

COMPREHENSIVE EMERGENCY MANAGEMENT PLAN FORMAT FOR HOME MEDICAL EQUIPMENT PROVIDERS

Developed by _____
(Name of Licensed Home Medical Equipment Provider, license #)

In compliance with sections 400.934(20)-(22) and 400.935(11), Florida Statutes;
and 59A-25.006, Florida Administrative Code

Basic Home Medical Equipment (HME) Provider Information

Street Address:

City, Zip Code:

Phone Number:

Fax Number:

Emergency Service Phone Number (outside normal business hours):

General Manager's Name:

Geographic Service Area:

- All counties in Florida are served by this provider
- Only the following counties are served

Person in Charge during Emergency

Name/Title:

Home Address:

Phone Numbers - Home:

Work:

Pager:

Cell:

Email:

Alternate - If the above person is not available during emergency/evacuation, who would be in charge?

Name/Title:

Home Address:

Phone Numbers - Home:

Work:

Pager:

Cell:

Email:

Insert additional names as appropriate

HME Owner (check if same as 'Person in Charge during Emergency' listed above)

Name:

Home Address:

Phone Numbers - Home:

Work:

Pager:

Cell:

Email:

Insert additional owners as appropriate

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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 ... home medical equipment 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 home medical equipment 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 home medical equipment provider regardless of whether it will be reviewed by the local county health department.

The CEMP must be **updated on an annual basis or as needed** per s. 400.934(20)(a), F.S., and 59A-25.006(2).

I. EQUIPMENT AND SERVICES

A. Summary of Types of Equipment and Services Provided

In the chart below, check (✓) each type of equipment that the HME sells and/or rents and then check the HME services provided for each type checked.

		HME SERVICES						
✓	EQUIPMENT TYPES*	Intake	Equipment selection	Delivery	Setup and installation	Patient training	Ongoing service and maintenance	Retrieval
	Respiratory modalities							
	Ambulation aids							
	Mobility aids							
	Sickroom setup							
	Disposable supplies							
	Other (list below)							

*Equipment types might include:

Respiratory modalities - airway pressure machines, apnea monitors, oxygen & ventilator equipment

Ambulation aids - walkers, canes, crutches

Mobility aids - motorized scooters, wheelchairs, passive motion devices, electrostimulation equipment

Sickroom setup – hospital beds, lifts, suction machines, enteral feeding pumps, dialysis equipment

Disposable supplies – diabetic, ostomy, urological and wound care

B. Life-Supporting or Life-Sustaining Equipment

As defined in Florida Statute (law) 400.925(13), “Life-supporting or life-sustaining equipment’ means a device that is essential to, or that yields information that is essential to, the restoration or continuation of a bodily function important to the continuation of human life. Life-supporting or life-sustaining equipment includes apnea monitors, enteral feeding pumps, infusion pumps, portable home dialysis equipment, and ventilator equipment and supplies for all related equipment, including oxygen equipment and related respiratory equipment.”

Does the HME sell and/or rent such equipment? YES NO

If yes, please note s. 400.934(20)(a), F.S., requires HME provider’s CEMP “shall provide for continuing home medical equipment services for life-supporting or life-sustaining equipment, as defined in s. 400.925, during an emergency that interrupts home medical equipment services in a patient’s home.” **The continuation of these services should be included in each section of the plan as outlined below.**

C. Other Equipment and Equipment Services

The types of equipment, services and consumers of each HME provider will determine the detail required in that provider's CEMP; thus, some of the sections in the CEMP may not apply to all providers and may be marked 'N/A'. Please check the correct response for this HME provider under each item below:

1. HME services to consumers:

a. HME provider services equipment or delivers supplies to consumers
YES NO

b. HME provider does not service equipment or deliver supplies to consumers
YES NO

If an HME provider does not service equipment or deliver supplies to a consumer, then the provider would not be expected to offer continuing services to that consumer during an emergency.

2. HME provider only sells/rents and services equipment for consumers in a licensed health care facility
YES NO

If an HME provider only sells to and services equipment in a licensed health care facility such as a skilled nursing facility or assisted living facility, then the HME provider would not be responsible for continuing services to the individual patients during an emergency situation; however, the HME provider would be responsible for maintaining equipment and equipment services as was being done prior to the emergency.

3. HME provider only sells/rents and services equipment to consumers for use by home health agency or hospice with patient
YES NO

Maintenance of the equipment would be expected and provision of related supplies as was being done prior to the emergency would be expected.

4. Other unique equipment/services situation: (Describe)

D. List and describe the equipment and equipment services that the HME would provide should there be a natural disaster or other emergency situation in the area the provider is licensed to serve: (List and describe)

II. OPERATIONS BEFORE, DURING AND AFTER AN EMERGENCY AND/OR EVACUATION

(Insert any appropriate introductory or overview remarks.)

