



December 2-3, 2025

Valencia College School of Public Safety 8600 Valencia College Lane, Orlando 32825



Click the button to register. Registration ends November 26, 2025.

Register

PRE-CONFERENCE TRAININGS

Tuesday December 2, 2025

8:00 AM - 5:00 PM (in-person only)

Certified Healthcare Emergency Professional (CHEP) - Troy Jester

1:00 PM - 4:00 PM (virtual)

A Glass of Mutual Aid Tabletop - Steven Lerner

2025 CFDMC ANNUAL CONFERENCE

Wednesday December 3, 2025

9:00 AM - 9:15 AM

Opening Ceremony - Eric Alberts

9:15 AM - 9:30 AM

Central Florida Cyber Coalition - Steven Lerner

9:30 AM - 10:30 AM

Integrating Crisis Communications and Emergency Management for the Consumer: Lessons from a Multistate Healthcare System - *AJ Saunders, Dr. Vincent Hsu*

10:45 AM - 11:45 AM

Providing Care for War Time Wounded: DOD Healthcare Contingency - Reginald Kornegay

11:45 AM - 1:00 PM

Lunch (will be provided) & Demonstration of Response Assests

1:00 PM - 2:00 PM

Thriving in a High Stress World Using Renewable Energy Created by the Habit of Resilience - Dwight Bain

2:00 PM - 2:15 PM

Federal & State Changes and Impact on Healthcare - Eric Alberts

2:30 PM - 3:30 PM

Fentanyl Hazards and Response - Ryan Gapinski

3:30 PM - 4:00 PM

Closing Ceremony / Awards - Eric Alberts

CEU's & Door Prizes available.

Presenters

2025 CFDMC ANNUAL CONFERENCE

Tuesday, December 2 & Wednesday, December 3, 2025



Eric Alberts
is the Assistant Vice President,
Emergency Management Corporate,
Orlando Health, Inc., one of the
Region 5 Health and Medical CoChairs, and the 2025 CFDMC Board

Chair.



C. Dwight Bain guides people in rewriting their story through the power of personal change as a Nationally Certified Counselor, Certified Life Coach and Communicator. He teaches strategic change to achieve rapid results.



Ryan Gapinski
is the EMS Coordinator for the Orlando
Fire Department and a Critical Care/
Flight Paramedic with over 25 years
of emergency medical experience. He
specializes in prehospital education,
critical care transport, and interagency
training, with a focus on improving
operational safety and clinical
readiness among first responders.



Dr. Vincent Hsu
is the Healthcare Epidemiologist
and Executive Director for Infection
Prevention at AdventHealth, also
serving as the Associate Dean at
Loma Linda University School of
Medicine, AdventHealth Orlando
Regional campus.



Troy Jester
is the President of Vantage Point
Consulting which specializes in
emergency preparedness, training
and exercise. He is a certified
OSHA instructor, Associate Safety
Professional and holds many other
certificates in safety and emergency
preparedness.



Reginald Kornegay
is a Network Emergency Manager
with the US Department. of Veterans
Affairs VISN 8 and was the CFDMC
2024 Board Chair.



Steven Lerner
is the Senior Planner with Seminole
County's Office of Emergency
Management. Prior to this role, Steven
managed state and federal grants and
conducted extensive mitigation work
for the County.



AJ Saunders
is a part of AdventHealth's Crisis
Management & Digital Intelligence
team. She specializes in effective
messaging for high-risk clinical and
emergency situations.

Thanks to all our 2025
Central Florida Disaster
Medical Coalition Annual
Conference presenters for
helping make this year's
conference a success.

Sponsors

2025 CFDMC ANNUAL CONFERENCE

Tuesday, December 2 & Wednesday, December 3, 2025









Board Members

Eric Alberts, Assistant Vice President, Emergency Management Corporate, Orlando Health, Inc., RDSTF5 Health & Medical Co-Chair and CFDMC Chair Maria Bledsoe, Chief Executive Officer, Central Florida Cares Health System

Lynne Drawdy, CFDMC Executive Director (Ex-Officio)

Maureen "Molly" Ferguson, Director of Government Relations and Grant Management, Community Health Centers, Inc.

