



## Martin County Emergency Management Agency Comprehensive Emergency Management Plan Criteria for Residential Facilities

### FACILITY'S INFORMATION:

Facility Name:	State License No.:
Type of Facility: <input type="checkbox"/> Foster Homes <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Habilitation Center	
Contact Person:	Phone Number:
Street Address:	
City, State, Zip:	
Submitted By:	Phone Number:

The following minimum criteria are to be used for Comprehensive Emergency Management Plans (CEMP) for licensure of residential facilities licensed under 65G-2.010, F.A.C and Chapter 393.067, F.S. The criteria will serve as the recommended plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, Florida Statutes.

These criteria are not intended to limit or exclude additional information that facilities may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. Any additional information which is included in the plan will not be subject to approval by county emergency management personnel, although they may provide information comments.

This form must be attached to your facility's comprehensive emergency management plan upon submission for approval to the county emergency management agency. Use it as a cross-reference to your plan, by listing the page number and paragraph where the criteria are located in your plan on the line to the left of each item. This will ensure accurate review of your facility's plan by the county emergency management agency.

**NOTE: To ensure an expedited and accurate review of your facility's CEMP, please use this crosswalk as a cross reference to your plan by listing the page number(s), sections, or tab in the column titled "Indicate Location". Secondly, our agency has 60 days after the receipt of a plan to start the initial review.**

### *For Official Use Only*

Date Received:	Initial Review:
Second Review:	Third Review:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date
Reviewed By:	Title:



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<b>I. FACILITY OVERVIEW</b>				
<b>CROSSWALK CRITERIA</b>		Indicate Location (page #, section, tab)	<b>Actual Location (MCEMA Use Only)</b>	Meets Criteria
<b>These minimum criteria satisfy the basic emergency management plan requirements of s. 393.067, F.S., and Rule Chapter 65G-2.010, F.A.C., for Licensure of Residential Facilities Provide basic information concerning the facility to include:</b>				
A	Name of the facility, address, telephone number, emergency contact telephone number, fax numbers, type of facility, and state license number.			
<b>Reviewer Comments (MCEMA use only)</b>				
B	Owner of facility, address, and telephone number.			
<b>Reviewer Comments (MCEMA use only)</b>				
C	Name of designated facility operator, address, work/home telephone numbers, as well as name of alternate facility operator, their address, and work/home telephone numbers.			
<b>Reviewer Comments (MCEMA use only)</b>				
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.			
<b>Reviewer Comments (MCEMA use only)</b>				
E	Organizational chart, identifying chain of command, and including phone numbers, with key management positions identified, and hierarchy of authority during emergencies.			
<b>Reviewer Comments (MCEMA use only)</b>				
F	Site specific information concerning the facility to include: <ol style="list-style-type: none"> <li>1. Year facility was built, type of construction, 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.</li> <li>2. Number of facility beds, maximum number of residents on site, average number of residents on site, gender, and age range of residents served.</li> <li>3. Type of residents served by the facility to include but not limited to:               <ol style="list-style-type: none"> <li>a. Ambulatory without assistance of any kind</li> <li>b. Require only human assistance with mobility</li> </ol> </li> </ol>			



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	<ul style="list-style-type: none"> <li>c. Require only mechanical devices for mobility such as wheelchairs, walkers, etc.</li> <li>d. Require both human assistance and mechanical devices for mobility</li> <li>e. Require special medical or electrical equipment for survival, such as oxygen, ventilators, dialysis, electric wheelchairs, etc.</li> <li>f. Require intensive personal assistance or supervision due to medical or behavioral needs.</li> </ul>			
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**Reviewer Comments (MCEMA use only)**

## II. HAZARD ANALYSIS

<b>CROSSWALK CRITERIA</b>	<b>Indicate Location</b> (page #, section, tab)	<b>Actual Location</b> <i>(MCEMA Use Only)</i>	<b>Meets Criteria</b>
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A	<p>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>Indicate past history and lessons learned.</b></p>			
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**Reviewer Comments (MCEMA use only)**

