Emergency Management Planning Criteria for Nurse Registries

This form must be included with the submission of your Plan to the plan approver. Please indicate the location of where each Planning Criteria item is located within your Plan in the location column below.

The Emergency Management Planning Criteria for Nurse Registries must be used to develop a Comprehensive Emergency Management Plan ("CEMP" or "Plan") for Nurse Registries. The criteria will serve as the format for compliance review by designated plan approvers.

The criteria listed are the minimum requirements for your Plan. The criteria are not intended to limit or exclude additional information that may be included in the Plan. County Emergency Management Agencies may require additional information or revise specific criteria requirements due to a facility's location, hazard analysis, or resident demographics. Any additional information not required by a county emergency management agency included in the Plan is not subject to approval by the plan approver, though the plan approver may provide informational comments.

All policies and procedures must be in compliance with privacy and security related laws and regulations, including the Social Security Act, which incorporates the Health Insurance Portability and Accountability Act (HIPAA).

CEMP Submission Type:	☐Initial Licensure ☐Annual Review ☐Change of Ownership ☐Significant Modification
Submission Date to County:	AHCA License Number:
Facility Name:	
Facility Street Address:	
Person to be contacted about this submission:	
Name:	Title:
Phone:	Email Address:

Planning Criteria	**Location** (note the page and paragraph of the criteria in your Plan)
1. INTRODUCTION – Provide basic information about the Plan and the facility.	
1.1 Table of Contents	
1.2 Plan Approval Record	
1.2.1 Date of Last Approval	
1.2.2 Date of Approvals for Significant Modification submissions. Include for each approval a description of the modification of item number(s) changed.	
1.3 Provider Information	
1.3.1 Provider Name as it appears on the AHCA License	
1.3.2 Street Address, City, County, Zip Code	
1.3.3 Main Phone Number	
1.3.4 Emergency 24-hour Phone Number	
1.3.5 AHCA License Number	
1.3.6 Special Services if any for special patients	
1.3.7 AHCA Field Office (Indicate #1-11)	
1.4 License Information – as designated on your licensure application	
1.4.1 Name	
1.4.2 Business Address, if different from Provider Street Address	

1.4.3 Work Phone Number	
1.4.4 Cell Phone Number	
1.4.5 Email Address	
1.5 Owner Information	
1.5.1 Name	
1.5.2 Work Telephone Number	
1.5.3 Cell Phone Number	
1.5.4 Email Address	
1.6 Management Company (if applicable)	
1.6.1 Company Name	
1.6.2 Contact Name	
1.6.3 Business Address	
1.6.4 Work Phone Number	
1.6.5 Cell Phone Number	
1.6.6 Email Address	
1.7 Administrator Information	
1.7.1 Name	
1.7.2 Work Telephone Number	
1.7.3 Cell Phone Number	
1.7.4 Email Address	
1.8 Designated Alternate Administrator	
1.8.1 Name	
1.8.2 Work Telephone Number	
1.8.3 Cell Phone Number	
1.8.4 Email Address	
1.9 Safety Liaison – Serving as primary contact for emergency operations pursuant to s. 408.821(1), F.S.	
1.9.1 Name	
1.9.2 Emergency 24-hour Phone Number	
1.9.3 Email Address	
1.10 Plan Developer – Person Responsible for Overall Plan Development	
1.10.1 Name and Routine Position Title	
1.10.2 Work Phone Number	
1.10.3 Cell Phone Number	
1.10.4 Email Address	
2. SITUATION – Vulnerability Analysis, Geographic Information, and Demographics	
2.1 Hazard Vulnerability Analysis - Outline and describe the threats and hazards to which the facility is vulnerable. Examples include hurricanes, tornados, flooding, fires, infectious disease outbreaks, cyber threats, hazardous materials, gas leaks, transportation accidents, nuclear power plant incident, power outages during severe weather, extreme cold or heat, active shooter, or other potential threats to the health and safety of residents. In conducting the hazard vulnerability analysis, consider and incorporate past experiences, lessons learned, and actions to mitigate and reduce vulnerabilities.	
2.2 Provider Site – Specific and Geographic Information	
2.2.1 Identify the elevation of the nurse registry operational site or provide the Federal Emergency Management Agency (FEMA) flood map elevation data**.**	
2.2.2 Identify the hurricane evacuation zone as designated by the county where the nurse registry operational site is located, if located in a coastal county.	
2.2.3 Identify flood zone as indicated on a Flood Insurance Rate Map or a Digital Flood Insurance Rate Map as distributed by FEMA.	
2.2.4 Indicate proximity, in miles, to a railroad or a major transportation artery to identify possible hazardous material incidents.	
2.2.5 Identify if facility is located within a 10-mile or a 50-mile emergency planning zone of a nuclear power plant and the evacuation zone if applicable.	
2.3 Demographics	
2.3.1 Minimum number of staff and independent contractors needed to maintain operations.	

