

# EMERGENCY MANAGEMENT PLANNING CRITERIA FOR ADULT DAY TRAINING PROGRAMS LICENSED BY THE AGENCY FOR PERSONS WITH DISABILITIES

## **INTRODUCTION**

Pursuant to section 393.067, Florida Statutes (F.S.), all Adult Day Training (ADT) programs shall prepare a written Comprehensive Emergency Management Plan (CEMP) which shall be updated as needed and on an annual basis. The Agency for Persons with Disabilities (APD) developed this Emergency Management Planning Criteria to set forth the minimum CEMP criteria to assist all ADT programs in meeting the legal requirements and APD's compliance review.

APD has also developed a template CEMP for ADT programs to utilize. The template CEMP can be found at: [https://apd.myflorida.com/providers/docs/CEMP\\_Template.docx](https://apd.myflorida.com/providers/docs/CEMP_Template.docx)

County emergency management agencies shall review the programs' CEMP which serves participants with complex medical conditions, pursuant to s. 393.067, F.S. APD will also receive and review the CEMP for each program at licensure. For informational purposes, the licensee may submit a copy of the CEMP to their county emergency management office.

These criteria are not intended to limit or exclude additional information that programs may decide to include in their plans to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness.

Information on county emergency management can be found at:

<https://floridadisaster.org/counties/> (find your county emergency management links and contact information)

Information on Regional Planning Councils can be found at:

<http://www.flregionalcouncils.org/directory/>

## **I. ADULT DAY TRAINING PROGRAM OVERVIEW**

These minimum criteria satisfy the basic emergency management plan requirements of s. 393.067, F.S., and Rule Chapter 65G-2.0074, F.A.C., for Adult Day Training Standards.

**Provide basic information concerning the program to include:**

- \_\_\_\_\_ A. Name of facility, address, telephone number, emergency contact telephone numbers, email address, fax number, type of program, and license numbers for renewals.
- \_\_\_\_\_ B. Owner of program, name, address, and telephone number.
- \_\_\_\_\_ C. Name of designated program director, address, work/home telephone numbers, as well as name of alternate program director, their address, and work/home telephone numbers.

- \_\_\_\_\_ D. Identification, by name and title, the individual staff member in charge during an emergency and one alternative person, should that person be unable to serve in that capacity.
- \_\_\_\_\_ E. Organizational chart, identifying chain of command, and including phone numbers, with key management positions identified, and hierarchy of authority during emergencies.
- \_\_\_\_\_ F. Site specific information concerning the facility to include:
  - \_\_\_\_\_ 1. The year the facility was built, type of construction (concrete block, wood-frame, stucco, etc.), date of any subsequent construction, and any actions to protect and fortify the facility, such as: hurricane shutters and straps, gable end bracing, engineer inspections, etc.
  - \_\_\_\_\_ 2. Number of facility bathrooms, maximum number of participants on site, average number of participants on site, and age range of participants served.
  - \_\_\_\_\_ 3. Characteristics of participants served by the facility to include but not limited to:
    - a. Ambulatory without assistance of any kind
    - b. Require only human assistance with mobility
    - c. Require only mechanical devices for mobility such as wheelchairs, walkers, etc.
    - d. Require both human assistance and mechanical devices for mobility
    - e. Require special medical or electrical equipment for survival, such as oxygen, ventilators, dialysis, electric wheelchairs, etc.
    - f. Require intensive personal assistance or supervision due to medical or behavioral needs.

## II. HAZARD ANALYSIS

- \_\_\_\_\_ A. Describe the potential hazards that the facility is vulnerable to, such as hurricanes, tornadoes, flooding, fires, hazardous materials, incidents from radiological emergencies (i.e. Nuclear Power Plants) or transportation accidents, power outages during severe cold or hot weather, public health emergency (i.e. pandemic), etc. Some of this information may be available from the county emergency management agency.
- \_\_\_\_\_ B. Identification of which hurricane evacuation zone the facility is in, from county emergency management or Regional Planning Councils.
- \_\_\_\_\_ C. Identification of which flood zone the facility is in, as identified on Flood Insurance Rate Map, from county emergency management or Regional Planning Councils.

- \_\_\_\_\_ D. Proximity of facility to a railroad or major transportation artery (per hazardous materials incidents).
- \_\_\_\_\_ E. Identify if facility is located within the 10-mile or 50-mile emergency planning zone of a nuclear power plant, per county emergency management.

### **III. CONCEPT OF OPERATIONS**

This section of the plan defines the policies, procedures, responsibilities, and actions that the program will take before, during and after any emergency situation. At a minimum, the program's plan needs to address direction and control; notification; and evacuation and sheltering.

