



(HOSPICE AGENCY NAME)
(Date)

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN (CEMP) FORMAT FOR HOSPICES

Developed by _____
(Name of Licensed Hospice Provider, license #)

In Compliance With: s.400.610(1)(b), Florida Statutes
58A-2.005(1)(c)1.d., Florida Administrative Code
58A-2.026, Florida Administrative Code

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INSTRUCTIONS: This form is designed so that the requested information may be typed directly below each topic heading, allowing as much space as necessary to capture the needed details. This will also permit the plan to be easily transmitted by e-mail to the local reviewer (see below).

Section 381.0303(7), F.S., states, "The submission of emergency management plans to county health departments by ... hospice programs...is conditional upon receipt of an appropriation by the department to establish disaster coordinator positions in county health departments unless the secretary of the department and a local county commission jointly determine to require that such plans be submitted based on a determination that there is a special need to protect public health in the local area during an emergency." **It is the hospice provider's responsibility to contact the county health department of each of the counties listed on the provider's license to determine and document whether the Comprehensive Emergency Management Plan (CEMP) should be submitted to that county and, if submission is required, whether the county health department will be reviewing the plan for compliance with Florida Statutes and rules.** If the plan is to be submitted, e-mail with "read receipt requested" or certified mail with return-receipt requested is recommended in order to document proof of submission.

A CEMP must be prepared by every licensed hospice provider regardless of whether it will be reviewed by the local county health department.

The CEMP must be reviewed in accordance with Rule 58A-2.026, F.A.C.

I. INTRODUCTION

(Insert any appropriate introductory or overview remarks.)

1. Basic Information about the Hospice

Hospice Name:

Physical Address:

Mailing Address:

Emergency Phone Number:

Fax Number:

Pager Number:

Cell Phone Number:

County or counties licensed to serve:

2. Person in Charge during an Emergency

Primary Name/Title:

Home Phone Number:

Work Phone Number:

Pager Number:

Cell Phone Number:

Alternate Name/Title:

Home Phone Number:

Work Phone Number:

Pager Number:

Cell Phone Number:

Alternate Name/Title:

Home Phone Number:

Work Phone Number:

Pager Number:

Cell Phone Number:

3. Corporation Owner(s) and Chief Operating Officer

Corporation/Owner Name:

Address:

Work Phone Number:

Home Phone Number:

Pager Number:

Cell Phone Number:

(Insert additional owners as appropriate.)

C.O.O. Name:

Address:

Work Phone Number:

Home Phone Number:

Pager Number:

Cell Phone Number:

4. Person(s) Who Developed Plan

Name/Title:

Address:

Work Phone Number:

Home Phone Number:

Pager Number:

Cell Phone Number:

(Insert additional planners as appropriate.)

II. CONCEPT OF OPERATIONS

A. Direction and Control

(Insert any appropriate introductory or overview remarks)

1. The chain of command to ensure continuous leadership and authority in key positions is as follows:
2. The procedures to ensure timely activation of the hospice's comprehensive emergency management plan and staffing of the hospice during an emergency are as follows:

B. Education of Patients Prior to an Emergency

1. The procedures for educating patients and patients' caregivers about the hospice's comprehensive emergency management plan are as follows:
2. The procedures for discussing with those patients who need continued services, who are not registered with the special needs registry, the patients' plans during, and immediately following, an emergency are as follows:
3. The procedures for providing written materials about the special needs registry, in their area, with those patients who will require evacuation to a special needs shelter during an emergency are as follows:

4. The hospice's procedures for collecting patient registration information during admission for the special needs registry (Note: Patients must be registered with the special needs registry prior to an emergency, not when an emergency is approaching or occurring.) are as follows:

5. Patients will be educated in the role of administering their own medication, and maintaining their own supplies and equipment list (in accordance with Section 2 of Appendix D). In addition the following information is to be provided:

6. Patients registered with the special needs registry will also be educated (in accordance with Sections 1 and 3 of Appendix D). This will include; the same type and quantity of services will be provided at the special need shelter, that conditions in the shelter may be stressful and may even be inadequate for their needs; an that special needs shelters are an option of last resort. The specific procedures for accomplishing this are as follows:

C. Notification

1. The procedures on how the hospice staff in charge of emergency plan implementation will receive warnings of emergency situations, including off hours, weekends and holidays are as follows:

