



# Pinellas County Comprehensive Emergency Management Plan (CEMP) Criteria for Healthcare Facilities

If Pinellas County is directly affected by a major storm, impacts may last for days or even weeks. Due to the county's geography and limited ingress and egress routes, facilities must be prepared for potential isolation. Outside assistance may not reach your facility for several days following a major event.

This document serves as guidance for developing a CEMP that meets Pinellas County-specific requirements. It outlines the information and procedures **that must be included in your CEMP for it to be approved**. You do not have to attach this to your CEMP. It is to be used as reference when building your CEMP.

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## Facilities Subject to County-Specific Criteria

The following facility types are required to include Pinellas County-specific criteria in their CEMPs:

- Assisted Living Facilities
- Intermediate Care Facilities for the Developmentally Disabled
- Hospitals
- Nursing Homes
- Residential Treatment Facilities

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## Required Plan Elements

### 1. Evacuation and Transportation

Your plan **must clearly describe** how all residents or patients will be safely evacuated during both facility-specific and countywide evacuation events. Address the following in your plan:

- Total number of residents/patients to be transported (**must equal licensed capacity**).
- Number who are **Ambulatory** (able to walk and use bus transportation).

- Number who **require minimal assistance** (can transfer from wheelchair to bus seat).
- Number who are **Wheelchair Bound** (must remain in a wheelchair during transport).
- Number who **require ambulance transportation** (e.g., bariatric, ventilator-dependent, or critical care patients).

Your plan must also identify:

- Whether your facility will **request ambulance transportation from the County Emergency Operations Center** during a countywide evacuation.
  - *Note: This option is available only if your facility has an in-county receiving facility for sheltering.*
- **Transportation agreements**, including:
  - Name of the contracted transportation provider.
  - Number of residents the provider agrees to transport (**must equal licensed capacity**).
  - Name and address of destination facility/facilities that have agreed to receive your residents.

Your plan must **demonstrate operational capability** to coordinate transportation, ensuring residents, staff, and supplies are ready for immediate movement when transport assets arrive.

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## 2. Sheltering in Place

Your plan must include detailed procedures for sheltering in place when evacuation is not possible. Clearly describe:

- Steps taken to protect the facility before and during a tropical weather/storm **event**.
  - Procedures to make temporary repairs and maintain essential operations until outside assistance arrives.
  - How residents will be protected, supported, and cared for until evacuation becomes possible.
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### 3. Food and Water Supply

Facilities must either:

- **Provide a five-day plan for food and water, or**
- **Submit a signed and dated letter from the facility administrator** attesting that five (5) days of food and water (**three [3] days of water if incentive criteria are met**) are stored onsite for emergencies.

If submitting the five-day plan:

- Calculate food and water needs using your **licensed capacity**.
- Include **potable water** at one (1) gallon per person per day **for licensed number of residents + staff**.
- Include **non-potable water** at two (2) gallons per **person** **licensed resident** per day.
- Provide a **five-day Disaster Menu** based on your facility's **actual on-hand non-perishable food inventory**.
  - *Preprinted or generic sample menus will not be accepted.*

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### 4. Handling Human Remains

Your plan must describe procedures for **respectful management of human remains** until **normal operations resume**.

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### 5. Health Facility Reporting System (HFRS)

Include a **screenshot** of your facility's **HFRS Facility Detail Page** in your plan documentation. The screenshot must **clearly display the access date** to verify that the information is current.

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## **Water Storage Reduction Incentives:**

Facilities may reduce their onsite water storage requirement from **five (5) days to three (3) days** if specific incentive criteria are met.

### **Storage Reduction Incentives**

You may reduce storage requirements if your facility meets one of the following conditions:

#### **Potable Water – Reduce from 5 Days to 3 Days if:**

- Your facility has an **on-site potable water well, OR**
- Your facility has **quick-connect plumbing infrastructure installed AND** maintains a **current contract for post-impact potable water delivery**

Facilities meeting either condition are only required to store **3 days of potable water onsite.**

**Minimum storage:** 3 gallons per licensed bed staff (1 gallon × 3 days)

#### **Non-Potable Water – Reduce from 5 Days to 3 Days if:**

- Your facility meets one of the potable water criteria above, **OR**
- Your facility has onsite access to a:
  - **Non-potable well, or**
  - **Natural water source** (e.g., creek, pond, river, lake) and a means to draw water from that source

Facilities meeting either condition are only required to store **3 days of non-potable water onsite.**

**Minimum storage:** 6 gallons per licensed bed (2 gallons × 3 days)

Facilities using these exception criteria must submit appropriate documentation, such as **water delivery contracts** or **maps/photos of natural water sources**, to verify eligibility.