Residential Healthcare Facility

Comprehensive Emergency Management Plan (CEMP)

Facility Guide

Contents

Getting Started

This Residential Healthcare Facility Comprehensive Emergency Management Plan (CEMP) website is a service offered by Miami-Dade County to be used by facilities within the County to enter and update their CEMP, as required by the State of Florida.

For assistance or more information visit the Office of Emergency Management's website www.miamidade.gov/oem or contact the following:

> Roberto Cepeda
> Emergency Management Coordinator
> Office of Emergency Management
> 9300 NW 41st Street
> Doral, FL 33178
> Telephone: 305-468-5419

Logging In

https://gisweb.miamidade.gov/rhcf/WelcomePage.aspx

If you are submitting an emergency plan for a new facility:

- Select the Facility Type from the drop down list.
- Enter the Facility Administrator's Last Name.
- Leave the Facility ID blank since an ID has not been issued yet.

If you are updating an emergency plan for an existing facility:

- Select the Facility Type from the drop down list.
- Enter the Facility Administrator's Last Name.
- Enter the Facility ID Number.

Tips

- The Facility Type, Administrator's Last Name and Facility ID Number must match the information kept by the Office of Emergency Management.

Facility Information

First time submitting an Emergency Plan

- Please complete the requested information. Fields marked with an * are required. Valid information must be entered for these fields.

- Press the **Save** button.
  Information entered will not be saved if the Save button is not pressed.

- Facilities will be assigned a **Facility ID** by the Office of Emergency Management. Please save this number. Press **Continue**.

Updating an Emergency Plan

- Please complete the requested information. Fields marked with an * are required. Valid information must be entered for these fields.

- To change the Facility Name, Facility Address, City or Zip please contact the Office of Emergency Management.

- Press the **Update** button and then the **Next** button to continue.
  Information entered will not be saved if the Update button is not pressed.

Tips

- Press the **NAICS** lookup tool ( ) to find your NAICS code. NAICS is the acronym for the **N**orth **A**merican **I**ndustry **C**lassification **S**ystem, used by government agencies to classify businesses for statistical purposes.

- Press the **Address Locate** tool (Locate) to verify the facility address entered is a valid Miami-Dade County address.

- Use the **Address Search** tool ( ) to find the correct address if the facility address entered cannot be verified by the **Address Locate** tool.

Contact Information

- Please complete the requested information. Fields marked with an * are required. Valid information must be entered for these fields.

- To change the Owner Name please contact the Office of Emergency Management.

- Press the **Save** or the **Update** button.
  Information entered will not be saved if the Save or Update button is not pressed.

Tips

- **Owner** – Enter the name of any other residential health care facilities within Miami-Dade County also operated by this owner. Press **Add** to add it to the list. Multiple facilities can be entered.

- **Administrator** – Select **Same as Owner** to fill in the fields with the information entered for the Owner.

- **Other Emergency Contacts** – Select **Same as Owner**, **Same as Administrator** or **Same as Alternate Admin** to fill in the fields with the same information entered for the Owner, Administrator or Alternate Administrator.

Hazard Analysis Information

- There are no required fields, all fields are optional.

- Hurricane Evacuation Zone, FEMA Flood Zone, distance to nearest roads and distance from Turkey Point are all automatically generated based on the facility address. If the facility address is not valid, this information will show N/A.

- Press the **Update** button if any information was changed. Press the **Next** button to continue or the **Previous** button to go back to the previous page.
  Information entered will not be saved if the Update button is not pressed.

Operations (SOP) Information

- Please complete the requested information. Fields marked with an * are required. Valid information must be entered for these fields.

- If 3 days supply of water is selected, a **Water Agreement** is required. Print the blank agreement from the right hand side of the page, under Documents. Complete the agreement and either scan the document and attach it here by selecting **Attach Water Agreement** (📎) or mail it to the Office of Emergency Management using the address in the **Contact Us** page.

- Press the **Save** button. Press the **Next** button to continue or the **Previous** button to go back to the previous page.
Information entered will not be saved if the Save button is not pressed.

