**COMPREHENSIVE EMERGENCY MANAGEMENT PLAN**

**for**

**Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County: \_\_\_\_\_\_\_\_\_\_\_\_**

**APD Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE PREPARED: \_\_\_\_**/**\_\_\_\_**/**\_\_\_\_\_\_\_\_**

**PREPARED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**------------------------------------------------ APD Office Use Only ------------------------------------------------**

**Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved:** [ ]

**Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ County Review Required:** [ ]

# FACILITY OVERVIEW:

1. **Facility Information:**

|  |
| --- |
|  |
| **Facility Name:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
| **County:** |  |
|  |
| **Main Phone #:** |  |
| **Email Address:** |  |
| **Fax #:** |  |
|  |
| **Emergency Contact Name:** |  |
| **Emergency Contact Phone #:** |  |
|  |
| **Type of Facility:** | [ ]  Foster Home[ ]  Group Home[ ]  Residential Habilitation Center |
| **License #:** |  |
|  |

1. **Owner Information:**

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| --- |
|  |
| **Owner Name:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |
|  |
| **Work Phone #:** |  |
| **Home/Cell Phone #:** |  |
| **Email:** |  |
|  |

1. **Facility Operator:**

|  |
| --- |
| **PRIMARY** |
| **Name:** |  |
| **Street Address:** |  |
| **State:** |  |
| **Zip:** |  |
|  |
| **Work Phone #:** |  |
| **Home/Cell Phone #:** |  |
| **Email:** |  |
| **ALTERNATE** |
| **Name:** |  |
| **Street Address:** |  |
| **State:** |  |
| **Zip:** |  |
|  |
| **Work Phone #:** |  |
| **Home/Cell Phone #:** |  |
| **Email:** |  |
|  |

1. **Emergency Person in Charge:**

|  |
| --- |
| **PRIMARY** |
| **Name:** |  | **Title:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |
|  |
| **Work Phone #:** |  |
| **Home/Cell Phone #:** |  |
| **Email:** |  |
| **ALTERNATE** |
| **Name:** |  | **Title:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |
|  |
| **Work Phone #:** |  |
| **Home/Cell Phone #:** |  |
| **Email:** |  |
|  |

1. **Organizational Chart:**
2. **Site-Specific Information:**

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|  |
| **Year Built:** |  |
| **Type of Construction:** |  |
| **Dates of Subsequent Construction:** |  |
| **Mitigation/****Fortification Projects:** |  |
|  |
| **Number of Beds:** |  |
| **Maximum # of Residents:** |  |
| **Gender:** |  |
| **Age Range of Residents:** |  |
|  |
| **Types of Residents Served:** |  |
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# HAZARD ANALYSIS:

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| **POTENTIAL HAZARDS** |
| **Severe Weather/Wildfires** | **Hazardous Materials/Radiological Events** | **Other Hazards** |
| [ ]  Severe Thunderstorms[ ]  Tornadoes[ ]  River or Inland Flooding[ ]  Coastal Flooding[ ]  Tropical Cyclones (tropical storms, hurricanes)[ ]  Excessive Heat[ ]  Excessive Cold[ ]  Tsunamis[ ]  Wildfires[ ]  Other: | [ ]  Chemical Plant Spills[ ]  Nuclear Transport Spills[ ]  Fuel Spills[ ]  Nuclear Power Plant Emergencies[ ]  Other: | [ ]  Epidemic/Pandemic or Public Health Emergency[ ]  Power Failure[ ]  Other:  |
| **HURRICANE EVACUATION ZONE** |
|  |
| **FLOOD ZONE** |
|  |
| **PROXIMITY TO MAJOR TRANSPORTATION ARTERIES** |
| **TYPE** | **NAME** | **PROXIMITY** |
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| **NUCLEAR POWER PLANT ZONE** |
| **Located in** **Planning Zone:** [ ]  | **Turkey Point:** [ ] **St. Lucie:** [ ] **Crystal River:** [ ] **Farley:** [ ]  | **10-mile:** [ ] **50-mile:** [ ]  |

