

Palm Beach County

CEMP Program Workshop



Together, Emergencies Are Managed

January 26, 2016



Together
Emergencies
Are
Managed

Palm
Beach
County



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Four Parts to Today's Meeting

□ Part 1

- Changes to the Healthcare CEMP Program

□ Part 2

- Updates made easy!
- Understanding the AHCA Crosswalk

□ Part 3

- New CEMP templates

□ Part 4

- Writing a new CEMP

Objectives

- ❑ Learn about changes to the program.
- ❑ Understand how to simplify your updates.
- ❑ Learn how to write a CEMP.
- ❑ Feel more comfortable with the review process.

Note:

- This Presentation is held to assist you in compliance with:
- Florida Administrative Code: 27P-20.003, 58A-6.011, 59A-5.018, 59A-3.078, 65B-6
- Florida Statutes: §252.38, §393.067, §395.1055, §400.967, §400.23, §429.929, §429.41

Note:

- ❑ Parts 1, 2, and 3 are new.
- ❑ Part 4 is a training on writing a new CEMP
- ❑ Those not requiring training on writing a new CEMP may depart during the intermission.
- ❑ Certificates will be available in the lobby.

Part 1

Changes to the Healthcare CEMP Program



What's New?

- ❑ The review fee increased to \$62.50 per submission effective 1 October 2015
- ❑ New checklists are available online to help you prepare for your submission.

Old-Dated 2011

New- Dated 2015

- ❑ Trainings are posted online
- ❑ New templates are available to make writing and updating plans less stressful.

So what should I do?

- ❑ Check our website prior to preparing your submission.

http://www.pbcgov.com/dem/sections/operations/health_care.htm

- ❑ Changes generally kick in with the fiscal year on 1 October.
- ❑ Make use of all the online resources
- ❑ Ask Questions. Send emails, make calls.

Things to look forward to

- ❑ Digital Submission by June 2017.
 - ❑ Ref: PBC DEM Strategic Plan 2016-2020

- ❑ Digital submissions will be whole plan vs updated pages.

- ❑ New templates are digital submission friendly.

- ❑ A transition period will be announced to allow facilities to submit hard copy plans while they prepare for digital submission.

Part 2

Updates made easy! Understanding the AHCA Crosswalk



Steps to a Simple Update


1. Gather your updates.
2. Visit the Website.
3. Download the Renewal Checklist and the right Crosswalk.
4. Submit fire plan to your local Fire department requesting a fire plan approval letter.
5. Compile updates.
6. Receive Administrator approval in writing .
7. Submit payment, crosswalk, updates, vendor agreements administrator's letter, fire plan approval letter.


Pro Tips:

- ❑ Consider updating the Fire plan 3-6 months before your CEMP to avoid delays.
- ❑ If your fire plan approval or any contract will expire within 60 days of submission it **WILL NOT** be accepted.

The Website

Palm Beach County | Home | About | Links | Publications | FAQs | Site Index | Site Info | Contact Us

 **Palm Beach County**
The Best of Everything.

Advanced Search
Search Site 
Search Type

You are here: Palm Beach County » Dem » Sections » Operations » **Health Care Facility Comprehensive Emergency Management Plan (CEMP)**

Operations Directory

- County Warning Point
- Health Care Facility CEMP
- Shelters
- Special Needs Sheltering
- Special Transportation Assistance

EM Directory

- EM Home
- Sections
- Hazards
- Hurricane Preparedness
- Helpful Links
- Publications
- Contact Us

Health Care Facility Comprehensive Emergency Management Plan (CEMP)

The Residential Health Care Facility (RHCF) Comprehensive Emergency Management Plan (CEMP) Review Program was introduced as a result of Florida State Legislature, requiring certain health care facilities to prepare and annually update a comprehensive emergency management plan. These facilities include:

- Adult Day Care Centers (ADC)
- Assisted Living Facilities (ALF)
- Ambulatory Surgical Centers (ASC)
- Hospitals
- Residential Treatment Centers (RTC)
- Skilled Nursing Homes (SNH)

State law requires that the Agency for Health Care Administration (AHCA) develop and adopt minimum criteria for the CEMP. [The law also requires that the CEMPs be reviewed and approved by Palm Beach County Division of Emergency Management \(DEM\).](#) The AHCA has a local office here in Palm Beach County. The agency's contact information is as follows:










5150 Linton Boulevard, Suite 500
Delray Beach, Florida 33445
Telephone number (561) 496-5900

AHCA Criteria Cross-Walk

The crosswalk documents identify the minimum criteria to be used when developing CEMPs for residential health care facilities. The cross-walk serves as the required plan format for the CEMP, and will also serve as the compliance review document for Palm Beach County Division of Emergency Management upon submission for review and approval pursuant to Chapter 252, Florida Statutes (F.S.). These criteria satisfy the basic emergency management requirements of 400, Part II, Florida Statutes, but are not designed to provide specific emergency medical planning guidance.