B	<p>Identification of which hurricane evacuation zone the facility is in, from county emergency management or Regional Planning Councils. *Please visit <a href="https://www.martin.fl.us/EvacuationZones">https://www.martin.fl.us/EvacuationZones</a> (include the map showing the facility's address as an attachment)</p>			
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**Reviewer Comments (MCEMA use only)**

C	<p>Identification of which flood zone facility is in as identified on Flood Insurance Rate Map, from county emergency management or Regional Planning Councils *Please visit <a href="https://www.martin.fl.us/FloodZones">https://www.martin.fl.us/FloodZones</a> (include the map showing the facility's address as an attachment)</p>			
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**Reviewer Comments (MCEMA use only)**

D	<p>Proximity of facility to a railroad or major transportation artery (per hazardous materials incidents).</p>			
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**Reviewer Comments (MCEMA use only)**

E	<p>Identify if facility is located within the 10-mile or 50-mile emergency planning zone of a nuclear power plant, per county emergency</p>			
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	management (attach a map showing the distance from your facility to 6501 S. Ocean Drive, Jensen Beach 34957)			
<b>Reviewer Comments (MCEMA use only)</b>				
<b>III. CONCEPT OF OPERATION</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; and evacuation and sheltering.				
<b>A. Direction, Control, and Continuity of Operations</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.				
<b>CROSSWALK CRITERIA</b>		<b>Indicate Location</b> (page #, section, tab)	<b>Actual Location</b> (MCEMA Use Only)	<b>Meets Criteria</b>
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.			
<b>Reviewer Comments (MCEMA use only)</b>				
2	Identify the chain of command to ensure continuous leadership and authority in key positions.			
<b>Reviewer Comments (MCEMA use only)</b>				
3	State the procedures to ensure timely staffing of the facility in emergency functions. State the provisions for emergency workers' families?			
<b>Reviewer Comments (MCEMA use only)</b>				
4	State the operational support roles for all facility staff. (This will be accomplished through the development of <b>Standard Operating Procedures which must be attached to this plan.</b> )			
<b>Reviewer Comments (MCEMA use only)</b>				



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5	<p>State the procedures to ensure the following needs are supplied:</p> <ol style="list-style-type: none"> <li>a. Food, water, and sleeping arrangements. Sleeping arrangements for residents should also be considered for isolation or quarantine during a public health emergency.</li> <li>b. Medication supplies and refills, current medication administration records (“MAR”) and blank MAR forms.</li> <li>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</li> <li>d. Transportation (may be covered in the evacuation section).</li> <li>e. At least 72-hour supply of all essential supplies</li> </ol>			
<b>Reviewer Comments (MCEMA use only)</b>				
6	<p>Emergency power sources. (Indicate what is applicable in the facility.)</p> <ol style="list-style-type: none"> <li>a. Generator               <ol style="list-style-type: none"> <li>i. Type (fixed or portable, wattage).</li> <li>ii. Generation Capacity-what fixtures or systems can be operated by the generator (entire facility, including air conditioning and/or heat. If not entire facility, indicate what sections are powered by the generator).</li> <li>iii. Fuel type and source.</li> <li>iv. Identify person responsible for ensuring fuel supply.</li> <li>v. Amount of fuel to be stored and where located.</li> <li>vi. Methods of obtaining additional fuel (attach contracts with fuel providers, etc.).</li> <li>vii. Maintenance and testing of generator (identify responsible staff and the frequency).</li> </ol> </li> <li>b. Staff training on generator operation</li> </ol>			
<b>Reviewer Comments (MCEMA use only)</b>				
7	<p>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.</p>			
<p><b>B. Notification</b>          Procedures must be in place for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff, residents, 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, residents, parents and guardians, local department of health office, and APD.</p>				