A. Personnel Responsibilities in Emergency Situations

1. Provide a chain of command to ensure continuous leadership and authority.
2. Describe how the HME provider will timely activate the CEMP and staffing of the HME during an emergency. (This would include a listing of the potential hazards that the provider is vulnerable to such as hurricanes, tornados, flooding, fires, hazardous materials, transportation accidents, proximity to a nuclear power plant, power outages during severe weather, etc. The provider should have a pre-determined time of activation such as wind speed, flood water level, proximity of wildfire, etc. as well as a plan when no warning is given.)
3. Identify the personnel that will manage equipment services for consumers who will continue to receive services in their residence or at the special needs shelter by the HME's staff or contractors during an emergency.

B. Planning and Information for Consumers before an Emergency - describe how the HME provider will:

1. Assist local emergency management agencies with special needs registration
 - a. Inform special needs clients about registration and provide information
 - b. Collect registration information from special needs clients for the special needs registry, in accordance with the established procedures of the local emergency management agency

NOTE: This must be done prior to an emergency and not when an emergency is approaching or occurring. If the consumer is already receiving services from a home health agency, a hospice, the Agency for Persons with Disabilities, Medicaid Waiver, Community Care for the Elderly, Older Americans Act or other state and federal funded programs, check to determine whether the other provider has offered assistance to the client with special needs registration. Home medical equipment providers are not required to assist patients residing in skilled nursing facilities, assisted living facilities or adult family care homes with special needs registration as those licensed facilities are responsible for evacuation and alternative sheltering of their patients. If the local emergency management agency does not permit providers to collect the registration information, please note that here.

2. If the consumer is registered for the special needs registry by the HME provider:
 - a. Describe who will provide the information to the consumer and caregiver, e.g. family members, friends, etc., regarding the guidelines provided in Appendix B when there is mandatory evacuation underway due to the emergency
 - b. Establish and update an equipment and supply list, in accordance with Appendix B, in the consumer's place of residence that can accompany them if they are relocated
3. For those consumers that receive HME services that are not registered with the special needs registry, find out if the consumer will need continued services in their residence prior to, during and immediately following an emergency.

C. Notification of a Possible Emergency – describe how the HME provider will:

1. Receive warnings and alert staff in charge of the CEMP implementation of impending emergency situations including during off hours, weekends and holidays
2. Alert staff and contractors of impending emergency situations including during off hours, weekends and holidays
3. Provide information to provider personnel regarding reporting to work when the HME remains operational
4. Provide alternate means of notification should the primary system fail (may include cell phones, satellite phones, contact with a community based ham radio group, public announcements through radio or television stations, face-to-face contact and, in medical emergency situations, contact with police or emergency rescue services)
5. Alert consumers of the precautionary measures that will be taken including, delivering additional oxygen or supplies to those that are in areas not likely to be evacuating, and confirm plans of those that will be relocating with family members and friends
6. Maintain a prioritized list of consumers who need continued services during an emergency, including those who relocate to special needs shelters, which complies with the requirements of s. 400.934(21), F.S., and the procedures for furnishing this list to the county health department and local emergency management agency when requested (the list shall indicate the means by which services shall be continued for each consumer, whether the consumer is to be transported to a special needs shelter and whether the consumer has life-supporting or life-sustaining equipment, including the specific type of equipment and related supplies)

D. During an Emergency – describe how the HME provider will:

1. Provide every reasonable attempt to assure that all consumers (including those residing in a skilled nursing facility, assisted living facility or adult family care home) needing continuing equipment/service for life-sustaining or life-supporting equipment will receive it, either from the HME or through arrangements made by the consumer, the consumer's family or caregiver, when there is not a mandatory evacuation and the consumer decides to stay in their residence
2. Provide equipment and related supplies necessary to perform the same type and quantity of services to its consumers who evacuate to special needs shelters, which were being provided prior to evacuation per s. 400.934(20)(a)1, F.S.
3. Establish links to the local emergency operations center to determine a mechanism by which to approach specific areas within a disaster area in order to reach its consumers per s. 400.934(22), F.S.

E. Evacuation – describe how the HME provider will:

1. Provide updated equipment and supply list, in accordance with Appendix B, to be kept in consumer's residence for consumers that will be transported from their homes if evacuation is ordered
2. Deliver essential equipment, services and/or referrals to other organizations subject to written agreement including how the HME will continue to provide services to consumers who relocate within or outside the geographic service area (If consumers residing in a skilled nursing facility, assisted living facility or adult family care home relocate to another skilled nursing facility, assisted living facility or adult family care home in the geographic area served by the home medical equipment provider, the provider will continue to provide equipment services to those consumers. If those consumers are relocated outside the area served by the home medical equipment provider, the provider will assist the skilled nursing facility, assisted living facility or adult family care home in obtaining the equipment services of another home medical equipment provider already licensed for that area until the consumer returns to their original location.)