2.3.2 Indicate characteristics and relevant dependencies of patients served or capable of being served. Examples include patient dependency upon electrical equipment (i.e., CPAP, ventilator); services or treatments involving insulin, oxygen, or dialysis; assistance with ambulation; patients with a diagnosed mental disorder; or patients with Alzheimer's disease or a related dementia.	
3. CONCEPT OF OPERATIONS – Describe the policies, procedures, responsibilities, and actions that will be taken before, during, and after an emergency.	
3.1 Direction and Control - Define the management structure for emergency operations. Identify who has the authority to make decisions for the provider and provide a basis for decision-making. An individual may serve in more than one role.	
3.1.1 Provide an organizational chart that identifies key positions and the chain of command to ensure continuous leadership authority and responsibility during an activation for an emergency in Appendix B: Organizational Charts and Rosters. Include identification by position title of the following:	
3.1.1.1 Identify by position title the individual in charge during an emergency (your Primary Incident Commander).	
3.1.1.2 Identify the alternate individual in charge during an emergency - if the Primary Incident Commander is unable to serve.	
3.1.2 Identify, by position title, the individual(s) responsible for updating the database approved by AHCA for reporting emergency status, planning, or operations pursuant to s. 408.821, F.S., and the procedure for making updates. Attach proof of registration in the database by including a screen print of your registration in Appendix H.	
3.1.3 Provide a summary statement for how the Plan will be timely activated. Specific activation triggers must be included within facility Standard Operating Procedures (SOPs) attached at Appendix C. The SOPs must include pre-determined conditions for activation of the Plan based on hazards identified in the Hazard Vulnerability Analysis and considering local emergency management requirements. Activation triggers may include forecast cone tracks, wind speed, flood water level, proximity of wildfire, as well as a sudden, no-notice event.	
3.2 Staffing	
3.2.1 Provide a summary statement of the general roles and responsibilities for key staff during an emergency. Include within the SOPs attached at Appendix C, the roles and responsibilities for key administrative staff and other key workers during each type of emergency response.	
3.2.2 Describe the procedures for timely activation of emergency staffing to cover continuous staffing, including off hours, weekends and holidays until the emergency has abated.	
3.2.3 Describe the policies and procedures for reporting to work for key administrative staff, other key workers and independent contractors when the provider remains operational during an emergency.	
3.3 Emergency Resources – Describe the following procedures to support the short-term provider operations regarding the following:	
3.3.1 A supply of all essential supplies based on the provider's risk assessment of potential hazards, using an all-hazards approach, to provide for patients, staff, and independent contractors who may shelter in place during an emergency, as well as evacuation (County Emergency Management may have specific requirements for these supplies).	
3.3.2 Continuation of services and supplies for patients with specific characteristics or dependencies (identified in Item 2.3.2) until the emergency conditions have abated. This may reflect the Plan to coordinate with third party providers or the direct provision of service by the provider.	
3.3.3 The resources necessary to continue essential care or services or referrals to other organizations subject to written agreement including how the nurse registry will continue to provide care to ALF and/or AFCH patients who relocate in the same geographic service area or relocate outside the geographic service area.	
3.3.4 The procedure for maintaining a current prioritized list of patients registered with the special needs registry pursuant to s. 252.355, F.S. who are located in a private residence, ALF and AFCH and who need continued services during an emergency. This list shall comply with the requirements of s. 400.506(12)(b), F.S.	

