Palm Beach County

Understanding the CEMP one section at a time

IV. Concept of Operations-
D. Re-Entry & E. Sheltering

Together, Emergencies Are Managed

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Note:

- This Presentation is held to assist you in compliance with:

- Florida Administrative Code: 27P-20, 59A-3.078, 59A-4.126, 59A-4.1265, 59A-5.018, 59A-16.107, 59A-16.107(10), 59A-26.020, 59A-36.019(1), 59A-36.019(2), 59A-36.025, 59A-36.025(2), 65E-9.005(10), 65G-2.010

- Florida Statutes: §252.38(e), §393.067(8), §394.879(1)(d), §395.1055, §395.1055(1)(c), §400.23(2)(g), §400.967, §400.967(2)(g), §400.998(3)(g), §400.9982(2)(e), §429.929(1)(g), §429.41(1), §429.41(1)(b)

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IV D. Re-Entry

IV E. Sheltering

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Part 1

IV D. Re-Entry

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  - IV D. Re-Entry
    - IV D 1. Authorizing re-entry
    - IV D 2. Inspection
    - IV D 3. Transport

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Objectives

A. Understand the role for authorizing re-entry

B. Understand inspection procedures to re-occupy

C. Understand how residents will be transported

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IV D. Evacuation

IV D 1. Facility Evacuation

- Identify who is the responsible person(s) for authorizing re-entry to occur

Make sure if there is damage to the facility, that you provide contact information for who to call for re-entry approval

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IV D. Re-Entry

IV D 2. Inspection

- Identify procedures for inspection of the facility to ensure it is structurally sound

Who certifies the ability to re-occupy the building?

In the event that the individuals are unavailable, contract a third part vendor to certify the structural soundness

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IV D. Evacuation

IV D 3. Transport

- Identify how residents will be transported from the host facility back to their home facility

- Identify how you will receive accurate and timely data on re-entry operations

Make sure you specify any agreements for transportation and what company it involves

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IV D. Evacuation

IV D 4. Pre-determined Location

- Identify the locations to which residents will evacuate to

    Please include the facility name and the address

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IV D. Evacuation

IV D 5. Mutual Aid Agreements

- Provide a copy of any mutual aid agreement(s) that has/have been entered into with a facility to receive residents/patients

Copy of the agreements must be included

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Part 2

IV E. Sheltering

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        - IV E 4. 24-hour Operations
        - IV E 5. Family Members of Crucial Workers
        - IV E 6. Waiver
        - IV E 7. Tracking

1/27/2023

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Objectives

A. Understand the sheltering procedures for residents and family members of crucial workers

B. Understand procedures for tracking residents

C. Understand who will seek a waiver from AHCA

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IV E. Sheltering

IV E 1. Arriving Residents

- Describe receiving procedures for arriving residents/patients from evacuating facility

If a sister community is in the path of an approaching hurricane, the community will become an evacuation site for one or more of the facilities

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IV E. Sheltering

IV E 2. Additional Residents

- Identify where additional residents will be housed

- Provide floor plan that identifies space allocated for additional residents/patients

Where will residents be placed?

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IV E. Sheltering

IV E 3. Receiving Facility Supplies

- Address provision of additional food, water, medical needs of residents/patients being hosted at the receiving facility for a minimum of 72-hours

  Make sure to be specific on the amount of materials and how many days worth

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IV E. Sheltering

IV E 4. 24-Hour Operations

- Identify procedures for ensuring 24-hour operations

- Describe the services provided and whom will be involved

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IV E. Sheltering

IV E 5. Family Members of Crucial Workers

- Describe procedures for providing shelter for family members of crucial workers

Where will they be sheltering?

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IV E. Sheltering

IV E 6. Waiver

- Identify when the facility will seek a waiver from the Agency for Health Care Administration (AHCA) to allow for the sheltering of evacuees if the occupancy exceeds the facility's capacity

Who will contact AHCA?

Make sure to identify the person's title and information

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IV E. Sheltering

IV E 7. Tracking

- Describe procedures for tracking additional residents or patients sheltered within the facility

Will you use a logging system? If so what information does it include?

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Still have a Question?

Feel free to contact Palm Beach County Division of Emergency Management. We are not only the plan reviewer, but also your local partner and guide through the plan review process.

For plan status and scheduling meetings
contact : 561-712-6362
For submitting your plan
contact: 561-712-6400
www.ReadyPBC.com/hcemp

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