Information on Submitting a CEMP

The following documents are provided to assist with the development and submission of new Comprehensive Emergency Management Plans and the annual updates to the CEMP:


- New Facility Checklist 
- Renewal Checklist 
- Generator Information Template  (Include with plan submission)
- AHCA criteria crosswalk for your facility type (Complete Facility Input and submit with plan):
 - Adult Day Care 
 - Assisted Living Facility 
 - Ambulatory Surgery Center 
 - Hospital 
 - Residential Treatment Center 
 - Skilled Nursing Facility 
- Updates for Annual CEMP Review (The parts of the plan, or documentation that have changed)

Review Fee

The Palm Beach County Division of Emergency Management will begin charging for two hours of review time for all healthcare CEMPs effective 1 October 2015. All plan submissions will be charged \$62.50 based on two hours at \$31.25 per hour (FL Ch. 279-20). This change is necessitated to fully cover the time spent on CEMPs including, but not limited to: administrative and data entry work, database and technology support, binder and update packet processing, training and consulting to facilities that occurs beyond time spent reviewing plans.

Training Resources

The slideshows from past quarterly presentations are available here

- August 2015 HCEMP Structure Presentation 

Flood Awareness Directory

- Home
- Current Water Conditions
- FEMA Flood Maps
- Flood Facts
- Flood Maps
- Types and Causes of Flooding in Palm Beach County
- Assessing Your Personal Risk
- Flood Warning System
- Do I Need Flood Insurance?
- Flood Insurance Statistics
- Evacuation Information
- Storm Surge Inundation Map
- Hurricane Shelters
- What Can I Do?
- Safety and Recovery Tips
- Flood Programs
- Floodplain Regulations
- Important Contacts
- Flood Zone Contacts
- Glossary of Flood Terms
- Expos and News

Related Links

- FEMA
- Floodmart
- National Flood Insurance Program
- National Weather Service
- County Planning, Zoning, Building Flood Information
- Palm Beach County Library - Flood Protection Documents
- Palm Beach Post
- South Florida Water Management District

The Checklist

HEALTH CARE FACILITY CEMP RENEWAL CHECKLIST

The following points must be addressed to renew the Comprehensive Emergency Management Plan (CEMP) for your facility.

The CEMP and check should be delivered to:

Palm Beach County Emergency Operations Center
20 S. Military Trail
West Palm Beach, FL 33415
Telephone: (561) 712-6400

1. A check for \$62.50 made out to "Board of County Commissioners"
 - a. All plan submissions will be charged \$62.50 based on two hours at \$31.25 per hour (FL Ch. 27P-20). If the review process requires additional time, you will be contacted and an invoice will be forwarded to your facility.
2. All new or updated documentation.
 - If the updated plan has the same page numbering as the previous year's plan, only updated pages are required.
 - If the updated plan does NOT have the same page numbering as the previous year's plan provide the updated section or tab (i.e. "I Introduction, II Authorities and References, or Fire Plan Tab")
 - Any renewed or recently signed agreements or contracts.
 - Contracts that have not expired do not require replacement.
 - An electronic copy of the plan is recommended. CD's, and Flash drives are acceptable. This becomes a backup to your documents in case the facility needs to make new copies.
 - This may be a full copy, or just the updates.
3. A cover letter which is dated and signed by the facility Administrator or other company representative.
4. The AHCA crosswalk with Specific Location Section and page Column completed for all updated or new items.
 - Renewals are evaluated solely on your new or updated documentation.
5. A new cover page for the binder indicating the current year and the Facility name.
6. A copy of the current *Fire Plan approval letter* must be included with the plan and located behind the cover letter in addition to any other pertinent location in the plan.

The Fire Plan approval letter must not expire within 60 days of the date submitted.