Nicole Fulton, Nursing Home Administrator, The Terrace at Courtenay Springs

Olive Gaye, President, GenCare Resources

Alan Harris, Chief Administrator, Seminole County Emergency Management **Dr. Vincent Hsu**, Healthcare Epidemiologist and Executive Director

for Infection Prevention, AdventHealth

Dr. Ethan Johnson, DrPH, MPH,

Administrator/Health Officer, Lake & Seminole Counties

Reginald Kornegay, Network Emergency Manager, US Department of Veterans Affairs-VISN 8

Clint Mecham, Volusia County Emergency Management Director **Christian Montoya**, Division Chief, Martin County Fire Rescue

Dr. Peter Pappas, Florida Committee on Trauma & RDSTF5 Trauma Advisory Board Executive Director

Kenneth Peach, Partner, MobileMedix

Christina Proulx, Senior Manager, Department of Emergency Management, Cleveland Clinic Martin Health **Chief William "Aaron" Rhodes**, City of Orlando Fire Department and CFDMC Vice-Chair

Wayne Smith, Area Biomedical Manager, Davita Healthcare Partners Michael Szczepanski, Chief Investigator/ Program Manager, District 18 Medical Examiner

Clint Sperber, Health Officer/ Administrator, FL Dept of Health in St. Lucie County and RDSTF5 Health & Medical Co-Chair and CFDMC Executive Committee

Lynda W.G. Mason, Emotional & Spiritual Team Leader, Disaster Response at Northland Church and CFDMC Treasurer

Dustin Williams, PharmD, Pharmacy Manager, Tru-Value Drugs

2025 CFDMC ANNUAL CONFERENCE Notes Tuesday, December 2 & Wednesday, December 3, 2025

12-3-25 CFDMC Annual Conference Minutes & Presentations

Attendees: See below

Opening Ceremony (see attached agenda and PPT): Eric Alberts, CFDMC Board Chair, welcomed attendees and led the Pledge of Allegiance. He recognized the Executive Committee, Board, presenters, sponsors and the conference planning team.

Central Florida Cyber Coalition (see attached presentation). Steven Lerne shared information on the CFCC, benefits to members, and how to join.

Integrating Crisis Communications and Emergency Management for the Consumer: Lessons from a Multistate Healthcare System (see attached presentation): A. J. Saunders shared AdventHealth's listening dashboard and how this is used in crisis communication. Dr. Hsu shared information on infectious diseases and how this ben be helpful in starting conversations and reducing misinformation.

Providing Care for the War Time Wounded: DOD Healthcare Contingency (see attached presentation): Reginald Kornegay presented information on NDMS preparedness. The next FCC exercise will be held in Tampa in May 2026 and there was discussion on how the Coalition and members can participate. Reggie stated that hospitals signing the MOU is critical.

Lunch Activities: Attendees received information on sponsors (Juvare BedSync, HotZone USA and 1-800 Board-Up) and were encouraged to tour the City of Ocoee ambu-bus and the Orlando Health air flite.

Thriving in a High Stress World Using Renewable Energy Created by the Habit of Resilience (see attached workbook): Dwight Bain presented on tools to thrive in a high stress world and provided a workbook with tools.

Federal & State Changes and Impact on Healthcare: Eric Alberts presented on impacts to the healthcare environment. The Coalition received full fund through June 30, 2026 but funding beyond that point is still uncertain. The Board has developed a contingency plan to sustain the most critical Coalition activities for up to five years without this additional funding. FEMA funding has also been cut.

Fentanyl Hazards and Response (see attached presentation and fact sheet): Ryan Gapinski presented the history of fentanyl and dispelled myths around risks to healthcare workers.

Closing Ceremony/Awards: Eric recognized retiring Board members Aaron Kissler and Chief Chris Kammel for their contributions. The 2025 Member of the Year Award was presented to Erin Hicks, Orlando Health. The 2025 Leader of the Year Award was presented to Steven Lerner, Seminole County Emergency Management. Eric thanked Valencia for hosting the event.

Eric asked attendees for key learnings and key themes were:

- Need to prepare for war wounded
- Myths around fentanyl risks

- Use of crisis communications, including social media
- Benefits of cyber coalition

Eric asked participants to provide feedback in the e-survey that will be sent out on Thursday. He stated that the minutes and presentation will be posted to the website next week. The next Coalition meeting will be in March and the 2026 meeting schedule will be sent out by the end of the year.