# CONCEPT OF OPERATIONS:

## Direction, Control, and Continuity of Operations:

|  |
| --- |
| **Operational Support Roles & Chain of Command****(Attach Standard Operating Procedures)** |
| **Position****Title**  | **Name &** **Phone Number** | **Successor Name &** **Phone Number** |
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| **EMERGENCY STAFFING PROCEDURES** |
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| **EMERGENCY NEEDS AND SUPPLIES** |
| **Food and Water** |
| **Item** | **Amount Needed** | **Procurement & Storage** |
| Water (1 gal/person per day for 7 days) |  |  |
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| **Medications and Medication Administration** |
| **Item** | **Amount Needed** | **Procurement & Storage** |
| Medication Refills |  |  |
|  |  |  |
| Current Medication Administration Record Forms (MAR) for each resident |  |  |
|  |  |  |
| Blank MARs for each resident |  |  |
|  |  |  |
| **Public Health Emergency Supplies** |
| **Cleaning Items** | **Amount Needed** | **Procurement & Storage** |
| Examples: Paper towels, plastic trash bags and liners and hand soaps |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Sanitation Items** | **Amount Needed** | **Procurement & Storage** |
| Examples: Disinfectant supplies such as, alcohol-based hand sanitizer, rubbing alcohol, disinfectant wipes and sprays, hydrogen peroxide |  |  |
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|  |  |  |
|  |  |  |
| **PPE (Personal Protection Equipment) Items** | **Amount Needed** | **Procurement & Storage** |
| Surgical/procedural masks, disposable gloves (in appropriate sizes for staff), safety glasses, isolation gowns, etc. |  |  |
|  |  |  |
| **General Health Items** | **Amount Needed** | **Procurement & Storage** |
| Thermometers and thermometer covers, hand lotion, First Aid Kit |  |  |
|  |  |  |
|  |  |  |
| **Sleeping Arrangements** |
| **Number of People** | **Space Needed (approx. 40 ft2 per person)** |
|  |  |
| **Generator Information** |
| **Generator Type** | **Fuel Type** | **Fuel Capacity & Burn Rate** |
|  |  |  |
|  |  |  |
| **Generator Capacity:****(What specific components of the facility will the generator be able to power)** |  |
| **Person Responsible for Ensuring Fuel Supply:** |  |
| **Fuel Storage Capacity & Storage Location:** |  |
| **Fuel Source(s):** |  |
| **Generator Testing frequency and person responsible:** |  |
| **Generator Training Procedures:** |  |
|  |  |
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| **Transportation** |
| **Number of People Needing Transport** | **Modes of Transportation** | **Other Transportation Needs****(fuel, accessibility needs, GPS, etc.)** |
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## Notification of Potential Emergency Conditions:

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| **Emergency Notification Systems and Methods** |
| **Type** | **Position Responsible for Monitoring** | **Notification Source/Methods such as news, radio, weather radio, etc.** |
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| **24-Hour Contact Number** |
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| **Key Staff Notification and Reporting**  |
| **Staff Member** | **Method of Notification** | **Time Frame for Reporting to Facility or Alternate Site** |
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| **Resident Notification** |
| **Method of Notification** | **Position Responsible for Notification** | **Precautionary Measures/Alternate Methods** |
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| **Family/Guardian/WSC Notifications** |
| **Method of Notification** | **Position Responsible for Notification** | **Precautionary Measures/Alternate Methods** |
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## Evacuation and Sheltering:

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| **Evacuation Triggers** |
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| **Individual Responsible for Evacuation** |
| Name: |  |
| Phone Number: |  |
| Alternate Name: |  |
| Alt. Phone Number: |  |
| **Evacuation & Sheltering Options****(Based on Personal Disaster Plan)** |
| **Resident Name** | **Shelter Type** | **Address** | **On-Site Contact #** | **Transport****Y/N**  | **Accompanying Staff** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Equipment and Supplies** |
| **Type** | **Amount Needed** | **Method of Transportation** | **Staff Responsible for Coordination and Tracking** |
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| **Client Transportation**  |
| **Transportation Method** | **Provider** | **Capacity** | **Response Time** | **Contact Name** | **Contact Number** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Notification & Tracking Procedures** |
| * Describe procedures for notification and tracking: procedures to include notification timeframes, person responsible for notifications and documentation of notifications.
* APD Regional Office, WSCs, Families/Guardians all need to be notified.
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| **PRIMARY HOST FACILITY INFORMATION****(ATTACH AGREEMENT(S))** |
| **Facility Name:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
| **County:** |  |
|  |
| **Contact Name:** |  |
| **Contact #:** |  |
| **Alt. Name:** |  |
| **Alt. #:** |  |
|  |
| **Pre-Staged Equipment and Supplies:** |  |
| **Available Staff to Assist:** |  |
| **Number of Available Beds/Spaces:** |  |
|  |
| **Primary Evacuation Route:** |  |
| **Alternate Evacuation Route:** |  |
| **Directions from Evacuating Facility:** |  |
|  |