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<b>CROSSWALK CRITERIA</b>		<b>Indicate Location (page #, section, tab)</b>	<b>Actual Location (MCEMA Use Only)</b>	<b>Meets Criteria</b>
1	Define how the facility will receive warnings, to include off hours and weekends/holidays.			
<b>Reviewer Comments (MCEMA use only)</b>				
2	Identify the facility's 24-hour contact number, if different than the number listed in introduction.			
<b>Reviewer Comments (MCEMA use only)</b>				
3	Define how the key staff will be alerted.			
<b>Reviewer Comments (MCEMA use only)</b>				
4	Define the procedures and policies for reporting to work for key workers.			
<b>Reviewer Comments (MCEMA use only)</b>				
5	Define how residents will be alerted and the precautionary measures that will be taken..			
<b>Reviewer Comments (MCEMA use only)</b>				
6	Identify alternative means 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.).			
<b>Reviewer Comments (MCEMA use only)</b>				
7	Identify procedures for notifying those facilities to which facility residents will be evacuated to.			
<b>Reviewer Comments (MCEMA use only)</b>				
8	Identify procedures for notifying APD, waiver support coordinators, families, and authorized representatives or guardians of residents if the facility is being evacuated.			
<b>Reviewer Comments (MCEMA use only)</b>				



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<b>C. Evacuation</b>					
Describe the policies, roles, responsibilities, and procedures for the evacuation of residents from the facility.					
<b>CROSSWALK CRITERIA</b>		<b>Indicate Location</b> (page #, section, tab)	<b>Actual Location</b> (MCEMA Use Only)	<b>Meets Criteria</b>	
1	Identify the individual responsible for implementing facility evacuation procedures.				
<b>Reviewer Comments (MCEMA use only)</b>					
2	Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate residents ( <b>copies of the agreements must be attached</b> ). These agreements will include when transportation and evacuation will begin during an emergency.				
<b>Reviewer Comments (MCEMA use only)</b>					
3	Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities				
<b>Reviewer Comments (MCEMA use only)</b>					
4	<p>Identify the pre-determined locations where residents will evacuate to (based on the resident 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.</p> <p><b>Note: When selecting evacuation locations, select locations that are not in an evacuation zone.</b></p> <p>Examples for Sheltering:</p> <ul style="list-style-type: none"> <li>a. A family home of a resident or the personal home of the licensee</li> <li>b. A designated licensed facility, such as a group home or assisted living facility</li> <li>c. Hotel</li> <li>d. Adult day training site</li> <li>e. Other (explain)</li> </ul>				
<b>Reviewer Comments (MCEMA use only)</b>					



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5	Provide copies of the mutual aid agreements that have been entered into with the owner/operator of each evacuation location to receive residents ( <b>current, signed each year</b> ). These agreements will include when these locations will be notified of a potential evacuation			
<b>Reviewer Comments (MCEMA use only)</b>				
6	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.			
<b>Reviewer Comments (MCEMA use only)</b>				
7	Specify the amount of time it will take to successfully evacuate all residents to the receiving location. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (39 mph winds). This information may be available from the county emergency management agency, or Regional Planning Council.			
<b>Reviewer Comments (MCEMA use only)</b>				
8	Identify which facility staff will accompany evacuating residents and will remain with the residents in the shelter 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 residents to the shelter and remain with residents for the duration of their stay at the shelter. <i>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.</i>			
<b>Reviewer Comments (MCEMA use only)</b>				
9	Identify procedures that will be used to keep track of residents and where they have been evacuated to ( <b>include a copy of the log system</b> ).			
<b>Reviewer Comments (MCEMA use only)</b>				
10	Ensure each resident has a Personal Disaster Plan of their own and attach a copy of their plans.			
<b>Reviewer Comments (MCEMA use only)</b>				
11	Determine what and how much medication each resident will require.			
<b>Reviewer Comments (MCEMA use only)</b>				