3.4 Communication and Notification – Procedures must describe how information will be communicated before, during, and after an emergency with the facility's key administrative staff, other key workers, independent contractors, patients, patients' responsible parties, and government parties**.**	
3.4.1 Describe how the provider and staff in key positions who are responsible for Plan implementation will receive timely notification of hazards and impending threats, including during off-hours, weekends, and holidays.	
3.4.2 If the nurse registry provides skilled care, provide the nurse registry's 24 hour contact number, if different than the number listed in the introduction.	
3.4.3 Describe how staff, independent contractors, and third-party providers will be notified of emergencies and decisions about evacuation.	
3.4.4 Describe the policies and procedures for reporting to work for staff and other key workers, when the nurse registry remains operational.	
3.4.5 Describe the procedures on how independent contractors who are providing services to clients registered (pursuant to s. 252.355, F.S.) will be alerted.	
3.4.6 Describe how providers of essential supplies and services that have agreed to receive evacuees will be notified of emergencies and decisions about evacuation.	
3.4.7 Describe the procedure for furnishing the list of patients registered with a special needs registry to county health departments and to local emergency management agencies, upon request (pursuant to s. 400.506 (12)(b), F.S.).	
3.4.8 Informing Patients Prior to an Emergency	
3.4.8.1 Describe how patients and patients' responsible parties will be informed and how responses to inquiries will be handled for an emergency incident or impending threat; for actions taken; and for decisions and information about evacuation, sheltering in place, or cessation of operations.	
3.4.8.2 Describe procedures for instructing nurse registry administrative staff of their responsibilities for discussing with those patients who need continued services either in the home, ALF or AFCH (and who are not registered with the special needs registry), the patients' plan prior to and during, and immediately following, an emergency.	
3.4.8.3 Describe the procedures for instructing nurse registry administrative staff as to their responsibility to discuss the special needs registry with those patients who will require to be evacuated to a special needs shelter (pursuant to s. 252.355, F.S.) during an emergency.	
3.4.8.4 Describe the procedures for collecting patient registration information for the special needs registry, (pursuant to 59A-18.018 (6), F.A.C.) which must be done prior to an emergency, not when an emergency is approaching or occurring.	
3.4.8.5 Describe the procedures on how independent contractors and nurse registry administrative staff will be informed of their responsibility to educate patients about maintaining their medication, supplies and equipment list (refer to Appendix F, Section 5.6.3).	
3.4.8.6 Describe the specific procedures on how the nurse registry will discuss and disseminate important information with those patients registered with the special needs registry (in accordance with Appendix F, Sections 5.6.1 and 5.6.4). This will also include the limitations of services and conditions in a shelter; that the level of services may not equal what they receive in the home; that conditions in the shelter may be stressful and may even be inadequate for their needs; and that special needs shelters are an option of last resort.	
3.4.8.7 Describe the procedures on how patients will be alerted, and the precautionary measures that will be taken, including but not limited to independent contractors continuing the same type and quantity of services to patients registered (pursuant to s. 252.355, F.S.), unless the emergency situation is beyond the control of the independent contractor (pursuant to 400.506 (12) (d), F.S.).	
3.4.8.8 Describe the procedure for furnishing the list of patients registered with a special needs registry to county health departments and to local emergency management agencies, upon request (pursuant to s. 400.506 (12)(b), F.S.).	
3.4.9 Describe how patients and patients' responsible parties will be informed and how responses to inquiries will be handled for an emergency incident or impending threat; for actions taken; and for decisions and information about evacuation, sheltering in place, or cessation of operations.	
3.4.10 Describe how government partners, including the county emergency management agency, will be notified about decisions to evacuate.	

