their emergency roles before, during and after a disaster.

<b>A.</b>	Identify how key workers will be instructed in their emergency roles during non-emergency times.			
<b>B.</b>	Identify a training schedule for all employees and identify the provider of the training.			
<b>C.</b>	Identify the provisions for training new employees regarding their disaster related roles.			
<b>D.</b>	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>			
<b>E.</b>	Establish procedures for correcting deficiencies noted during training exercises.			

### **VI. APPENDICES**

The following information is required, yet placement in an annex is optional, if the material is included in the body of the plan.

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<b>A. Roster of employees and companies with key disaster related roles.</b>				
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>B. Agreements and Understandings</b>				
1.	Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.			
<b>C. Evacuation Route Maps</b>				
1.	Maps of <b>primary and secondary evacuation routes</b> and a description of how to travel to a receiving facility for drivers of each route.			
<b>D. Support Material</b>				
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> ).			
<b>E. Standard Operating Procedures (From Emergency Management)</b>				