2. The hospice 24-hour contact number (if different than the number listed in the introduction) by position and title is as follows:

3. The procedures for alerting key staff are as follows:

4. The procedures for alerting patients and the precautionary measures that will be taken, including but not limited to voluntary cessation of the hospice's operations, are as follows:

5. The alternative means of notification and procedures of notification should the primary system fail (pursuant to s.400.605, F.S.) are as follows:

6. The hospice will maintain a current prioritized list of patients who need continued services during an emergency. The list shall indicate how services shall be continued in the event of an emergency or disaster for each patient and if the patient is to be transported to a special needs shelter, and shall indicate if the patient is receiving services, as well as the patient's medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies, upon request. The specific procedures for accomplishing this are as follows:

7. Explain the means by which the hospice will ensure the staff will continue to provide the same type and quantity of services to their patients who evacuate to a special needs shelter.

D. During an Emergency

1. During an emergency, when there is not a mandatory evacuation, some patients may decide to stay in their homes. The procedures the hospice will take to assure that all patients needing continuing care will receive it, either from the hospice or through arrangements made by the patient or the patient's caregiver are as follows:
 2. During an emergency, when there is a mandatory evacuation, some patients may decide to stay in their home. The procedures to notify patients that there may be a temporary disruption of services and when services can be expected to be restored are as follows:
 3. The procedures for the hospice to assure that all patients needing continuing care will receive it, either from the hospice, through a special needs shelter or through arrangements made by the patient or the patient's caregiver are as follows:

4. The means by which the hospice provider will continue to provide staff to provide the same type and quantity of services to their patients who evacuate to special needs shelters which were being provided to those patients prior to evacuation are as follows:

5. The procedures for the hospice to demonstrate a good-faith effort to comply with the requirements of continued staff and services including documenting attempts of staff to follow procedures as outlined in the hospice's comprehensive emergency management plan and to provide continuing care for those hospice clients who have been identified as needing alternative caregiver services in the event of an emergency are as follows:

6. The procedures for maintaining hospice care and services and safeguarding patients in the hospice residential or in-patient unit, maintaining services for patients who must remain in the hospice facility, evacuating patients during emergencies and disasters as mandated by the local emergency management agency, and notifying the responsible parties are as follows:

7. A comprehensive emergency management plan will be developed and maintained for disasters and emergencies, including hurricanes, tornadoes, building fires, wildfires, disruption of public utility services, destruction of public utility infrastructure, floods, bomb threats, acts of terrorism, exposure to hazardous materials, and nuclear disasters. The specific procedures (or separate plans) for accomplishing this are as follows:

E. Evacuation

Special Needs Registration

1. The procedures for the hospice to make arrangements to make the list of medication, supplies and equipment available to each special needs registrant during evacuation to a special needs shelter are as follows:

2. The procedures for educating the patient and caregiver concerning the medication, supplies and equipment list (in accordance with Appendix D of this document) and the need for this list and other items to accompany the patient during the evacuation are as follows:

3. The resources necessary to continue essential care or services or referrals to other organizations subject to written agreement are described as follows:

Facility

4. Transportation arrangements to be used during an evacuation including agreements of understanding with other entities are as follows:

F. Re-Entry

Home and Special Need Shelter

1. The procedures on how the hospice will re-establish contact with patients in the patients' home and resume patient care are as follows:

2. The procedures on how the hospice will re-establish contact with employees and re-start patient care are as follows:

3. The procedures on how the hospice will provide or arrange for prioritizing care should the emergency result in less staff being available immediately following the disaster are as follows:

Hospice Facility

4. Post-emergency procedures including Agency for Health Care Administration authorization for re-entry of evacuated patients to the hospice facility, obtaining necessary medical attention or intervention for hospice patients, and communicating with family members of patients or other responsible parties are as follows:

III. INFORMATION, TRAINING AND EXERCISE

(Insert any appropriate introductory or overview remarks.)