F. After the Emergency and/or upon Re-entry to Affected Area – describe how the HME provider will:

1. Re-establish contact with and services to consumers, as prioritized, after their return to their residence

2. Re-establish contact with contractors in order to resume services
3. Prioritize services should the emergency result in fewer provider personnel or contractors being available immediately following the disaster

III. TRAINING FOR HME STAFF, PROVIDER PERSONNEL AND CONTRACTORS

(Insert any appropriate introductory or overview remarks.)

In each of the sections below, describe how the HME will:

- A. Inform administrative staff, provider personnel and contractors prior to an emergency of their roles and responsibilities during times of emergency (This could be accomplished during new employee orientation and should include the expectation of each key employee's personal emergency preparation plan that would allow the employee to remain at work.)
- B. Train provider personnel on emergency preparedness procedures (This should include the training content, such as a definition of what constitutes an emergency, when the CEMP will go into effect, the roles and responsibilities of essential and non-essential staff, etc.)
- C. Train new employees and contractors regarding their disaster related responsibilities
- D. Train assigned staff on what is a special needs client and special needs registration procedures in the county(ies) they are assigned to cover, including Appendix B
- E. Identify when the CEMP will be reviewed with staff and on an annual basis

IV. APPENDICES

The appendices that follow are provided in support of the HME's CEMP:

APPENDIX A - AGREEMENTS AND UNDERSTANDINGS

(List any mutual agreements between the HME and any local, state or county entities or any other health care or service providers having responsibility during a disaster and attach a copy of each. This is to include agreements needed to ensure the operational integrity of the CEMP. These agreements should be updated annually along with the plan.)

APPENDIX B - INFORMATION FOR HME CONSUMERS

(Insert copy of information provided to educate consumers about the procedures that may be necessary for safety during disasters. The information listed on ATTACHMENT 1, SPECIAL NEEDS SHELTERS, should be included for consumers on the special needs registry in preparation for a possible evacuation to a special needs shelter.)

APPENDIX C - SUPPORT MATERIALS

(List any materials necessary to support this CEMP and attach a copy of each.)

SPECIAL NEEDS SHELTERS

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 in the home and the conditions in a shelter may be stressful.

- (1) It is the expectation of the special needs shelter that a caregiver¹ accompany and remain with the consumer throughout the stay.

- (2) The following is a suggested list of what consumers need to bring to the special needs shelter during an evacuation; the consumer should check with the assigned shelter to confirm the necessary items and/or those items which may not be accommodated:
 - Identification and current address
 - A copy of the consumer's plan of care, if applicable
 - Medication listing including directions for the dose, frequency, route, time of day and any special considerations for administration; equipment and supplies list including the phone, beeper and emergency numbers for the consumer's physician, pharmacy and, if applicable, oxygen supplier; necessary medical equipment and supplies; Do Not Resuscitate Order (DNRO), if applicable
 - Bed sheets, blankets, pillow, folding lawn chair, air mattress
 - Prescription and non-prescription medications needed for at least 5 to 7 days; oxygen for 5 to 7 days, if needed and shelter space allows
 - Special diet items, non-perishable food for 5 to 7 days and 1 gallon of water per person per day
 - Glasses, hearing aids and batteries, prosthetics and any other assistive devices
 - Personal hygiene items for 5 to 7 days (including adult diapers, colostomy supplies, etc.)
 - Extra clothing for 5 to 7 days
 - Flashlight and batteries
 - Self-entertainment and recreation items such as books, magazines, quiet games
 - Labeled shoe box or other small closed container to hold the majority of the smaller items listed above to facilitate storage and ease of use

- (3) All persons using the special needs shelters need to know the following:
 - Space allotted for the consumer includes space for the caregiver. A special needs shelter can accommodate only one caregiver at a time; any other family members, friends, etc. should go to a regular shelter.
 - The caregiver must provide his or her own bedding.
 - Caregivers who regularly assist the consumer in the home are expected to continue to provide the same care in the shelter.
 - Service dogs are allowed in the shelter. Check with the local Emergency Management office to see if other pets are permitted.
 - Bring food items as listed above. It is possible only sparse meals will be provided.
 - Smoking is not allowed in the shelter.

¹ Caregivers may be relatives, household members, guardians, friends, neighbors, employees or volunteers.