3.4.11 Describe alternate methods of communication that will be used if the primary system fails.	
3.4.12 Attach documentation showing the provider has registered for the county emergency notification system (if applicable).	
3.5 During an Emergency - Describe the policies, roles, responsibilities, and procedures for the continuation of services when there is not a mandatory evacuation and patients registered (pursuant to s. 252.355, F.S.), may decide to stay in their homes, ALF or AFCH.	
3.5.1 Describe the procedure on how the provider will contact each independent contractor that provides care to the patients needing continuing care to determine whether the independent contractor is still providing the care.	
3.5.2 Describe the procedures that facilitate the efforts of the independent contractor to establish, and keep updated, medication, supplies and equipment lists (as defined in appendix F) to be kept in the homes of special needs patients.	
3.5.3 Describe the procedure on how the provider will contact other independent contractors and nurse registries to arrange for care to the patient if the independent contractor is unable to provide the care and the patient still needs care.	
3.5.4 Describe the procedure on how the provider will establish links to local emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area per s. 400.506 (12).	
3.5.5 Describe the management of patients who will continue to receive services in the home, assisted living facilities (ALF) and in adult family care homes (AFCH) by the nurse registry's independent contractors during an emergency.	
3.6 Evacuation - Describe the policies, roles, responsibilities, and procedures for the evacuation of residents. Planning must address internal and external disasters for relocating patients to another provider.	
3.6.1 Decision Makers: Identify the key administrative staff position(s) with the authority to determine if and when evacuation procedures will be implemented.	
3.6.2 Memorandums of Understanding, Agreements, Contracts between Evacuating Providers and Receiving Providers.	
3.6.2.1 Identify all arrangements made through memorandums of understanding (MOUs), agreements, or contracts that will be used to evacuate residents. Arrangements must be reviewed and updated annually as needed. Attach documents in Appendix D: Agreements, Understandings, and Contracts.	
3.6.2.2 Identify the pre-determined locations to which patients will be evacuated.	
3.6.2.3 Include the primary evacuation routes that will be used and secondary routes to each location that would be used if the primary route is impassable. Include routes in Appendix E: Maps.	
3.6.3 Evacuation Logistics	
3.6.3.1 Describe the procedures for ensuring all patients are accounted for, including tracking patients who have been evacuated by the patient's responsible party.	
3.6.3.2 Describe the procedures that will be used to identify and keep track of patients once they have been relocated to the shelter location or discharged at the time of relocation.	
3.6.3.3 Describe the procedures for educating and helping the patient and caregiver, e.g. family members, friends, etc., understand that the caregiver is to remain with the patient in the special needs shelter, and to take the list established by the independent contractor as well as other necessary items to the special needs shelter when there is mandatory evacuation underway due to the emergency.	
3.6.3.4 Describe the procedures to determine what, how much, and who will provide the provisions to accompany each patient to the evacuation location to support the patient. Include provisions for an extended period of time should the need arise.	
3.6.3.5 Describe the arrangements for transportation of essential patient records, medications, treatments, supplies, and medical equipment that will be available as needed for patients.	
3.6.3.6 Describe the procedures for determining when necessary medical supplies and provisions will be pre-positioned.	
3.6.3.7 Describe the means by which the provider will continue to provide the same type and quantity of services to its patients who evacuate to special needs shelters which were being provided to those patients prior to evacuation per s. 400.506(12).	

3.7 Receiving Providers- If the provider will be accepting patients from an evacuating provider, describe the procedures that will be used to provide continuing care to the evacuees.	
3.7.1 Describe the procedures for receiving patients from an evacuating provider, including tracking of evacuees.	
3.7.2 Identify provisions of essential supplies, and appropriate care and services needed.	
3.7.3 Describe the procedures for ensuring 24-hour operations if different from those described in item 3.2. Staffing.	
3.8 Returning after Emergency	
3.8.1 Identify procedures for obtaining authorization from county officials and AHCA for re-entry to an affected area.	
3.8.2 Include the procedures for reporting the extent of damage to authorities and the ability to provide services to patients.	
3.8.3 Identify procedures for re-establishing contact with staff and independent contractors to resume services.	
3.8.4 Identify procedures for re-establishing contact with patients in their homes, ALF or AFCH in order that the independent contractor or alternate independent contractor can resume provision of care.	
3.8.5 Identify procedures for how the nurse registry will provide or arrange for prioritizing care should the emergency result in fewer independent contractors being available immediately following the disaster.	
4. INFORMATION, ORIENTATION, TRAINING, AND EXERCISES – Identify the procedures for increasing staff, independent contractor, third party provider, and patient awareness of potential emergencies and for providing training, orientation, and information on emergency roles before, during, and after a disaster.	
4.1 Identify how and when staff and independent contractors will be oriented in their emergency roles and responsibilities and identify the person(s) who will provide the orientation.	
4.2 Identify the procedures for orienting new staff and independent contractors regarding their emergency roles and responsibilities.	
4.2.1 Orientation should include identification of an emergency, when the Plan will be implemented, and the roles and responsibilities of key administrative staff, other essential and non-essential staff, and independent contractors.	
4.2.2 Orientation should include procedures for informing independent contractors on how they can work (if they choose to do so) with the local, state or county agency which will be managing and staffing special needs shelters during an emergency (pursuant to s. 456.38, F.S., and s. 381.0303, F.S.,).	
4.2.3 Orientation should be conducted using relevant procedures from SOPs.	
4.3 Identify an annual training schedule for all staff and identify the key staff person providing the training.	
4.3.1 Training should include identification of an emergency, when the Plan will be implemented, and the roles and responsibilities of key administrative staff and other essential and non-essential staff.	
4.3.2 Training should be conducted using relevant procedures from SOPs.	
4.4 Identify the procedures for educating patients about the emergency management plan and the special needs registry**.**	
4.5 Identify the procedures for informing third party providers about expectations for their roles and responsibilities during an emergency, if applicable**.**	
4.6 Identify an annual schedule for exercising all or portions of the nurse registry's Plan at least twice each year.	
4.7 Describe the procedures for conducting after-action reports and incorporating lessons learned in the provider's Plan.	
5. APPENDICES	
5.1 Appendix A: Legal Authorities and References	
5.1.1 Identify the legal basis for Plan development and implementation to include applicable statutes, rules, and local ordinances.	
5.1.2 Identify reference materials used in the development of the Plan.	
5.2 Appendix B: Organizational Charts and Rosters	

