

Emergency Management Planning Criteria for Ambulatory Surgical Centers (State Criteria Form)

FACILITY INFORMATION:

FACILITY NAME: FIELD (Company)
FAC. TYPE: ASC STATE RULE: 59A-5, F.A.C
CONTACT PERSON: FIELD (Name) PH. NO.: FIELD (Phone)
STREET ADDRESS: FIELD (Street Address)
CITY / ST. / ZIP: FIELD (City, State, ZIP)
DATE RECEIVED: _____ DATE REVIEWED: _____
APPROVED: NO / YES (CIRCLE ONE) DATE: _____
DATE RETURNED: _____ DUE BACK DATE: _____

The criteria serve as the required plan format for the CEMP. Also, the criteria will serve as the compliance review document for Escambia County Emergency Management upon the submission for review and approval pursuant to Chapter 252, F.S. These minimum criteria satisfy the basic emergency management requirements of s.395.1055, F.S. and Chapter 59A-5, F.A.C.

We do not intend these criteria to limit nor exclude additional materials facilities may decide to include to satisfy other relevant rules, requirements, or any special issues facility administrators deem appropriate for inclusion. As before, such voluntary inclusions will not be subject to the specific review by Escambia County Emergency Management personnel, but only those items identified in these criteria.

You must attach this form to your facility's CEMP upon submission for approval to Escambia County Emergency Management. NOTE: Please use this criteria form as a cross-reference to your plan, by listing the page number and paragraph where the criteria are found in your plan on the line provided to the left of each criteria item. This will ensure accurate and expeditious review of your facility's CEMP.

I. INTRODUCTION

A. Provide basic information concerning the facility to include:

- ___ 1. The name of the center, address, telephone number, emergency contact telephone number, pager number and fax number (if available).
- ___ 2. Year center was built, type of construction, and date of any subsequent construction.
- ___ 3. Name of Administrator, address, work and home telephone numbers and an alternate contact person.
- ___ 4. Name, address, telephone number of person(s) who developed this plan.
- ___ 5. Provide an organizational **chart** with key management positions identified.

___ B. Provide an **introduction** to the Plan that describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also, provide any other information concerning the ambulatory surgical that has bearing on the implementation of this Plan.

II. AUTHORITIES AND REFERENCES

___ A. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, **if different** from item (A)(5) above.

III. HAZARD ANALYSIS

___ A. Describe the potential hazards that the ambulatory surgical center is vulnerable to, such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents from fixed facilities in your area (i.e., Chemical Plants, Paint Stores, Pool Supply Stores, Public Water Treatment or Supply, etc.) or transportation accidents on highways in your area (i.e., a chemical tanker truck accident), power outages during severe cold or hot weather, hostile intruder or bomb threat, etc.

B. Provide a site-specific information concerning the ambulatory surgical center to include:

- ___ 1. Location map.
- ___ 2. Number of recovery beds, number of operating suites, maximum number of patients on site, average number of patients on site.
- ___ 3. Type of patients served by the center.

- ___ 4. Identification of the **hurricane evacuation zone (HEZ)** your ambulatory surgical center is in.
***Please call out office for this information at 595-3311**
- ___ 5. Identification of which flood zone the ambulatory surgical center is in as identified on FEMA’s Flood Insurance Rate Map.
***Please call out office for this information at 595-3311**
- ___ 6. Proximity of the ambulatory surgical center to a railroad or major transportation artery (to identify possible hazardous materials transport incidents).
- N/A 7. Identify if your ambulatory surgical center is located within the 10 mile or 50-mile emergency planning zones of a nuclear power plant. – **THIS ITEM IS NOT APPLICABLE IN OUR AREA.**

IV. CONCEPT OF OPERATIONS

This section of the Plan should define the policies, procedures, responsibilities, and actions that the ambulatory surgical center will take before, during and after any emergency situation. At a minimum, the ASC Plan needs to address: direction and control, notification, and evacuation.

A. DIRECTION AND CONTROL

- ___ 1. Identify by title, who is in charge during an emergency and one alternate should that person be unable to serve in that capacity.
- ___ 2. Identify the “Chain of Command” to ensure continuous leadership and authority in key positions.
- ___ 3. State the procedures to ensure timely activation and staffing of the ASC in emergency functions.
- ___ 4. State the operational and support roles for all ASC staff. This will be accomplished through the development of Standard Operating Procedures (SOP), which must be attached to this plan.
- 5. State the procedures to ensure the following needs are supplied:
 - ___ a. Water and food source for temporary sheltering in place should a hazardous materials spill require everyone to stay in doors.
 - ___ b. Emergency power, natural gas or diesel? If natural gas, identify alternate means should loss of power occur which would affect the natural gas system. What is the capacity of the emergency fuel system?

- ___ 6. Describe the ambulatory surgical center's role in the community wide comprehensive emergency management plan and/or its role in providing for the treatment of mass casualties during an emergency.
- ___ 7. Provide information on the management of patients treated at the center during an external and internal emergency.

