



The Miami-Dade Office of Emergency Management (OEM) has provided this template to assist in the development of the required Emergency Environmental Control Plan also referred as the emergency power plan. If you have questions, please email them to [emergencyplans@miamidade.gov](mailto:emergencyplans@miamidade.gov)

**Emergency Power Plan Criteria:**

**1. Facility Information:**

- a) What is your facility type (nursing home, ALF)?

- b) Facility name:

- c) Facility Address:

- d) Number of Licensed Beds: \_\_\_\_\_

**2. Alternate Power Source:**

- a) Describe the onsite alternate power source, i.e., portable/fixed generator or other, to include make, model, size, and location in the facility.

- b) Describe what the alternate power source is capable of powering (Entire Facility, Lights, Refrigeration, Life Safety Systems, Air Conditioning (A/C), other, etc.)

c) Provide date of implementation of alternate power source.

Date Completed: \_\_\_\_\_

If your facility is planning on installing a fixed generator, provide implementation timeline.

**3. Fuel Information:**

a) Type of fuel utilized:

Diesel  Propane  Gasoline  Piped Gas

b) Hours of runtime with onsite fuel: \_\_\_\_\_ hours

c) Are there local restrictions on the amount of fuel stored onsite? If yes, list regulation and limitation below.

YES

NO

d) Describe how fuel will be stored onsite

e) Describe how your facility will refuel before, during and after an emergency.

**4. Cooling Method:**

Describe below what kind of equipment will be used to cool the facility?  
(A/C, Spot Cooler (s) Chiller, Fan(s))

Diesel  Propane  Gasoline  Piped Gas  Other: \_\_\_\_\_

**5. Cooled Area:**

a) What areas of your facility do you plan to keep at or below 81 degrees? ( Entire Facility, Living Room, Dining Room, Resident Room(s), Common Area(s), Hallways, Other Area(s) )

b) What is the square footage of the cooled area? \_\_\_\_\_

**[Note:** The facility may use 80% of licensed capacity in calculating required square footage]

c) How many people (residents and staff) do you plan to locate in this cooled space/area? Please explain how you plan to move residents to this location?

**[Note:** 20 sq ft per person (ALF), 30 sq. ft. per person (Nursing Home)]

d) Will there be beds available in the cooled area? Do you have these beds onsite? Describe below:

e) Describe how you will ensure the facility does not exceed required temperatures and how the facility and residents will be monitored.

**6. Policies and Procedures**

- a) Describe below a training procedure for ensuring staff are aware of how to operate the emergency power in the facility & how new staff will be informed.

- b) Please provide a maintenance schedule for both the alternate power source (e.g. generator) and cooling system (e.g. A/C). (Include: mechanism for load testing and documentation of the test)

**7. Carbon Monoxide Alarm**

Where is the carbon monoxide alarm(s) located in the facility? What is the maintenance schedule for the carbon monoxide alarm (s)?

## **8. Other Supporting Documentation**

- ✓ **Facility Floor Plan.** Indicate area (s) to be used in “cooled area” identified in question 5 by outlining/highlighting on the facility floor plan.
- ✓ **Letter certifying the alternate power source is sufficient to operate equipment necessary to maintain indoor temperature** in accordance with the rule. *(May be provided by a professional electrical engineer or licensed electrical contractor).*
- ✓ **Letter certifying that the HVAC equipment serving the area is sufficient to maintain an indoor temperature,** in accordance with the rule, for the number of residents serves in the area (s). *(May be provided by a professional electrical engineer or licensed electrical contractor).*
- ✓ **Fuel Agreement**

Once the plan is implemented (completed), submit documentation that the alternate power source is installed and operable.

### **NOTE:**

- If there are deficiencies with the plan, revisions should be submitted in a timely manner to ensure compliance.
- Within 2 days of approval of the plan, written proof must be submitted to the Agency for Health Care Administration (AHCA).
- Once approved by the local emergency management agency, your facility is responsible for providing a consumer friendly summary of your emergency power plan to the Agency for Health Care Administration (AHCA).
- A copy of your plan must be maintained and readily available at the facilities location.

The rule does not allow exceptions, however, if a facility is unable to meet the requirements in the rule, the facility may request a waiver or variance from the rule. Refer Attachment 1 for information regarding petitions for variance or waiver of the rule.

**Attachment 1:**

**PETITIONS FOR VARIANCE OR WAIVER OF AN AGENCY RULE**

Nursing homes and assisted living facilities affected by the rule may file a petition for a waiver or variance under Section 120.542, Florida Statutes. Requests should demonstrate efforts to comply with the rule, describe why a waiver or variance is requested, and specify the section of the rule from which relief is requested.

The procedures for filing a variance or waiver can be found at section 120.542, Florida Statutes

([http://www.leg.state.fl.us/Statutes/index.cfm?App\\_mode=Display\\_Statute&Search\\_String=&URL=0100-0199/0120/Sections/0120.542.html](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0100-0199/0120/Sections/0120.542.html)) and

rule 28-104, Florida Administrative Code

(<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=28-104>).

Petitions for variance or waiver must be filed with the Agency Clerk's Office. Nursing homes must file their Petition for variance or waiver with the Agency Clerk for the Agency for Health Care Administration ("Agency"). Assisted living facilities must file their Petition for variance or waiver with the Department of Elder Affairs ("Department"). The contact information for the

Agency Clerks is as follows:

**For Nursing Homes:**

Richard J. Shoop, Agency Clerk Agency for Health Care Administration 2727  
Mahan Drive, MS #3  
Tallahassee, Florida 32308  
(850) 412-3671 (Tel.)  
(850) 921-0158 (Fax)  
Richard.Shoop@ahca.myflorida.com

**For Assisted Living Facilities:**

Francis Carbone, Agency Clerk Department of Elder Affairs 4040 Esplanade  
Way, Ste. 315  
Tallahassee, FL 32399-7000  
(850) 414-2342 (Tel.)  
(850) 414-2126 (Fax)  
Carbonef@elderaffairs.org