#### **A. Direction, Control, and Continuity of Operations**

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 the operational support roles for all program staff. (This will be accomplished through the development of Standard Operating Procedures which must be attached to this plan.)
- \_\_\_\_\_ 4. Emergency staffing Procedures: State the procedures to ensure timely staffing of the facility in emergency functions. State the provisions for emergency workers' families, if permitted by governing authority. State provisions for 24-hour staffing on a continuous basis until the emergency has abated. In a public health emergency, staffing provisions should include back-up staffing in case staff are ill or quarantined.
- \_\_\_\_\_ 5. State the procedures to ensure the following needs are supplied.
  - a. Food, water, and also sleeping arrangements if the facility will be providing shelter overnight.
  - b. Medication supplies and current medication administration records ("MAR") and blank MAR forms
  - c. Supplies necessary during a public health emergency, such as thermometers, personal protective equipment (disposable gloves, face masks, eye shields or goggles, protective gowns), cleaning and disinfectant supplies
  - d. Transportation (may be covered in the evacuation section).
  - e. At least 72-hour supply of all essential supplies.
- \_\_\_\_\_ 6. Emergency power sources. (Indicate what is applicable in the facility.)

- a. Solar power and/or battery backup
  - i. Solar and/or battery backup Capacity-what fixtures or systems can be operated and for how long (entire facility, including air conditioning and/or heat. If not the entire facility, indicate what sections are powered).
  
- b. Generator Information
  - i. Type (fixed or portable, wattage).
  - ii. Generation Capacity-what fixtures or systems can be operated by the generator and for how long (entire facility, including air conditioning and/or heat. If not the entire facility, indicate what sections are powered by the generator).
  - iii. Fuel type and source.
  - iv. Identify person responsible for ensuring fuel supply.
  - v. Amount of fuel to be stored and where located.
  - vi. Fuel Methods of obtaining additional fuel (attach contracts with fuel providers, etc.).
  - vii. Maintenance and testing of generator (identify responsible staff and the frequency).
  
- c. Staff training on generator operation

## **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, participants, and their parents or guardians, of potential emergency conditions. Notification procedures for public health emergencies should include notifications of required screening questions, restrictions on visitation and other activities, and reporting illness/disease outbreaks to facility decision makers, staff, participants, parents and guardians, local department of health office, and APD.

- \_\_\_\_\_ 1. Define how the facility will receive warnings, to include off hours and weekends/holidays.
- \_\_\_\_\_ 2. Identify the facility's 24-hour contact number, if different than the number listed in introduction.
- \_\_\_\_\_ 3. Define how key staff will be alerted.
- \_\_\_\_\_ 4. Define the procedures and policy for reporting to work for key workers.
- \_\_\_\_\_ 5. Define how participants will be alerted and the precautionary measures/alternative methods of notification should the primary system fail. Examples include, but are not limited to battery-operated or hand-crank weather radios, back-up cell phones, two-way radios, etc..

- \_\_\_\_\_ 6. Identify procedures for notifying APD, waiver support coordinators, families, and authorized representatives or guardians of participants if the facility is being evacuated.

### **C. Evacuation and Sheltering**

Describe the policies, roles, responsibilities, and procedures for the evacuation of participants from the facility.

- \_\_\_\_\_ 1. Identify the criteria/trigger that would cause the facility to evacuate. (i.e.: facility is experiencing a power outage and will evacuate after 30 minutes of power outage, received notification of tropical storm warning, etc.)
- \_\_\_\_\_ 2. Identify the individual responsible for implementing facility evacuation procedures.
- \_\_\_\_\_ 3. Identify the pre-determined locations where participants will evacuate to (based on the participant needs and their Personal Disaster Plans). There should be three evacuation options identified in different geographic areas (one close by, one in a different area of the county, and one outside of the county). A general population or special needs shelter must not be the primary or secondary evacuation option – these should only be utilized as a last resort. Any cost incurred for shelter options during an evacuation is the responsibility of the licensee.

Note: When selecting evacuation locations, select locations that are not in an evacuation zone.

Examples for Sheltering:

- a. A family home of a participant or the personal home of the licensee
  - b. A designated licensed facility, such as a group home or assisted living facility
  - c. Hotel
  - d. Another adult day training facility
  - e. Other (explain)
- \_\_\_\_\_ 4. Equipment and Supplies: Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities.
- \_\_\_\_\_ 5. Client Transportation: Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate participants (copies of the agreements must be attached). These agreements will include when transportation and evacuation will begin during an emergency.
- \_\_\_\_\_ 6. Notification & Tracking Procedures: Describe procedures for notification to include timeframes, person responsible, and procedures for tracking the location of each program participant. If applicable, describe procedures for notifying facilities to which program participants will be evacuated to. Identify procedures that will be used to keep track of participants and where they have been evacuated to (include a log system).