Helpful Notes:

1. Use the applicable AHCA crosswalk as a guide for compiling and updating the plan. It must be included with the plan and located behind the *Fire Plan approval letter* at the front of the plan.
2. Be sure that all agreements included with the plan are current e.g. alternate facilities, food, fuel, electrical power, transportation, water, etc.
3. A completed Generator Information form must be included *if* the facility uses a generator.
4. A hard copy of your plan can be created at the EOC at a rate of \$31.25 per hour, charged separately from your review.
5. A well organized binder using tabs and page breaks is much easier to keep updated year after year.


Websites

- The AHCA website is a very good source of overall information:
<http://ahca.myflorida.com/>
- FEMA Flood Insurance Rate Map: <http://msc.fema.gov/webapp/wcs>, and click on the map search menu on the top of the page.
- For Palm Beach County surge zone evacuation information, use the following website:
<http://maps.co.palm-beach.fl.us/sams/>
- The AHCA Cross-Walks, this form, and other helpful documents are available on our website:
http://www.pbcgov.com/dem/sections/operations/hif%20applicable%20health_care.htm

The Crosswalk



**CROSS-REFERENCE FOR
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN
ADULT DAY CARE FACILITIES**



ADULT DAY CARE FACILITIES
(Based upon AHCA Criteria dated July 2001)

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.

Instruction: 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 using the page number for each item is required.

Crosswalk Criteria	Specific Location (Section A Page) (Facility Paper)	Actual Location	Meets Criteria (Yes/No)
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 reconstruction.			

ADC Crosswalk Page 1 of 8

- Each facility type has a unique crosswalk

- Crosswalks do not change frequently.

Current year 14/15

The Updates

- ❑ Make needed changes to the plan.
 - ❑ Document items changed and indicate the location on the crosswalk.
 - ❑ Insert updates into your binder by changing pages.
 - ❑ Compile a set of replacement pages for review.
 - ❑ Ensure plan is numbered sequentially.
- ❑ Check contracts and agreements for currency.
 - ❑ Replace updated contracts in the binder and document the tab and page in the crosswalk.
 - ❑ Compile a set of replacement pages for review.
 - ❑ Submit fire plan and approval letter.

Updating the Plan

**CROSS-REFERENCE FOR
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN
ADULT DAY CARE FACILITIES**

I. INTRODUCTION

- Name of facility, address, telephone number, emergency contact telephone number, pager number (if available), fax number, type of facility, and license.

Palm Beach County EOC Adult Day Care
 Main Phone 561-712-6400
 Backup Phone 911 (Upstairs)
 Fax 561-712-6454
 Adult Day Care
 License Number 8675309
- Owner of facility, address, telephone (private or corporate ownership).

Board of County Commissioners
 North County Courthouse, 3188 PGA Boulevard, West Palm Beach, FL 33410
 561-624-6547
 Private ownership
- Year facility was built, type of construction and date of any subsequent construction.

1998 CMU hardened structure. No subsequent construction
- Name of Administrator, address, work/home telephone number, and the work/home telephone number of his/her alternate.

Bill Johnson, RN, CEM
 20 South Military Trail West Palm Beach FL 33415
 561-712-6400/561-712-6400
 Alternate: Mary Blakney 561-712-6400/561-712-6400
- Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the Administrator.

Keith Wall, CEM
 20 South Military Trail West Palm Beach FL 33415
 561-712-6400/561-712-6400
- Name, work and home telephone number of person(s) who developed this plan.

Keith Wall, CEM
 561-712-6400/561-712-6400
- Provide an organizational chart, identifying phone numbers, with key management positions identified.

3

**CROSS-REFERENCE FOR
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN
ADULT DAY CARE FACILITIES**

ADULT DAY CARE FACILITIES

(Based upon AHCA Criteria dated July 2001)

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:
Palm Beach County EOC Adult Day Care
20 S. Military Trail
West Palm Beach FL 33415

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.