Eric expressed appreciation to all attendees and wished everyone Happy Holidays.

Participants:

Jamal Afrifa **Eric Alberts** Marben Aquino Darren Armstrong Barbara Bacigalupo **Dwight Bain Daniel Barnard** Stacy Brock **Bobby Brown** Cedric Brown Jr Avi Bryan **Ted Burgwald** Allan Campbell Mercedes Cardona Nathan Carpenter Stephanie Cherin Deborah Collinge **Beverly Cook** Pedro Cruz Mallory Danner Maggie DeAngelo Eduardo Diaz Lynne Drawdy Melissa Ell Molly Ferguson Amanda Freeman Aidilyn Fuentes

Ryan Gapinski Olive Gaye Matt Glaess Kiley Gonzalez Elizabeth Hamlett Beth Harbold **Gregory Harlow** Alan Harris Jennifer Held Catherine Henderson Daniel Hensler Erin Hicks Jackie Hop Dr. Vincent Hsu Miranda Hunt Jeffery Jackson Amy Johnson Eli Jordan Pam Keil **Dorian Kelly** Reginald Kornegay Darby Leimer Steven Lerner Steve Leve Kathleen Lyons Frank Marino

Curtis McDonald

Matt Meyers Lily Huong Nguyen Sven Normann Christina Ortiz hab Osman Peter Pappas Ken Peach Karissa Perry Lizette Reves Robin Ritola Iylah Rossman Kari Ruble Michelle Rud AJ Saunders Turea Sheppard Hezedean Smith **Ashley Souza Evan Spence Clint Sperber** Darryl Stevenson Angelica Sugrim Lynda W. G. Mason Erika Westerhold Lydia Williams Paul Williams **Quentin Young**

Lynne McNamara



Central Florida Disaster Medical Coalition (CFDMC) 2025 Annual Conference December 3, 2025

Opening Session Eric Alberts, 2025-2026 CFDMC Board Chair



Virtual attendees, please put your name, organization and email address in Chat or email info@centralfladisaster.org

Emergency Medical Responder Program, Winter Park High School

- Color Guard
- Pledge of Allegiance





Winter Park High School



Recognition of CFDMC Executive Committee

- 2025-2026 Board Chair
 Eric Alberts (representing hospitals, RDSTF5 Health and Medical Co-Chair)
- 2025-2026 Board Vice Chair
 William "Aaron" Rhodes (representing EMS, RDSTF5 EMS Co-Chair)
- Clint Sperber (representing public health, RDSTF5 Health and Medical Co-Chair)
- Treasurer Lynda W.G. Mason (representing behavioral health and faithbased)
- Executive Director (Ex-Officio)Lynne Drawdy

Recognition of CFDMC Board

- Maria Bledsoe (Brevard, Orange, Osceola, Seminole/ Mental Health)
- Maureen (Molly) Ferguson (Orange/Community Health Centers)
- Nicole Fulton (Orange/ Nursing Homes)
- Olive Gaye (Orange/Home Health)
- Alan Harris (Seminole/ Emergency Management)
- Dr. Vincent Hsu (Regional/ EID Clinical Champion)
- Dr. Ethan Johnson (Lake & Seminole/Public Health)
- Reginald Kornegay, Regional/Federal

- Clint Mecham (Volusia/Emergency Management)
- Chief Christian Montoya (Martin/EMS)
- Dr. Peter Pappas (Regional/ Trauma Clinical Champion)
- Kenneth Peach (Regional/ Business)
- Christina Proulx (Martin, St. Lucie/Hospitals)
- Wayne Smith (Regional/ Dialysis)
- Michael Szczepanski (Brevard/ Medical Examiners)
- Dustin Williams (Regional/Pharmacy)

Conference Recognition

- Recognition of Sponsors:
 - **HotZone USA
 - **Juvare
 - **1-800 BoardUp
 - **Florida Healthcare Association
- Recognition of Presenters
- Recognition of Conference Committee