Tips

- When scanning the **Water Agreement** document, save it as one of these formats: **.jpg, .bmp, .png, .gif, .doc, .docx,** or **.pdf**. Trying to attach any other format will result in an error.

Operations (Evacuation) Information

- Please complete the requested information. Fields marked with an * are required. Valid information must be entered for these fields.

- Select the mutual agreement (receiving) facilities from the dropdown lists. The address information will be automatically filled in. If the mutual agreement facilities are not in the list, enter the name and location information.

- A **Mutual Agreement** is required for each receiving facility. Print the blank agreement from the right hand side of the page, under Documents. Complete the agreement and either scan the document and attach it here by selecting **Attach Mutual Agreement** (📎) or mail it to the Office of Emergency Management using the address in the **Contact Us** page.

- Press the **Save** or **Update** button. Press the **Next** button to continue or the **Previous** button to go back to the previous page.
  Information entered will not be saved if the Save button is not pressed.

🔽 Tips

- When scanning the **Mutual Agreement** document, save it as one of these formats: **.jpg, .bmp, .png, .gif, .doc, .docx,** or **.pdf**. Trying to attach any other format will result in an error.

- Click **Get Driving Directions** to see driving directions between this facility and the receiving facility. Both addresses will be automatically filled in.

Operations (Sheltering) Information

- Please complete the requested information. Fields marked with an * are required.
  Valid information must be entered for these fields.

- Press the **Save** or **Update** button. Press the **Next** button to continue or the **Previous** button to go back to the previous page.
  Information entered will not be saved if the Save button is not pressed.

Operations (Training) Information

- Please complete the requested information. Fields marked with an * are required.
  Valid information must be entered for these fields.

- Press the **Save** or **Update** button. Press the **Next** button to continue or the **Previous** button to go back
  to the previous page.
  Information entered will not be saved if the Save button is not pressed.

Tips

- When selecting **Other** for **provider of the training**, enter the name in the **Provider** field below.

Submit

- Please complete, scan and attach all required documents. Completed documents can also be mailed to the address provided.

- Blank documents can be printed from the **Documents** section on the right-hand side of the page.

- To attach a document select the **Attach** tool (📎) next to the document. This will open the **Attach** window. Enter the file name, including the path, or use **Browse** to find the file to attach.

- The following documents are required for facilities submitting an emergency plan for the first time.
  - **Roster of staff with operational and support roles**
  - **Organizational Chart**
  - **Standard Operating Procedures (SOP)**
  - **Fire Safety Plan Approval Letter**

- The following documents are required for both facilities submitting an emergency plan for the first time and facilities submitting their annual update of their emergency plans.
  - **Mutual Aid Agreement 1 & 2**
  - **Transportation Agreement 1 & 2**
  - **Emergency Water Agreement**

- To remove an attached document, use the **Delete** tool (🗑).
  This will permanently delete the file.

- Check the agreement box and press the **Pay Plan** button to submit the emergency plan.

Tips

- When scanning the **Mutual Agreement** document, save it as one of these formats: **.jpg, .bmp, .png, .gif, .doc, .docx,** or **.pdf**. Trying to attach any other format will result in an error.

- Press the **Refresh** button to update the list of attached documents.

Online Payment

- **Only credit card payments are accepted online**.

- Ensure that the correct payment type is displayed. Payment type should be **'New'** for facilities submitting an emergency plan for the first time or **'Renewal'** for facilities submitting their annual emergency plan update.

- **Pay by Credit Card** will be selected. Press **Continue** to proceed with online payment or **Cancel**.

- Check the box to acknowledge understanding of **'Payment is for a one-time administrative fee and is non-refundable'**.

- Enter all required information which is denoted by a **'*'**.

- **Only American Express, VISA and Master Card are accepted**.

- Press **Submit Payment** to process credit card or **Cancel**.

- If the payment was successful, a confirmation notice will be displayed. Please print the notice for your records.