5.2.1 Organizational chart that identifies key positions and the chain of command to ensure continuous leadership authority and responsibility during an activation for an emergency.	
5.2.2 Roster of persons with key disaster related roles, including names consistent with organizational chart, phone number, email address, and physical business addresses if different from facility address.	
5.2.3 Contact information for entities providing services during an emergency: electric, water, sewer, telephone, Internet, police, fire, county emergency management agency. Include organization name, contact person(s), phone number(s), and email address(es).	
5.3 Appendix C: Provider Standard Operating Procedures (SOPs)	
5.4 Appendix D: Agreements, Understanding, and Contracts (updated annually)	
5.4.1 Memorandums of Understanding, agreements, or contracts between Evacuating Providers and Sheltering/Receiving Providers.	
5.4.2 Service Provider Agreements or contracts with vendors that have a responsibility during an emergency for essential supplies and services, if applicable.	
5.5 Appendix E: Maps	
5.5.1 Location Map, street-level including all service areas as needed.	
5.5.2 Primary and secondary evacuation routes with directions for travel to receiving providers for drivers.	
5.6 Appendix F: Information for Patients Registered with the Special Needs Registry Attach a copy of the following information:	
5.6.1 Notification that the patient's caregiver, if applicable, must accompany and remain with the patient at the special needs shelter. Caregivers can be relatives, household members, guardians, friends, neighbors and volunteers.	
5.6.2 Notification that the patient's caregiver, if applicable, must accompany and remain with the patient at the special needs shelter.	
5.6.3 List of information and items that special needs patients need to bring with them to the special needs shelter during an evacuation.	
5.6.3.1 Bed sheets, blankets, pillow, folding lawn chair, air mattress.	
5.6.3.2 The patient's medication including the dose, frequency, route, time of day and any special considerations for administration, supplies and equipment list, including the phone, beeper and emergency numbers for the patient's physician, pharmacy and, if applicable, oxygen supplier; supplies and medical equipment for the patient's care; Do Not Resuscitate (DNRO) form, if applicable.	
5.6.3.3 Name and phone number of the patient's nurse registry.	
5.6.3.4 Prescription and non-prescription medication needed for at least 5 to 7 days; oxygen for 5 to 7 days if needed.	
5.6.3.5 A copy of the patient's plan of care, if applicable.	
5.6.3.6 Identification and current address.	
5.6.3.7 Special diet items, non-perishable food for 5 to 7 days and 1 gallon of water per person per day.	
5.6.3.8 Glasses, hearing aids and batteries, prosthetics and any other assistive devices.	
5.6.3.9 Personal hygiene items for 5 to 7 days.	
5.6.3.10 Extra clothing for 5 to 7 days.	
5.6.3.11 Flashlight and batteries.	
5.6.3.12 Self-entertainment and recreation items, like books, magazines, quiet games.	
5.6.4 Information for shelterees**.**	
5.6.4.1 If the patient has a caregiver, the caregiver(s) shall be allowed to shelter together in the special needs shelter. If the person with special needs is responsible for the care of individuals without special needs, those persons may also shelter together.	
5.6.4.2 The shelteree's caregiver will have floor space provided. The caregiver must provide his or her own bedding.	
5.6.4.3 Service dogs are allowed in the shelter. However, check with your local Emergency Management office to see if other pets are permitted.	
5.6.4.4 Bring personal snacks, drinks, and any special dietary foods for 72 hours. It is possible only sparse meals will be provided.	
5.6.4.5 Caregivers who regularly assist the patient in the home are expected to continue to do the same care in the shelter.	
5.7 Appendix G: Additional Support Material – Any additional material needed to support	

the activities and information provided in the Plan.	

GENERAL COMMENTS

_____