Crosswalk Criteria	Specific Location (Section & Page) (Facility Input)	Actual Location	Meets Criteria (OK or No)
I. INTRODUCTION			
Page, Section, & Item			
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.	P3/1		
2 Owner of facility, address and telephone number. Indicate whether private or corporate ownership. Type of facility and license.	P3/2		
3 Year facility was built, type of construction and date of any subsequent construction.	P3/3		

ADC Crosswalk Page 1 of 6

Using the Crosswalk

- ❑ Facilities Complete the field called Specific Location by indicating the Page and item number. P(Page)/(Item Number)
- ❑ Items not part of the main document should also have a tab number.
 - ❑ Example: The first page of tab two is marked T2/P1
 - ❑ This is handy when trying to point to an internal document from within the plan as well.

Crosswalk Criteria		Specific Location (Section & Page) (Facility Input)	Actual Location	Meets Criteria (OK or No)
L. 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.	P3/1		
2	Owner of facility, address and telephone number. Indicate whether private or corporate ownership. Type of facility and license.	P3/2		
3	Year facility was built, type of construction and date of any subsequent construction.	P3/3		

Using the Crosswalk

- ❑ Only complete fields for items that you have changed.
 - ❑ You took the time to prepare an efficient update, reap the reward by helping us focus only on your changes.
- ❑ A properly completed crosswalk speeds up review and reduces the potential for resubmission.

Crosswalk Criteria		Specific Location (Section & Page) (Facility Input)	Actual Location	Meets Criteria (OK or No)
L. 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.	P3/1		
2	Owner of facility, address and telephone number. Indicate whether private or corporate ownership. Type of facility and license.	P3/2		
3	Year facility was built, type of construction and date of any subsequent construction.	P3/3		

A Complete Submission

Required

Required if changed

The image shows two forms from the Commonwealth of Massachusetts. The top form is titled 'ADMINISTRATOR'S APPROVAL LETTER' and contains sections for '1. INTRODUCTION', '2. Facility Information', '3. Facility Description', '4. Facility Location', '5. Facility Ownership', '6. Facility Operation', and '7. Facility Compliance'. A handwritten note 'Payment' is placed over the top form. The bottom form is titled 'FIRE PLAN APPROVAL LETTER' and contains sections for '1. INTRODUCTION', '2. Facility Information', '3. Facility Description', '4. Facility Location', '5. Facility Ownership', '6. Facility Operation', and '7. Facility Compliance'. A handwritten note 'Payment' is placed over the top form.

The image shows a grid of four colored boxes representing required documents. The boxes are arranged in a 2x2 grid. The top-left box is blue and contains the text 'Tab 8: Support Material (license, table of org etc)'. The top-right box is orange and contains the text 'Tab 10: Standard Operating Procedures'. The bottom-left box is yellow and contains the text 'Tab 7: Agreements and Understandings'. The bottom-right box is red and contains the text 'Tab 9: Fire Plan and Approval Letter'. The text 'Tab 6: Key Disaster Roles' is also present in the bottom-left area, overlapping the yellow and red boxes.

Part 3

New CEMP Templates



New CEMP Templates

- New Microsoft Word forms have been created for each facility type.

Will be available online no later than the next training in April.

http://www.pbcgov.com/dem/sections/operations/health_care.htm

New CEMP Templates

- The templates contain formatting to ensure each section begins on an odd page and each subsection starts on a new page.
- These formatting changes will ensure that the plan can be printed, hole punched and tabbed quickly, with no plan sections sharing a piece of paper.
- The formatting also ensures that when a page or section is replaced it does not impact any other sections.

Features

- ❑ Easier updates.
- ❑ Page numbers.
- ❑ Digital submission ready.
- ❑ Each template has text boxes for entry of your criteria.
- ❑ A completely filled template will have answered all the AHCA requirements.

Do I Need to Start Over with this Template?

- Eventually yes.
 - If your plan is not in word format and easily edited you should begin migrating now for next plan year.
 - If your plan is already in word format and you are happy with it you can wait for the next plan year.
 - *The new file format will be required for digital submission.*

If your plan is a PDF of photocopies or completely paper, immediately assign someone to begin transcribing the plan an hour or two a week.

New CEMP Templates

- ❑ Facilities interested in Beta testing the templates should contact Keith Wall by email Kwall@PBCGOV.org.
- ❑ Limit of two facilities per category.

Part 4

Writing a new CEMP



CEMP

- ❑ CEMP stands for Comprehensive Emergency Management Plan.
- ❑ Provides for All-Hazard response.
- ❑ Describes how the facility will provide care of clients in an emergency (in-place sheltering and evacuating, or being evacuated to a facility).
- ❑ Arrangement of post-disaster priorities including communication with resident families, medical needs, transportation and reporting to State and County.
- ❑ Provides a legal basis for actions taken in an emergency.

