

REGISTRY NAME

**COMPREHENSIVE EMERGENCY MANAGEMENT
PLAN FOR NURSE REGISTRIES
(CEMP)**

Section 381.0303(7), F.S., states, “The submission of emergency management plans to county health departments by ...nurse registry providers 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 nurse registry 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.

In Compliance with: s. 400.506(15), (16), Florida Statutes
59A-18.018, Florida Administrative Code

Date: _____

Table of Contents

	<u>Page</u>
I. INFORMATION DISSEMINATION TO STAFF AND INDEPENDENT CONTRACTORS	_____
II. IDENTIFYING INFORMATION ON NURSE REGISTRY	_____
III. CONCEPT OF OPERATIONS	
A. Responsibilities in Emergency Situations	_____
B. Informing Patients Prior to an Emergency	_____
C. Notification	_____
D. During an Emergency	_____
E. Evacuation	_____
F. The Patients Return Home	_____
IV. APPENDICES	
A. Agreements and Understandings	_____
B. Information for Nurse Registry Patients	_____
C. Support Material	_____

Instructions: Answer each of the items directly on the form. Once it is completed please e-mail it to the comprehensive emergency management plan (CEMP) reviewer for your county or multi-county area. If any changes are needed, the reviewer will send comments to your nurse registry via e-mail or regular mail with a due date for corrections to be forwarded back to the reviewer. The CEMP reviewer for your area is listed at the Licensed Home Health Programs Unit web site at <http://ahca.myflorida.com>. Click on “Licensing & Certification” and then click on “Nurse Registries”. Look under Emergency Management Plan for the “Emergency Management Review Plan Contacts.” The CEMP reviewer will let you know when your plan is approved. Remember to update the plan on an annual basis or as needed.

I. INTRODUCTION

Insert any appropriate introductory or overview remarks.

Please provide responses for each item describing how the nurse registry will provide the following:

1. The procedures on how key workers/independent contractors will be oriented and informed prior to an emergency, as to their roles and responsibilities during an emergency:
2. The person(s) who will provide the orientation, as well as the orientation content (to include a definition of what constitutes an emergency, when the emergency management plan will go into effect, the roles and responsibilities of essential and non-essential staff, the procedures for educating patients about the emergency management plan and the special needs registry):
3. The nurse registry administrative staff person responsible for orientating new independent contractors regarding their disaster related roles and responsibilities:
4. The 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.) are as follows:

II. IDENTIFYING INFORMATION ON NURSE REGISTRY

1. Basic Information

Nurse Registry Name:

Administrator Name:

Address:

Phone Number:

2. Person In Charge During Emergency (Key Staff)

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:

Insert additional alternates as appropriate.

3. Registry Owner

Owner Name:
Address:
Work Phone Number:
Pager Number:
Cell Phone Number:

Insert additional owners as appropriate.

III. CONCEPT OF OPERATIONS

Insert any appropriate introductory or overview remarks.

Please provide responses for each item describing how the nurse registry will provide the following:

A. Responsibilities in Emergency Situations

1. The chain of command to ensure continuous leadership and authority in key positions:
2. The procedures to ensure timely activation of the nurse registry plan and staffing of the nurse registry during an emergency:

3. The operational and support roles of all those nurse registry administrative staff who are designated to be involved in emergency measures during times of emergency:

4. 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:

B. Informing Patients Prior to an Emergency

1. The procedures for notifying patients or patients' caregivers about the nurse registry's management plan:

2. The nurse registry 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. 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:

4. The nurse registry's 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:

5. 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 B, Section 2):

6. The nurse registry will discuss important information with those patients registered with the special needs registry (in accordance with Appendix B, Sections 1 and 3). 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. Specific procedures for disseminating this information include:

C. Notification

1. The procedures on how the nurse registry administrative staff in charge of the emergency plan implementation will receive warnings of emergency situations, including off hours, weekends and holidays:

2. If the nurse registry provides skilled care, the nurse registry's 24 hour contact number, if different than the number listed in the introduction, is:

3. The procedures on how those independent contractors who are providing services to clients registered (pursuant to s. 252.355, F.S.) will be alerted:

4. The policies and procedures for reporting to work for staff and other key workers, when the nurse registry remains operational:

5. 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:

6. The procedures for alternate means of notification should the primary system fail (pursuant to s. 400.506, F.S.):

7. The nurse registry will maintain a current prioritized list of patients that are registered (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(16) (b), F.S. The procedures on how this list shall be furnished to county health departments and to local emergency management agencies, upon request (pursuant to s. 400.506(16) (b), F.S.):

D. During an Emergency

1. During an emergency, when there is not a mandatory evacuation, some patients registered (pursuant to s. 252.355, F.S.), may decide to stay in their homes, ALF or AFCH. The procedures on how the nurse registry will make every reasonable attempt to assure that all patients needing continuing care will receive it, either from the independent contractor referred by the nurse registry or through arrangements made by the patient or the patient's caregiver:
2. The means by which the nurse registry 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 (16).
3. How the nurse registry 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 (16)

E. Evacuation

1. The procedures that facilitate the efforts of the independent contractor to establish, and keep updated, medication, supplies and equipment lists (as defined in appendix B) to be kept in the homes of special needs patients:
2. 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. 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:
4. The procedures for contacting the emergency operation center after the disaster to report on the registry's damage, if any, and their availability to continue services to their patients in the special needs shelter:

F. The Patients Return Home

1. The procedures on how the nurse registry will re-establish contact with patients in their homes, ALF or AFCH in order that the independent contractor or alternate independent contractor can resume provision of care:
2. The procedures on how the nurse registry will re-establish contact with independent contractors in order that they may re-start patient care:
3. The procedures on 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:

IV. APPENDICES

The appendices that follow are provided in support of the nurse registry's comprehensive emergency management plan.

APPENDIX A: AGREEMENTS AND UNDERSTANDINGS

List on this page and insert copies on following pages, to include any mutual agreements entered into between the nurse registry and any local, state and county entities having responsibility during a disaster.

APPENDIX B: INFORMATION FOR NURSE REGISTRY PATIENTS

Insert copy on next page.

APPENDIX B: INFORMATION FOR NURSE REGISTRY PATIENTS

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

Please note: The special needs shelter should be used as a place of last refuge. The evacuee may not receive the same level of care received from independent contractors in the home, and the conditions in a shelter might be stressful.

(1) If the patient has a caregiver¹, the caregiver must accompany the patient and must remain with the patient at the special needs shelter.

(2) The following is a list of what special needs patients need to bring with them to the special needs shelter during an evacuation:

- Bed sheets, blankets, pillow, folding lawn chair, air mattress
- 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;
- Name and phone number of the patient's nurse registry
- Prescription and non-prescription medication needed for at least 5 to 7 days; oxygen for 5 to 7 days if needed.
- A copy of the patient's plan of care, if applicable
- Identification and current address
- Special diet items, non-perishable food for 5 to 7 days and 1 gallon of water per person per day
- Glasses, hearing aides and batteries, prosthetics and any other assistive devices
- Personal hygiene items for 5 to 7 days
- Extra clothing for 5 to 7 days
- Flashlight and batteries
- Self-entertainment and recreation items, like books, magazines, quiet games.

(3) Shelterees need to know the following:

- If the patient has a caregiver, the caregiver must accompany all special needs shelterees. A special needs shelter can accommodate one caregiver at a time, and other family members, friends, etc. should go to a regular shelter.
- The shelteree caregiver will have floor space provided. The caregiver must provide his or her own bedding.
- Service dogs are allowed 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 patient in the home are expected to continue to do the same care in the shelter.

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

APPENDIX C: SUPPORT MATERIAL

List on this page and insert copies on following pages.