#### **D. Primary Host Facility Information**

- \_\_\_\_\_ 7. Provide copies of the mutual aid agreements that have been entered into with the owner/operator of each evacuation location to receive participants (current, signed each year). These agreements will include when these locations will be notified of a potential evacuation.
- \_\_\_\_\_ 8. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable. Refer to the local emergency management website.
- \_\_\_\_\_ 9. Specify the amount of time it will take to successfully evacuate all participants to the receiving location. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (40 mph winds). This information may be available from the county emergency management agency, or Regional Planning Council.
- \_\_\_\_\_ 10. Identify which facility staff will accompany evacuating participants and will remain with the participants in the evacuation location. If all other evacuation options are unavailable and a Special Needs Shelter is the only remaining shelter option, there must be facility staff that will accompany participants to the shelter and remain with participants for the duration of their stay at the shelter. *Note: Evacuation to a Special Needs Shelter requires submittal of an application to the county emergency management agency as part of pre-planning and prior to evacuation.*
- \_\_\_\_\_ 11. Ensure each participant has a Personal Disaster Plan of their own and attach a copy of their plans.
- \_\_\_\_\_ 12. Coordinate medication supplies with participant/legal rep/family/ residential facility.
- \_\_\_\_\_ 13. Determine the pre-positioning of necessary medical supplies and provisions.
- \_\_\_\_\_ 14. Determine what and how much each participant should take. Provide for a minimum 72-hour stay, with provisions to extend this time frame if the disaster is of catastrophic magnitude.
- \_\_\_\_\_ 15. Establish procedures for responding to family inquiries about participants who have been evacuated.
- \_\_\_\_\_ 16. Identify specific staff who will provide information and maintain contact with both the local office of emergency management, and APD within 6 hours of the facility's evacuation. Reporting to both entities must continue every six hours until the evacuation is complete.

#### **E. Re-Entry and Reunification**

Once a facility has been evacuated or closed due to an emergency, procedures need to be in place for allowing participants to re-enter the facility.

- \_\_\_\_\_ 1. Identify who the responsible person(s) is for contacting county emergency management to determine timing for re-entry into the facility, when the evacuation has been mandated by county emergency management.

- \_\_\_\_\_ 2. Identify procedures for inspection of the facility to ensure it is structurally sound and can meet the needs of the participants.
- \_\_\_\_\_ 3. Identify how participants 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.
- \_\_\_\_\_ 4. Identify how county emergency management, APD, families, authorized representatives or guardians, and waiver support coordinators will be notified when participants have returned to the facility.
- \_\_\_\_\_ 5. State the procedures to ensure timely staffing of the facility. State the provisions for emergency workers' families.

#### **F. Host Sheltering**

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 participants arrive. The plan will also need to include assurance of proper care for the current participants as well as the additional participants, and overall safety and the lives of participants will not be jeopardized by exceeding the licensed capacity.

- \_\_\_\_\_ 1. Describe the procedures for communicating with the evacuating facility to determine if and when the evacuation will begin.
- \_\_\_\_\_ 2. Describe the receiving procedures for arriving evacuees from evacuating facility.
- \_\_\_\_\_ 3. Identify where additional evacuees will be housed. Provide a floor plan which identifies the space allocated for additional evacuees.
- \_\_\_\_\_ 4. Identify provisions of additional food, water, medical needs of those evacuees being sheltered at the receiving facility for a minimum of 72 hours.
- \_\_\_\_\_ 5. Describe the procedures for ensuring 24-hour operations with the potential for increased staffing due to the increased number of evacuees and time spent in the facility.
- \_\_\_\_\_ 6. Describe procedures for providing shelter for family members of critical workers.
- \_\_\_\_\_ 7. Include in the procedures which staff will notify APD within 48 hours of the sheltering of evacuees which will result in the host facility exceeding their licensed capacity.
- \_\_\_\_\_ 8. Describe procedures for tracking additional evacuees sheltered within the facility (such as a log listing the additional people, including the individual's names, usual address and the dates of arrival and departure).
- \_\_\_\_\_ 9. Describe contingency planning in the event that the host facility must also evacuate with the evacuees from the evacuating facility.

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

This section shall identify the procedures for increasing employee and participant 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 an annual basis.
- \_\_\_\_\_ E. Identify the location within the facility where a copy of the current, approved emergency management plan will be maintained and made accessible to all facility employees.
- \_\_\_\_\_ F. Establish procedures for correcting deficiencies noted during training exercises.

**V. SUBMISSION**

The completed plan must be submitted with the initial licensure packet and an updated plan should be submitted annually.

Preparer of CEMP: \_\_\_\_\_  
(Name/Signature)

Phone Number: \_\_\_\_\_  
(including area code)

Date Submitted: \_\_\_\_\_

**VI. ATTACHMENTS**

- \_\_\_\_\_ A. Facility Organizational Chart (showing all personnel)
- \_\_\_\_\_ B. Roster of employees and companies with key disaster roles:
  - \_\_\_\_\_ 1. List the names, addresses, and telephone numbers of all staff with disaster related roles.
  - \_\_\_\_\_ 2. List the names of the company, contact person, telephone number, and addresses of emergency service providers such as: transportation, emergency power, fuel, water, police, fire, Red Cross, Health Department, and local emergency management, etc.
- \_\_\_\_\_ C. Emergency Response Standard Operating Procedures
- \_\_\_\_\_ D. Agreements and Understandings:
  - \_\_\_\_\_ 1. Provide copies of any mutual aid agreements 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.

\_\_\_\_\_ 2. A copy of the facility floor plan identifying the space allocated for additional evacuees if the facility is serving as a host shelter.

\_\_\_\_\_ D. Evacuation Route Maps:

Maps of the evacuation routes and descriptions of how to get to a receiving facility.

\_\_\_\_\_ E. Support Material:

Any additional material needed to support the information provided in the plan.