How to Develop an Effective Emergency Management Plan

- ❑ Follow the AHCA Guidance as a plan format, including the use of corresponding labeling.
 - ❑ Using the new templates makes this easy.
- ❑ AHCA wants the EM copy to be a mirror image (exact copy) document to the one in your facility.
- ❑ Answer every issue even if the answer is duplicated from a previous page.
- ❑ TYPED plan, with No hand-written notes or corrections will be accepted.

CEMP Organization

- ❑ The Base Plan –
 - ❑ I. Introduction
 - ❑ II. Authorities and References
 - ❑ III. Hazards Analysis
 - ❑ IV. Concept of Operations
 - Direction and Control
 - Notification
 - Evacuation
 - Re-Entry
 - Sheltering
 - ❑ V. Information, Training and Exercise

- ❑ Appendices.
- ❑ Start sections and subsections on new pages.
- ❑ Should take approximately 20 pages for the base plan.

CEMP

Putting it together

- ❑ Plan in a 3-ring binder with name on cover.
- ❑ A 'typed' letter from the administrator.
- ❑ A completed, cross-referenced, AHCA criteria form as supplied by our office.
- ❑ Must have a title page, dated with facility name and address.
- ❑ Must successfully meet each issue defined by AHCA in the crosswalk.
- ❑ Must have pages numbered.
- ❑ Must be tabbed.
- ❑ May have individual pages inserted into page protectors if you desire. However, you must extend your tabs past the page protectors.
- ❑ **All updates to a plan must be 3 hole punched.**

TABS

The plan should be organized into tabs:

- Tab 1: Introduction
- Tab 2: Authorities
- Tab 3: Hazard Analysis
- Tab 4: Concept of Operations
- Tab 5: Information, Training, and Exercises
- Tab 6: Key Disaster Roles
- Tab 7: Agreements and Understandings
- Tab 8: Support Material
- Tab 9: Fire Plan and Approval Letter
- Tab 10: Standard Operating Procedures

Tab 6: Key Disaster Roles

- ❑ Roster of employees with disaster related roles.
 - ❑ Name, address, phone number of employees with disaster related roles.

- ❑ List of companies, agencies or organizations providing emergency support
 - ❑ Name, address, phone number.

Tab 7: Agreements and Understandings

Mutual Aid Agreements

1. Agreement
2. Primary Route and Map
3. Secondary Route and Map

Vendor Agreements

Letters from Vendors

- Transportation
- Generator
Maintenance
- Generator Fuel
- Food

- Water
- Pharmacy
- Local Police
- Local Fire
- Red Cross

Tab 8: Support Material Tab

- ❑ Forms and such: Any/All forms used day-to-day or in emergencies referenced in plan
 - ❑ License
 - ❑ Organizational Chart
 - ❑ Hierarchy of Authority
 - ❑ (Chain of Command)
 - ❑ Emergency Menus
 - ❑ Generator Form
 - ❑ Evacuation Log
 - ❑ Floor Plan
 - ❑ Training Schedule

Tab 9: Fire Plan and Approval Letter

- Facility Fire Plan –
 - The FD Approval Letter.
 - Fire Plan.

Tab 10: Standard Operating Procedures

- ❑ Standard Operating Procedures
 - ❑ Each Position in your Organizational Chart has specific duties to perform during any emergency
 - ❑ “State the operational support roles for all facility staff. (*This will be accomplished through Standard Operating Procedures, which must be attached to this plan*)”
 - ❑ Operational Roles
 - ❑ Administrator
 - ❑ Second in Command
 - ❑ Staff Roles

Other Plans (Completely Optional)

- ❑ **May be individually tabbed for ease of use.**
- ❑ **Other Stand Alone Plans, for example:**
 - ❑ Terrorism
 - ❑ Severe weather
 - ❑ Flooding
 - ❑ Missing resident
 - ❑ Power outages
 - ❑ Hazardous Materials

Past History Tab (Completely Optional)

Past history and lessons learned of hurricanes, or other times your disaster plan was put into use.

- Power Outage?
- Flooding?
- Hurricanes Wilma, Frances, Jean?
- Tropical Storm Isaac?