B. NOTIFICATION

Procedures must be in place for the ASC to receive timely information on impending threats and alerting of the ASC's decision-makers, staff and patients of potential emergency conditions.

- ___ 1. Explain how the ASC will receive warnings of emergency situations.
- ___ 2. Identify the ambulatory surgical center's 24-hour contact number, if different than the number listed in the introduction.
- ___ 3. Explain how your key staff will be alerted.
- ___ 4. Define the procedures and policies for reporting to work for key workers when the center remains operational.
- ___ 5. Explain how patients will be alerted, and the precautionary measures that your staff will take, including but not limited to voluntary cessation of the ASC's operations.
- ___ 6. Identify alternative means of notification should the primary system fail.
- ___ 7. Identify procedures for notifying those hospitals or substitute care facilities to which patients will be transferred.

C. EVACUATION

ASC's must plan for both internal and external disasters. The following criteria should be addressed to allow the ASC to respond to both types of evacuation.

- ___ 1. Describe the policies, roles, responsibilities, and procedures for the discharge or transfer of patients from the ASC.
- ___ 2. Identify the individual responsible for implementing the ASC's discharge and evacuation procedures.

- ___ 3. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to transfer patients. If transportation is coordinated through a central agency, i.e., county EOC, please explain. In addition, if there is a “transportation shortfall” in the area, please explain how the problem is addressed under current limitations (**Please attach copies of any Transportation Agreements in an annex section**).
- ___ 4. Describe transportation arrangements for logistical support to include: moving medical records and other necessities. If this is arranged through a centralized agency, (i.e., county EOC) please explain.
- ___ 5. Provide a copy of any mutual aid agreement that has been entered into with hospitals to receive patients. Please identify the primary and secondary hospitals to receive patients, if they are predetermined. If relocation is coordinated through a centralized agency, i.e., county EOC, please explain.
- ___ 6. Identify evacuation routes that will be used, including secondary routes if the primary route is rendered impassable.
- ___ 7. Specify the amount of time it will take to discharge or successfully transfer patients to the receiving hospital or substitute care facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of **gale force winds** (40mph).
- ___ 8. Identify your procedures for notifying those hospitals or substitute care facilities to which you may transfer your patients in an emergency.
- ___ 9. Establish procedures for responding to family inquires about patients who have been transferred.
- ___ 10. Establish procedures for ensuring all patients are accounted for and are out of the center. If patients will be considered discharged at the time of relocation, please explain.
- ___ 11. Specify at what point do the mutual aid agreements for transportation and the notification of alternate hospital or substitute care facilities will begin.

D. RE-ENTRY

Once an ASC has been evacuated, procedures need to be in place for allowing patients to re-enter the center.

- ___ 1. Identify **who** is the responsible person(s) for authorizing re-entry to occur.
- ___ 2. Identify procedures for inspecting the ASC to ensure it is structurally sound.

V. INFORMATION, TRAINING, AND EXERCISE

This section shall identify the procedures for increasing employee and patient awareness of possible emergency situations and provide training on their emergency roles before, during, and after a disaster.

- ___ A. Identify how key workers will be instructed in their emergency roles during non-emergency times.
- ___ B. Identify a training schedule for all employees and identify who will provide the training.
- ___ C. Identify the provisions for training new employees regarding their disaster related roles.
- ___ D. Identify a schedule for exercising all or portions of the disaster plan on a semi-annual basis.
- ___ E. Establish procedures for correcting deficiencies noted during training exercises.

APPENDIX

The following information is required, yet placement in an appendix is optional if the material is included in the body of the Plan.

A. A Roster of Employees and Companies with key disaster related roles:

- ___ 1. List the names, addresses, telephone numbers of all staff with disaster related roles.
- ___ 2. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, food, water, police, fire department, Red Cross, etc.

B. Agreements and Understandings:

Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include host hospital agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.

___ **C. Evacuation Route Map(s):**

A map of the evacuation routes and a written description of how to get to each receiving hospital or substitute care facility for drivers.

___ **D. Support Material**

- ___ 1. Any additional material needed to support the information provided in the plan.
- ___ 2. Copy of your facility's Fire Safety Plan that your Local Fire Department has reviewed and approved.

If your Local Fire Department will not review and approve this portion, please contact:

Mr. Roy Foley, Fire Inspector
Escambia County Fire-Rescue
6575 North "W" Street
Pensacola, Florida 32505
850-471-6400

He will be glad to assist you in reviewing this portion. However, you will need to complete the standard review criteria form established for Fire Plans before the Fire Safety Inspection Division can complete their review. This completed form will help them review your plan quickly.

***Note: The Emergency Management Division cannot review and approve the Fire Safety Plan portion of your Plan.**

E. Standard Operations Procedures which describe each key person's disaster role.