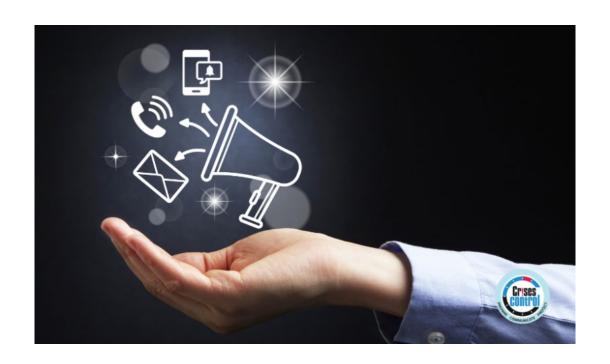
Central Florida Cyber Coalition

Steven Lerner



Integrating Crisis Communications and Emergency Management for the Consumer: Lessons from a Multistate Healthcare System

AJ Saunders & Dr. Vincent Hsu



Break (back at 10:45 am!)

1st Door Prize Drawing – \$50 Gift Card Must be present (in person or virtually) to win!



Providing Care for War Time Wounded: DOD Healthcare Contingency

Reginald Kornegay



Announcements

Juvare BedSync

Curtis Brown

https://juvare.wistia.com/medias/jkipje988r



Announcements

Charles Van Camp, Deputy Fire Chief City of Ocoee Ambu-Bus





Announcements

Scott A. Halquist, BS, RN, CCRN, EMT-P Air Care 1 Base Lead "H145 D3"



Lunch (back at 1pm!)

Self-serve outside auditorium



- Visit Response Assets in Parking Lot!
- Don't be late! 2nd Door Prize Drawing (\$100) will be at 1 pm. You must be present (in person or virtually) to win!

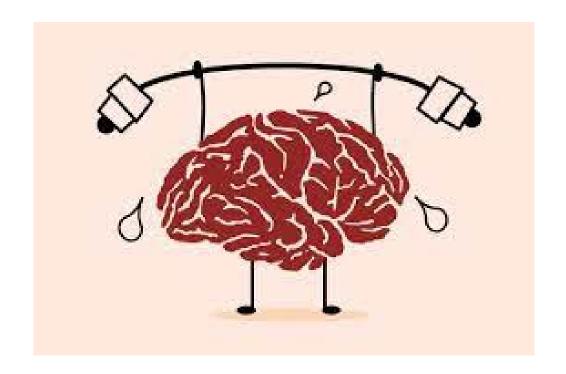
Door Prize Drawing at 1 pm

2nd Door Prize Drawing- \$100 Gift Card Must be present (in person or virtually) to win!



Thriving in a High Stress World Using Renewable Energy Created by the Habit of Resilience

C. Dwight Bain



Federal & State Changes and Impact on Healthcare

Eric Alberts



Break (Back at 2:30 pm)



Fentanyl Hazards and Response

Ryan Gapinski



CLOSING SESSION

Recognizing Retiring Board Members

- Chief Chris Kammel Martin/EMS 2021-2025
- Aaron Kissler Public Health/Lake 2015-2026

2025 Member of the Year Award

Erin Hicks Corporate Emergency Management Specialist Orlando Health (focusing on exercises, AARs, improvement plans)



2025 Leader of the Year Award

Steven Lerner
Division Manager
Seminole County
Office of Emergency
Management



Recognition of our Host Valencia School of Public Safety



Final Door Prize Drawing & Announcements

Must be present – In person or virtually To win!





Central Florida Cyber Coalition (CFCC)

Membership Meeting

Mission and Vision

Mission

The mission of the CFCC is to foster a collaborative environment that enhances Cybersecurity preparedness and response across the East Central Florida area: Brevard, Lake, Orange, Osceola, Seminole, and Volusia Counties. The CFCC engages various governmental, public, private, and non-profit stakeholders to build, strengthen, and sustain comprehensive cybersecurity capabilities, supporting efforts to Prevent, Protect against, Mitigate, Respond to, and Recover from Cyber threats and attacks.

Vision

To build and sustain a cyber-resilient community driven by a common purpose, collaboration and collective action.

Major Goals











Prevent

Promote Information Sharing and **Threat Awareness**

Facilitate secure, realtime information sharing among CFCC members and jurisdictional authorities to enhance threat detection, promote coordinated prevention efforts, and support shared situational awareness.