Storage and Use of Facility CEMP

- ❑ Located in Plans Library. (Secure location)
- ❑ Old Plans are destroyed.
- ❑ Duty Officer may use plan if responding to a disaster at a facility.

Healthcare Facilities and Floods

- ❑ Floods are the most common and widespread of all natural disasters outside of fire.
- ❑ There is a 26% chance of experiencing a flood during the life of a 30 year mortgage (more than 6 times the likelihood of a fire.)
- ❑ 25% of flooding occurs outside areas formally designated as being flood prone (i.e. Special Flood Hazard Areas.)

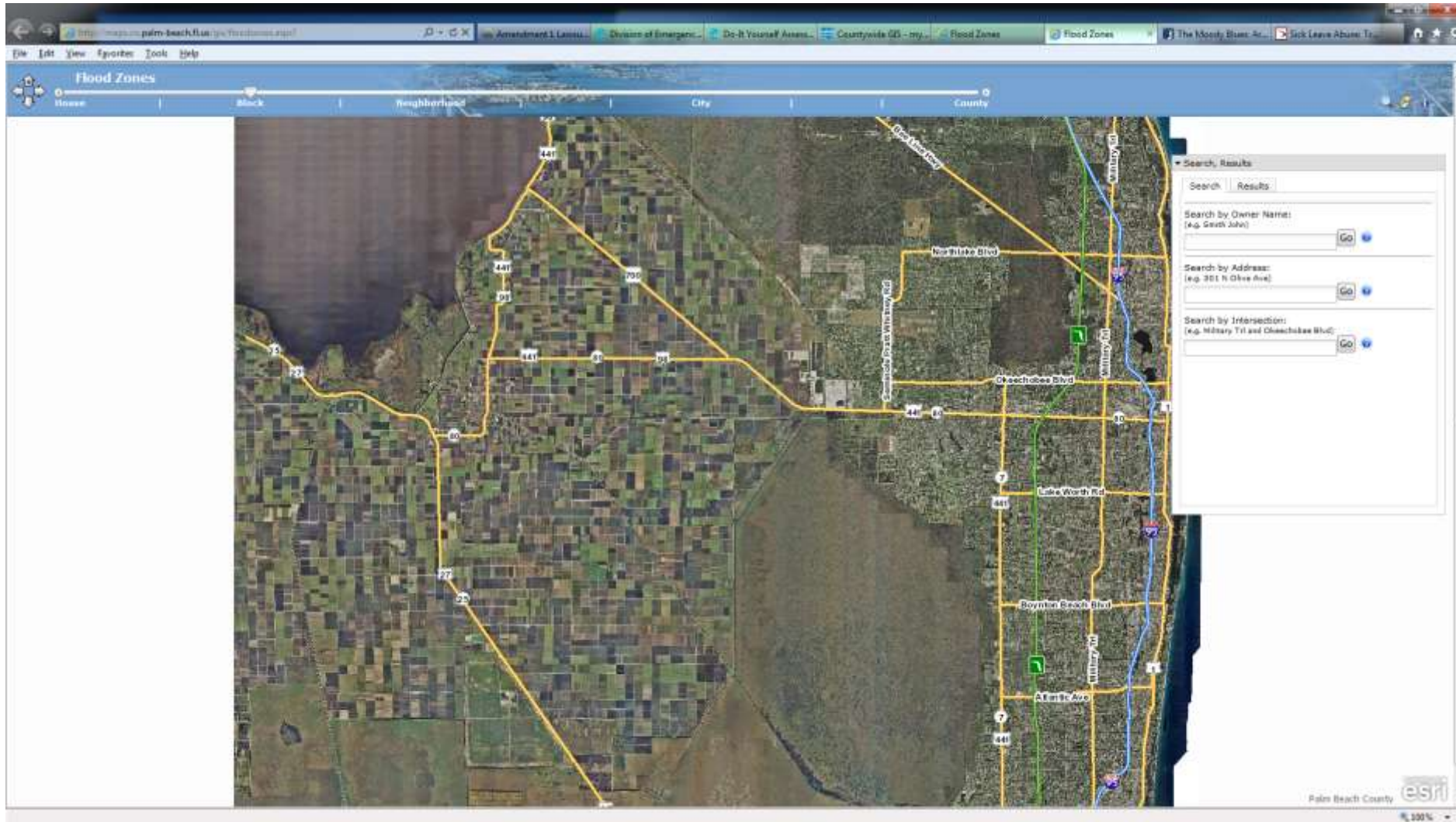


Evacuation and Flood Map Information

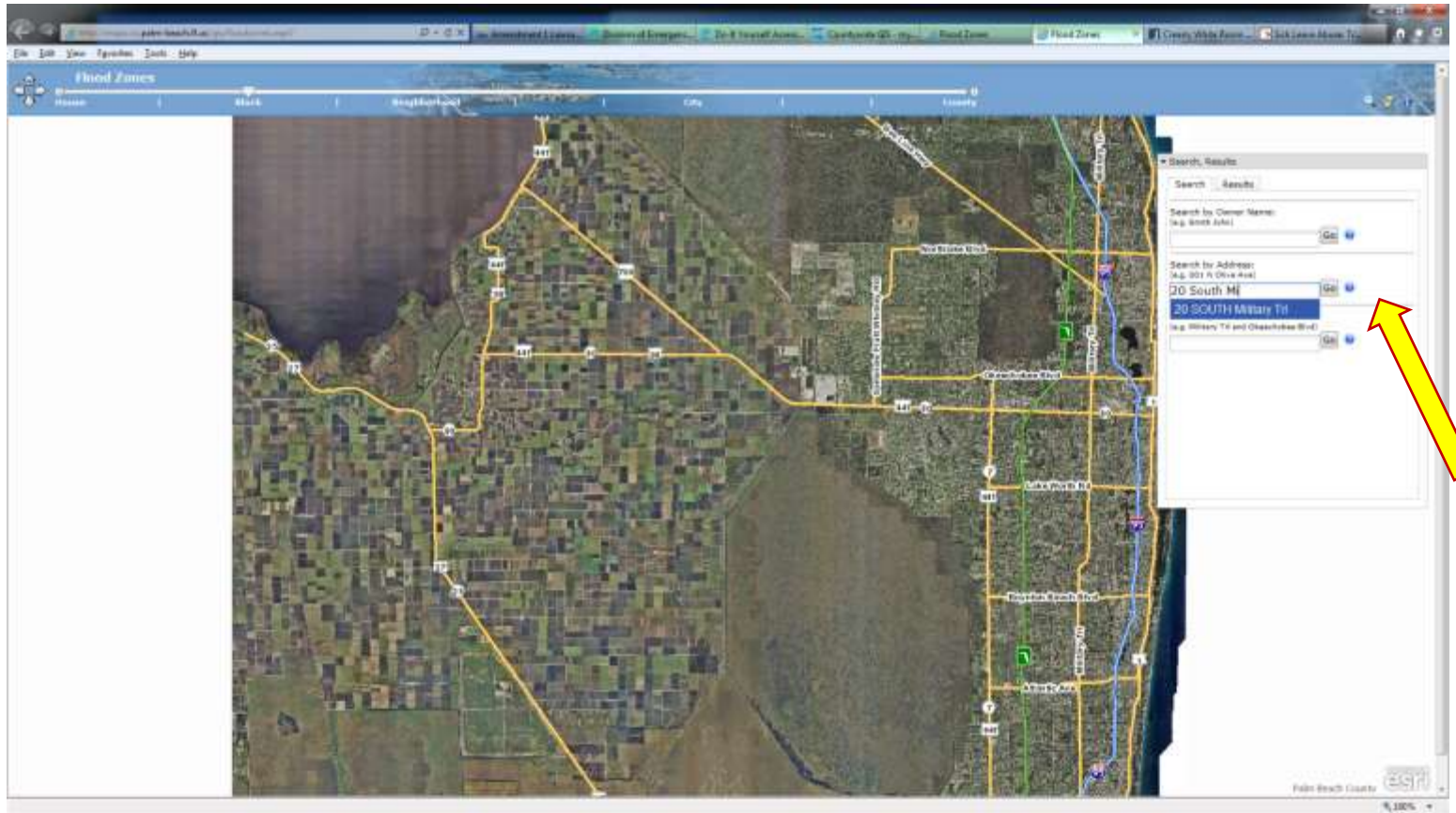
- Evacuation.
- <http://www.pbcgov.com/dem/knowurzone/>
- Under the Make a Plan section you can find your evacuation zone.

- Flood Zone Determination System.
- <http://maps.co.palm-beach.fl.us/gis/floodzones.aspx?>
- Look up your Flood Zone.

