

## **Comprehensive Emergency Planning Guidelines**

The following guidelines are to be utilized in the development of a Comprehensive Emergency Management Plan (CEMP) for Assisted Living Facilities, Home Health Agencies, Hospice, Nursing Homes, and other health care providers. These guidelines act as a recommended plan format for a CEMP.

These guidelines satisfy basic emergency management requirements of the Texas Administrative Code 40§92.1(a)(4)(A), 92.62(d), 90.74(a), 19.326(a)(1)&(2), 97.256, 97.403(w)(1)(A), (w)(2)&(w)(4); Code of Federal Regulations 40§483.470(h), 483.75(m), 418.1.

These guidelines are not meant to limit or prohibit additional information that any facility may have decided to include as part of their plan in order to make it more sufficient or address other arrangements that may enable other aspects of emergency preparedness.

This form must be attached to your CEMP when submitted to your local emergency management agency. Use these guidelines as a checklist for your plan; list page number and paragraph where the information is located in your plan, this will also aid in expedited and accurate reviews of your plan when applicable.



Plano Department of Homeland Security  
1520 K Avenue Ste. 115  
Plano, TX 75086  
972-941-5551  
[dhs@plano.gov](mailto:dhs@plano.gov)



**COMPREHENSIVE EMERGENCY MANAGEMENT PLAN GUIDE  
FOR ASSISTED LIVING FACILITIES**

*Notice: Please use this form when reviewing your plan and fill out all columns with the correct information as this will ensure an efficient and thorough review as well as aiding in any future revisions and/or additions.*

| Page Nos. & Paragraph Section | Guideline Item ( <b>INTRODUCTION</b> )  | Done (√) | Revise (x) |
|-------------------------------|---|----------|------------|
|                               | 1. Name of facility, address, telephone (regular and emergency contact), fax number, type of facility (ALF, ICFs-MR, HCSSA, etc.), and state license number: _____  |          |            |
|                               | 2. Facility owner, business and work address, telephone (regular and emergency)   |          |            |
|                               | 3. Age of facility, type of construction, and date(s) of any construction after birth of facility.  |          |            |
|                               | 4. Name of Senior Administrator, address, all telephone numbers, and similar information for those subsequent in command  |          |            |
|                               | 5. Name of incident commander (if applicable), address, all phone numbers   |          |            |
|                               | 6. Name, address, and phone numbers of member who developed CEMP  |          |            |
|                               | 7. An organizational chart should be in this section displaying key management staff as well as all contact info  |          |            |
|                               | 8. An 'Introduction' to the plan should be provided that details what time this plan was implemented, and the goals and concerns of this plan; as well as what the plan achieves upon its implementation. |          |            |
| Page Nos. & Paragraph Section | Guideline Item ( <b>LEGAL AUTHORITIES AND REFERENCES</b> )  | Done (√) | Revise (x) |
|                               | 1. State legal basis utilized for plan development and application; use rules, statutes, and local ordinances   |          |            |
|                               | 2. Cite any reference material utilized in development of this plan (i.e.; Red Cross, City of Plano, Collin County, GDEM, DADS, etc)  |          |            |
|                               | 3. Provide organizational chart that delineates authority of key personnel during a disaster  |          |            |



| Page Nos. & Paragraph Section | Guideline Item ( <b>HAZARD ANALYSIS</b> )<br><i>Note: The City of Plano Hazard Analysis is available <a href="#">here</a>.</i>  | Done (√) | Revise (x) |
|-------------------------------|---|----------|------------|
|                               | 1. Analyze and describe the potential hazards that your facility may be exposed to. Make note of the history of your area and lessons that were gained from that history  |          |            |
|                               | 2. Provide site specific resource information concerning availability and vitality <ul style="list-style-type: none"> <li>• # of beds ____, maximum residents allowed ____, average number of people on site ____, etc</li> </ul> |          |            |
|                               | 3. Type of facility, or rather what type of patients are resident at your facility, and special needs; provide amounts of residents that need special attention, are self-sufficient; etc.  |          |            |
|                               | 4. Include the distance of your facility to major transportation routes (train, highway, etc.) that may where HAZMAT incidents tend occur   |          |            |
| Page Nos. & Paragraph Section | Guideline Item ( <b>DIRECTION AND CONTROL</b> )   | Done (√) | Revise (x) |
|                               | 1. Who is in charge during an emergency incident, and at least one other person that can be contact if primary is unavailable; list name, title and contact info  |          |            |
|                               | 2. Chart and description of “Chain of Command” w/ alternates listed to ensure ongoing leadership and key positions are filled   |          |            |
|                               | 3. List procedures that detail activation of staff and emergency functions; this will ensure a timely response  |          |            |
|                               | 4. Signify the primary roles and support roles for facility staff   |          |            |
|                               | 5. List procedures that provide for emergency supply availability: food, water, emergency power, gas, transportation of residents; at least 72 hours of essential supplies (food, water, medicines, etc)                          |          |            |
|                               | 6. State procedure that provides for 24-hour staffing during emergency  |          |            |