Protect

Strengthen **Defensive** Capabilities and **Resource Access**

Facilitate resource coordination and support through established frameworks and mutual aid agreements, enabling members to deploy protective technologies, tools, and personnel to reduce exposure to cyber threats.

Mitigate

Enhance Cyber Resilience and **Risk Reduction**

Promote interface between CFCC members and jurisdictional partners to develop and implement riskreduction strategies, continuity plans, and proactive mitigation measures.

Respond

Coordinate **Incident Response** and Operational **Readiness**

Support timely and collaborative incident response through joint planning, resource activation protocols, and response coordination frameworks among CFCC stakeholders.

Recover

Support Restoration and **Post-Incident Capabilities**

Promote recovery planning, restoration of services, and postincident learning to reduce long-term impacts and strengthen future cyber readiness.

Build

Build Capabilities Through Training, Exercises, and Collaboration

Enhance member knowledge, skills, and abilities through joint training, cybersecurity exercises, and multisector engagement across all phases of the incident lifecycle.

CFCC Board of Directors

The Board of Directors shall consist of 12 members (6 from counties and 6 from membership groups)



Chair

Vice -Chair

Treasurer

Executive
Committee
Elected from the Board
of Directors

Brevard

Lake

Orange/ Orlando

1 Primary and 1
Alternate representative from each of the six (6) counties within the CFCC boundaries

Osceola

Seminole

Volusia

1 Primary and 1 Alternate from Each Membership Category (1 must be a professional in IT or Cybersecurity)



Government and Public Safety

- •County/Municipal IT
- •Emergency Management
- Law Enforcement
- •Fire and EMS Services
- •Election Security Officials



Critical Infrastructure and Utilities

- •Energy and Power Providers
- Water/Wastewater Utilities
- •Comm and Telecomm Providers
- Transportation and Logistics Operators



Healthcare and Public Health

- Hospitals and Healthcare Systems
- •Public Health



Education

- •K-12
- Higher Education Institutions



Nonprofit, Community, and Faith-Based Organizations

- Nonprofit and Voluntary Organizations
- •Community and Faith-Based Groups



Private Sector Partners

- Hospitality
- •Entertainment
- •Retail & Consumer Services
- •Finance and Commerce

Member Benefits



Information sharing and coordination



Discuss actions and best practices in response to Cyber alerts



Discuss plans, policies, and procedures



Buying power potential for reduced costs through joint procurement

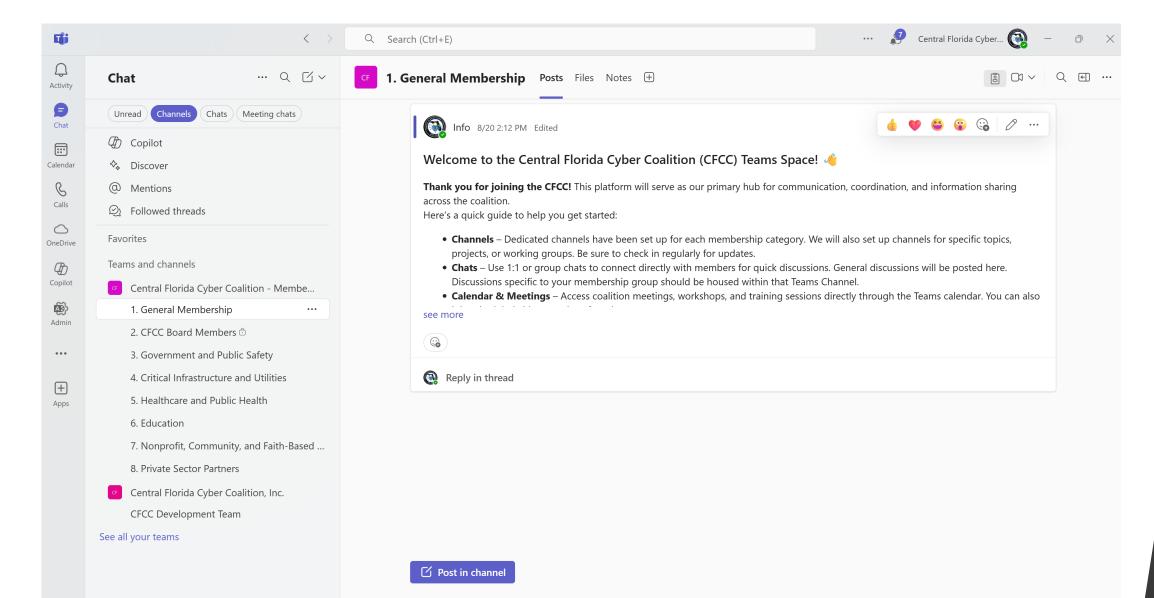


Exercises - participation, cooperation, lessons learned, etc.