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12	Determine the pre-positioning of necessary medical supplies and provisions.			
<b>Reviewer Comments (MCEMA use only)</b>				
13	Determine what and how much each resident should take. Provide for a minimum 72-hour stay, with provisions to extend this time frame if the disaster is of catastrophic magnitude			
<b>Reviewer Comments (MCEMA use only)</b>				
14	Establish procedures for responding to family inquiries about residents who have been evacuated.			
<b>Reviewer Comments (MCEMA use only)</b>				
15	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.			
<b>Reviewer Comments (MCEMA use only)</b>				
<b>D. Re-Entry and Reunification</b> Once a facility has been evacuated, procedures need to be in place for allowing residents to re-enter the facility.				
<b>CROSSWALK CRITERIA</b>		<b>Indicate Location</b> (page #, section, tab)	<b>Actual Location</b> (MCEMA Use Only)	<b>Meets Criteria</b>
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.			
<b>Reviewer Comments (MCEMA use only)</b>				
2	Identify procedures for inspection of the facility to ensure it is structurally sound and can meet the needs of the residents.			
<b>Reviewer Comments (MCEMA use only)</b>				
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>Reviewer Comments (MCEMA use only)</b>				
4	Identify how county emergency management, APD, families, authorized representatives or guardians, and waiver support			



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	coordinators will be notified when residents have been returned to the facility.			
<b>Reviewer Comments (MCEMA use only)</b>				
5	State the procedures to ensure timely staffing of the facility. State the provisions for emergency workers' families			
<b>Reviewer Comments (MCEMA use only)</b>				
<b>E. Host 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. The plan will also need to include assurance of proper care for the current residents as well as the additional residents, and overall safety and the lives of residents' will not be jeopardized by exceeding the licensed capacity <b>*NOTE: (If your facility will not be used as a host facility, please provide a statement.)</b>				
<b>CROSSWALK CRITERIA</b>		<b>Indicate Location</b> (page #, section, tab)	<b>Actual Location</b> (MCEMA Use Only)	<b>Meets Criteria</b>
1	Describe the procedures for communicating with the evacuating facility to determine if and when the evacuation will begin.			
<b>Reviewer Comments (MCEMA use only)</b>				
2	Describe the receiving procedures for arriving residents from evacuating facility.			
<b>Reviewer Comments (MCEMA use only)</b>				
3	Identify where additional residents will be housed. Provide a floor plan which identifies the space allocated for additional residents.			
<b>Reviewer Comments (MCEMA use only)</b>				
4	Identify provisions of additional food, water, medical needs of those residents being housed at the receiving facility for a minimum of 72 hours.			
<b>Reviewer Comments (MCEMA use only)</b>				
5	Describe the procedures for ensuring 24-hour operations with the potential for increased staffing due to the increased number of residents.			
<b>Reviewer Comments (MCEMA use only)</b>				
6	Describe procedures for providing sheltering for family members of critical workers.			
<b>Reviewer Comments (MCEMA use only)</b>				



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7	Include in the procedures which staff will notify <b>APD within 48 hours</b> of the sheltering of evacuees which will result in the host facility exceeding their licensed capacity.			
<b>Reviewer Comments (MCEMA use only)</b>				
8	Describe procedures for tracking additional residents 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).			
<b>Reviewer Comments (MCEMA use only)</b>				
9	Describe contingency planning in the event that the host facility must also evacuate with the residents from the evacuating facility.			
<b>Reviewer Comments (MCEMA use only)</b>				
<b>IV. INFORMATION, TRAINING, AND EXERCISE</b>				
This section shall identify the procedures for increasing employee and resident awareness of possible emergency situations and providing training on their emergency roles before, during, and after a disaster.				
<b>CROSSWALK CRITERIA</b>		<b>Indicate Location</b> (page #, section, tab)	<b>Actual Location</b> (MCEMA Use Only)	<b>Meets Criteria</b>
A.	Identify how key workers will be instructed in their emergency roles during non-emergency times.			
<b>Reviewer Comments (MCEMA use only)</b>				
B.	Identify a training schedule for all employees and identify the provider of the training.			
<b>Reviewer Comments (MCEMA use only)</b>				
C.	Identify the provisions for training new employees regarding their disaster related roles).			
<b>Reviewer Comments (MCEMA use only)</b>				
D.	Identify a schedule for exercising all or portions of the disaster plan on an annual basis.			
<b>Reviewer Comments (MCEMA use only)</b>				
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.			