| Page Nos. & Paragraph Section | Guideline Item ( <b>NOTIFICATION</b> )   | Done (√) | Revise (x) |
|-------------------------------|--|----------|------------|
|                               | 1. State the facility's plan to receive warnings during off hours, weekends, holidays, etc.  |          |            |
|                               | 2. List facility's emergency contact number (24hr)   |          |            |
|                               | 3. How will primary staff receive warnings and alerts (24hr)   |          |            |
|                               | 4. State policies for key actors to report to the facility in order to apply this plan   |          |            |
|                               | 5. Discuss procedures and measures that will be taken by staff to alert residents, but not cause alarm or distress   |          |            |
|                               | 6. If evacuation is necessary; list process for informing host facilities about pending reception of residents   |          |            |
|                               | 7. List process for informing families of residents about resident status and precautions facility is taking   |          |            |
| Page Nos. & Paragraph Section | Guideline Item ( <b>EVACUATION</b> )   | Done (√) | Revise (x) |
|                               | 1. List primary actor (and alternate) for initiating facility evacuation.  |          |            |
|                               | 2. List transportation agreements utilized through <i>*mutual aid agreements or memorandums of understanding (copies of such agreements must be attached in annexes)</i> |          |            |
|                               | 3. List process of transporting vital necessities and records*   |          |            |
|                               | 4. List locations of pre-determined shelters that residents will be evacuated to.*   |          |            |
|                               | 5. List process that ensures facility staff can convoy with residents to host facility?  |          |            |
|                               | 6. Is there a process that is utilized to keep track of residents once evacuation has taken place?   |          |            |
|                               | 7. What is the set amount of items that each resident is allowed to take during evacuation (consider a 72 hour stay or more)   |          |            |
|                               | 8. State process for notifying families of residents as to location of evacuation and whom has been evacuated  |          |            |
|                               | 9. State process for accounting for residents; ensuring that all have been evacuated.  |          |            |
|                               | 10. State point in which mutual aid agreements will be engaged and when host facilities will be notified   |          |            |



| Page Nos. & Paragraph Section | Guideline Item ( <b>RE-ENTRY</b> )   | Done (√) | Revise (x) |
|-------------------------------|--|----------|------------|
|                               | 1. State whose responsibility it is to authorize re-entry to facility  |          |            |
|                               | 2. List process for inspecting structural integrity of facility  |          |            |
|                               | 3. State process for transporting residents back to facility   |          |            |
| Page Nos. & Paragraph Section | Guideline Item ( <b>SHELTERING</b> )   | Done (√) | Revise (x) |
|                               | 1. Illustrate process for receiving residents from another facility ( <i>if your facility is designated as a host shelter</i> )  |          |            |
|                               | 2. Describe additional housing for arriving residents, and provide floor plan detail where this extra housing is allocated   |          |            |
|                               | 3. Identify process for sheltering family members of primary actors in implementing this plan  |          |            |
|                               | 4. State the plan for maintaining additional provisions of vital necessities for at least 72hrs  |          |            |
|                               | 5. Describe how the facility will request a waiver from Agency for Health Care Administration if sheltering creates an excessive operating capacity.                     |          |            |
| Page Nos. & Paragraph Section | Guideline Item ( <b>TRAINING AND EXERCISE</b> )  | Done (√) | Revise (x) |
|                               | 1. State how key actors are informed of their emergency duties during regular operation  |          |            |
|                               | 2. Develop a training schedule for primary and supporting actors and identify the training operator  |          |            |
|                               | 3. Develop an exercise schedule to test and review all aspects of disaster plan<br><i>Note: entire plan does not need to be tested at once; it can be done in pieces</i> |          |            |
|                               | 4. Develop process for evaluating and analyzing exercises and correcting deficiencies when noted   |          |            |



| Page Nos. & Paragraph Section | Guideline Item ( <b>ANNEXES</b> )   | Done (✓) | Revise (x) |
|-------------------------------|---|----------|------------|
|                               | 1. Roster of all personnel, companies, and host shelters that play vital roles in CEMP <ul style="list-style-type: none"><li>• Provide addresses and all phone numbers that someone may be reached at</li></ul>               |          |            |
|                               | 2. List of vital companies, Red Cross, Local emergency Management, County emergency management, State emergency management, and any other vital support roles   |          |            |
|                               | 3. Publish all memorandums of understanding and mutual aid agreements in their entirety; as well as current vendor agreements<br><i>Note: these plans and agreements should be updated annually for maximum effectiveness</i> |          |            |
|                               | 4. Transportation maps should be provided from your facility to host facilities   |          |            |
|                               | 5. And any extra material or contact information that may be vital in an emergency  |          |            |



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