|  |
| --- |
| **ALTERNATE HOST FACILITY INFORMATION****(ATTACH AGREEMENT(S))** |
| **Facility Name:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
| **County:** |  |
|  |
| **Contact Name:** |  |
| **Contact #:** |  |
| **Alt. Name:** |  |
| **Alt. #:** |  |
|  |
| **Pre-Staged Equipment and Supplies:** |  |
| **Available Staff to Assist:** |  |
| **Number of Available Beds/Spaces:** |  |
|  |
| **Primary Evacuation Route:** |  |
| **Alternate Evacuation Route:** |  |
| **Directions from Evacuating Facility:** |  |
|  |

## Re-Entry and Reunification:

|  |
| --- |
| **County Emergency Management Agency****(Contact to Determine Timing for Re-Entry to the Facility)** |
| **Facility Staff Required to Contact County EM:** |  |
|  |
| **County Name:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
|  |
| **Emergency Management Contact Name:** |  |
| **Contact #:** |  |
| **Alt. Name:** |  |
| **Alt. #:** |  |
|  |
| **Persons Responsible for Inspecting the Facility:** |  |
| **Resident Transportation Back to Facility** |
| **Persons Responsible for Coordination:** |  |
| **Method(s) of Transport:** |  |
| **Transportation Capacity:** |  |
| **Family Notification** |
| **Persons Responsible for Coordination:** |  |
| **Notification Method(s):** |  |
| **Notification Timeline:** |  |
| **APD/WSC/Guardian Notification** |
| **Persons Responsible for Coordination:** |  |
| **Notification Method(s):** |  |
| **Notification Timeline:** |  |
|  |  |

## Host Sheltering (For Facilities Receiving Evacuating Residents and Staff):

|  |
| --- |
|  |
| **Name of Evacuating Facility:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
| **County:** |  |
|  |
| **Contact Name:** |  |
| **Contact #:** |  |
| **Alt. Name:** |  |
| **Alt. #:** |  |
|  |
| **Number of People to be Received:** |  |
| **Check-In Procedures:** |  |
| **Pre-Staged Equipment and Supplies:** |  |
| **Available Staff to Assist:** |  |
| **Number of Available Resident Beds/Spaces:**(attach floorplan) |  |
| **Number of Available Staff & Family Beds/Spaces:**(attach floorplan) |  |
|  |
| **Will Evacuated Residents Exceed Licensed Capacity?** |  |
| **APD Contact #:**(must contact w/in 48 hours if capacity is exceeded) |  |
|  |

|  |
| --- |
| **CONTINGENCY FACILITY INFORMATION** **(In the event Host Shelter must evacuate)****(ATTACH AGREEMENT(S))** |
| **Facility Name:** |  |
| **Street Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
| **County:** |  |
|  |
| **Contact Name:** |  |
| **Contact #:** |  |
| **Alt. Name:** |  |
| **Alt. #:** |  |
|  |
| **Pre-Staged Equipment and Supplies:** |  |
| **Available Staff to Assist:** |  |
| **Number of Available Beds/Spaces:** |  |
|  |
| **Primary Evacuation Route:** |  |
| **Alternate Evacuation Route:** |  |
| **Directions from Evacuating Facility:** |  |
|  |

# INFORMATION, TRAINING, AND EXERCISE

|  |
| --- |
| **STAFF TRAINING REQUIREMENTS** |
|  |
| **TRAINING SCHEDULE** |
| **Training Type** | **Frequency** | **Provider** | **Required Staff** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **EXERCISE SCHEDULE** |
| **Scale** | **Frequency** | **Provider** | **Required Staff** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **CORRECTIVE ACTION PLAN** |
|  |