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<b>Reviewer Comments (MCEMA use only)</b>				
F. Establish procedures for correcting deficiencies noted during training exercises.				
<b>Reviewer Comments (MCEMA use only)</b>				
<b>V. ATTACHMENTS</b>				
<b>CROSSWALK CRITERIA</b>		<b>Indicate Location</b> (page #, section, tab)	<b>Actual Location</b> (MCEMA Use Only)	<b>Meets Criteria</b>
A	Facility Organizational Chart (showing all personnel).			
<b>Reviewer Comments (MCEMA use only)</b>				
B	Roster of employees and companies with key disaster roles: <ol style="list-style-type: none"> <li>1. List the names, addresses, and telephone numbers of all staff with disaster related roles.</li> <li>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</li> </ol>			
<b>Reviewer Comments (MCEMA use only)</b>				
C	Emergency Response Standard Operating Procedures.			
<b>Reviewer Comments (MCEMA use only)</b>				
*D	Agreements and Understandings: <ol style="list-style-type: none"> <li>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. <b>*Please complete Table D.1 below.</b></li> <li>2. A copy of the facility floor plan identifying the space allocated for additional residents if the facility is serving as a host shelter</li> </ol>			
<b>Reviewer Comments (MCEMA use only)</b>				
<b>D.1. Agreements, Understandings, and Contracts:</b>				



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Please complete the table by listing the information for each category. If a category does not apply, please indicate "N/A".

Host Shelters MOUs			
Name of Agency	Date Signed	Expiration Date	Meets Criteria
Transportation Agreements (i.e., charter bus, rental, etc.)			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Food and Water Agreements			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Pharmacy and Medical Agreements			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Fuel Agreements			
Name of Company	Date Signed	Expiration Date	Meets Criteria
Service Agreements (i.e., A/C unit, generator, etc.)			
Name of Company	Date Signed	Expiration Date	Meets Criteria
<b>Reviewer Comments (MCEMA use only)</b>			
E	Evacuation Route Maps:		



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	<ul style="list-style-type: none"> <li>Maps of the evacuation routes and descriptions of how to get to a receiving facility</li> </ul>			
<b>Reviewer Comments (MCEMA use only)</b>				
F	Support Material: <ul style="list-style-type: none"> <li>Any additional material needed to support the information provided in the plan</li> </ul>			
<b>Reviewer Comments (MCEMA use only)</b>				
<b>G. Emergency Management Required Documents</b>				
<b>CROSSWALK CRITERIA</b>		<b>Indicate Location</b> (page #, section, tab)	<b>Actual Location</b> (MCEMA Use Only)	<b>Meets Criteria</b>
2	Copy of the facility's annual Life/Safety Inspection report from the local fire department (Fire Prevention). <b>Date of Inspection:</b> _____ <b>*Must be dated within the same year of the review.</b>			
<b>Reviewer Comments (MCEMA use only)</b>				
<b>Facilities within Martin County, please mail, email, or drop off to:</b> Martin County Fire Rescue Administration Fire Prevention 800 SE Monterey Road, 2 <sup>nd</sup> Floor Stuart FL 34994  Phone: (772) 288-5633 Email: <a href="mailto:fire_prev@martin.fl.us">fire_prev@martin.fl.us</a>		<b>Facilities is within the City of Stuart, please mail, email, or drop off to:</b> City of Stuart Fire Marshall Fire Prevention 800 SE Martin Luther King, Jr. Blvd. Stuart FL 34994  Phone: (772) 288-5360 Email: <a href="mailto:fireprevention@ci.stuart.fl.us">fireprevention@ci.stuart.fl.us</a>		