

# Pinellas County Emergency Management

## Emergency Power Plan Guidance

Note: In effort to assist Nursing Homes and ALFs meets the criteria of the F.A.C. 59A-4.12651 and F.A.C. 58A-5.036, Pinellas County Emergency Management has created this guideline to assist you with the development of your Emergency Power Plan. We cannot provide technical assistance, and should you need such technical assistance Nursing Homes are advised to contact AHCA Office of Plans and Construction 850-412-4477 or [opc@ahca.myflorida.com](mailto:opc@ahca.myflorida.com), and ALFs are advised to contact their local building department. For non-technical questions please contact our office at 727-464-3800.

### 1. Provide basic information concerning the facility to include:

- Name of Facility
- Facility Type
- Facility Address
- Facility Administrator and contact number
- Facility License number
- Facility Licensed Capacity

### 2. Generator Information: **\*\*Please include this information for each generator**

- Manufacturers Name
- Model Number
- Serial Number
- KVA/KW
- Voltage
- Phase
- What kind of generator? Fixed or portable?
- If fixed, is it a level 1 generator according to National Fire Protection Association (NFPA) standard 110?  
(Level 1 systems are intended to automatically supply illumination or power, or both, to critical areas and equipment ... Essential electrical systems can provide power for the following essential functions: life safety illumination, fire detection and alarm systems, elevators, fire pumps, public safety communications systems, industrial processes where current interruption would produce serious life safety or health hazards, and essential ventilating and smoke removal systems.)
- Where is the generator located? If portable, where is it stored when not in use?
- If fixed, how is the generator being protected from debris and any impact?

### 3. Fuel Information: **\*\*Please include this information for each generator**

- Type of fuel: **\*\*If natural gas, is there a switch to change to Diesel or Propane?**
- Fuel Capacity

- How much fuel is stored onsite, and where is it stored? \*\*Please supply the hour equivalent for generator use of the fuel. \*\*
- Are there local restrictions on the amount of fuel stored onsite? If yes, list regulation and limitation.

#### **4. Emergency Power Plan to also include the following:**

- Identify the area(s) by room and net square footage within the facility that you plan to keep below 81 degrees.
- Identify what kind of equipment will be used to cool the area(s) identified (HVAC, Portable A/C, Window A/C)
- Identify how many people the area(s) to be cooled will accommodate:  
\*\*At minimum ALFs must accommodate 80% of licensed bed capacity and Nursing Homes must accommodate all of the facility's licensed capacity. Per resident this should be 20 net square feet for ALF and 30 net square feet for Nursing Home.\*\*
- Describe how you will ensure the facility does not exceed the required temperature and how the facility and residents will be monitored.
- Where are the carbon monoxide alarm(s) located in the facility?
- Describe what emergency features the generator is capable of powering (lights, fridge, A/C, etc.)
- Identify who is trained to immediately activate, operate, and maintain the generator(s)?
- Do you have written policies and procedures for those employees who are trained to activate, operate, and maintain the generator(s)?
- Describe how new staff will be informed of the emergency power plan.
- Provide how often is the generator(s) tested?
- Include information of who the facility will contact if generator(s) malfunctions during an emergency.
- If your facility is planning on installing or obtaining a generator, provide a time frame on those actions.

### **Attachments**

1. Facility floor plan. Area(s) intended to be used as the "cooled area" should be outlines/highlighted on the floor plan.
2. If the facility already has a generator, please provide documentation (pictures, load test results, etc.) to show the generator has been installed.
3. Provide a maintenance schedule for the generator.
4. Any fuel agreements or letters attesting that the alternate power source is sufficient to operate equipment necessary to maintain the indoor temperature in accordance with the rule.

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