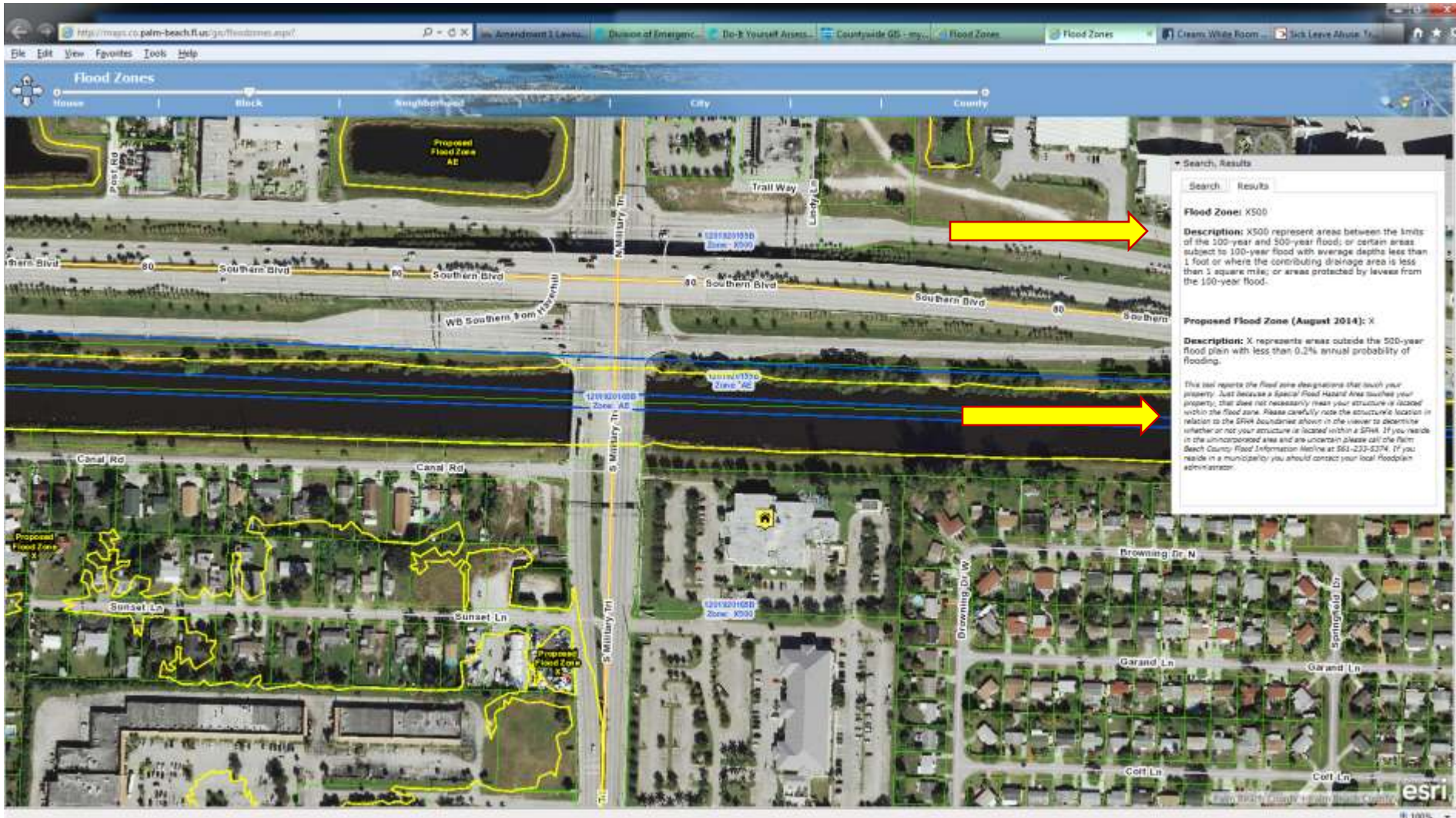
The Flood Zone Page Appears



Type in Your Address Slowly



Your Current and Proposed New Flood Zone Designation



Questions?

Thank you for your attention!

Keith Wall, MPA, CEM MPCP

Senior Planner

Operations

Palm Beach County

Division of Emergency Management

561-712-6329

KWall@pbcgov.org