1. The procedures on how employees will be instructed, prior to an event, in their roles and responsibilities before, during and after a disaster and/or emergency are as follows:

2. There will be a training schedule for all employees and identification of who will provide the training. Training will include a definition of what constitutes an emergency, when the comprehensive emergency management plan will go into effect, the roles and responsibilities of essential and non-essential staff, the procedures for educating patients about the comprehensive emergency management plan and the special needs registry. The training will also include information for available staffing of special needs shelters and how they can work with the local state or county agency that manages and staffs these shelters during an emergency. The specific procedures for accomplishing this are as follows.

3. The hospice's provisions for training new employees regarding their disaster and/or emergency related roles and responsibilities before, during and after an event are as follows:

IV. APPENDICES *(The Appendices that follow are provided in support of the hospice's Comprehensive Emergency Management Plan.)*

APPENDIX A: ROSTERS OF EMPLOYEES AND COMPANIES WITH KEY DISASTER RELATED ROLES

(Provide lists on following page. Include the names, addresses, telephone numbers and other contact information of the hospice's chief operating officer and the position and title of the key disaster personnel. Also include the name of the hospice's contact person(s), telephone number and address for emergency service providers such as transportation, emergency power, fuel, water, police, fire, rescue, Red Cross, emergency management, etc.)

APPENDIX B: AGREEMENTS AND UNDERSTANDINGS

(List on this page and insert copies on following pages, and include annual update mutual agreements, memoranda of understanding, or any other understandings entered into between the hospice and any local, state, and county entities, or health care entities, and service providers that have responsibility during a disaster. This is to include reciprocal host hospice agreements, or any other current agreements needed to ensure the operational integrity of the plan.)

APPENDIX C: FACILITY EVACUATION ROUTE MAP

(Insert copy on next page. Include primary and secondary routes.)

APPENDIX D: INFORMATION FOR HOSPICE PATIENTS

INFORMATION FOR HOSPICE PATIENTS – Registered with Special Needs Registry

The following information should be supplied by the hospice to those patients registered with the special needs registry, so they will be prepared prior to an evacuation to a special needs shelter.

Please note: The special needs shelter is intended to be a place of last refuge. The evacuee may not receive the same level of skilled care received from staff in the home, and the conditions in a shelter might be stressful.

- 1) It is recommended that if the special needs registrant has a caregiver¹, the caregiver shall accompany the special needs registrant and remain with the registrant at the special needs shelter.
- 2) The following is a recommended list of what special needs registrants need to bring with them to the special needs shelter during an evacuation.
 - Bed sheets, blankets, pillow, folding lawn chair, air mattress;
 - The special needs registrant's medication, supplies and equipment list supplied by the hospice, including the phone, beeper and emergency numbers for the special needs registrant's physician, pharmacy and, if applicable, oxygen supplier; supplies and medical equipment for the special needs registrant's care; advance directive including the Do Not Resuscitate (FNRO) form, if applicable;
 - Name and phone number of the special needs registrant's hospice;
 - Prescription and non-prescription medication needed for at least 72 hours; oxygen for 72 hours, if needed;
 - A copy of the special needs registrant's plan of care;
 - Identification & current address
 - Special diet items, non-perishable food for 72 hours & 1 gallon of water per person per day;
 - Glasses, hearing aides and batteries, prosthetics and any other assistive devices;
 - Personal hygiene items for 72 hours;
 - Extra clothing for 72 hours;
 - Flashlight and batteries; and
 - Self-entertainment and recreational items, i.e., books, magazines, quiet games.
- (3) Special needs registrants need to know the following:
 - It is recommended that if the registrant has a caregiver, the caregiver accompany the special needs registrant. A special needs shelter can accommodate one caregiver at a time, and other family members, friends, etc. should go to a general population shelter.
 - The special needs registrant's caregiver will have floor space provided. The caregiver must provide his or her own bedding.
 - Check with the local emergency management agency regarding service dogs in the shelter. However, check with your local Emergency Management office to see if other pets are permitted.
 - Bring personal snacks, drinks, and any special dietary foods for 72 hours. It is possible only sparse meals will be provided.
 - Caregivers who regularly assist the special needs registrant in the home are expected to continue to do the same care in the shelter.

¹Caregivers can be relatives, household members, guardians, friends, neighbors and volunteers.

**APPENDIX E: LETTER OF APPROVAL OF THE ANNUAL FIRE
INSPECTION**

(Insert copy on next page)

APPENDIX F: SUPPORT MATERIAL

(List here and insert copies on following pages)