Address and coordinate training

CFCC Teams Channels



Incident Response Collaboration Framework



IR Team and Sector Knowledge Base:

State & Local Government, Critical Infrastructure, Healthcare, Education, Nonprofit & Faith-Based, Private Sector



Roles & Responsibilities:

Incident Response Manager/Lead, Forensic Analyst, Security Analyst, Threat Intelligence Analyst, etc. per NIST SP 800-61 and ISO/IEC 27035



Incident Levels & Categories:

For example: Florida Statute 282.3185 five-level severity model drives reporting & escalation



Notification & Escalation:

Clear procedures for notifying sector members, cross-sector coordination, secure channels (Teams, out-of-band comms)



Resource Sharing & MOUs:

Agreements to share tools, resources, IR services, and SMEs.

Working Groups and Committees



MEMBER-INITIATED



BOARD SUPPORT



OPEN PARTICIPATION



FOCUSED OBJECTIVES



DELIVERABLES

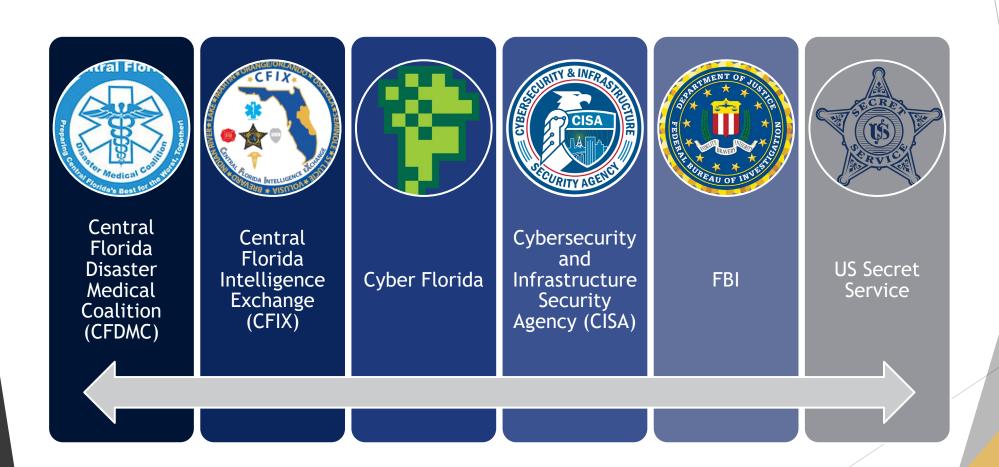


LEADERSHIP OPPORTUNITIES



COLLABORATIVE BENEFITS

Local, Regional, State, and Federal engagement, partnerships, and coordination



How to Become a Member (Application)

- Scan the QR Code and Fill out the Application
 - ► Agree to the Charter, Code of Ethics, and Communication Agreements
 - Once approved you will receive a Membership Welcome Email
 - ▶ Be on the lookout for an invite the Teams Channel



FREE Membership!



Future Projects

CFCC Strategic Plan

- Identify specific goals and initiatives for each category
- Assign lead and support roles for action items
- Track progress

County-Level Interdependency Analysis

- Identify critical systems/infrastructure, vulnerabilities, and emerging threats
- Use results to inform response planning, resource allocation, trainings, and exercises

Training and Exercises

- Develop annual training calendar and tabletop/full-scale exercise schedule.
- Use after-action reports to refine procedures and strengthen future responses.

Collaboration and Continuous Improvement

- Integrate feedback from membership meetings into project planning.
- Foster public-private partnerships for shared tools, subject matter experts, and intelligence sharing.
- Establish working groups/committees to oversee project implementation.



Thank You!

info@cfcyber.org www.cfcyber.org

Contact us

Executive Committee Chair

Steven Lerner
Seminole County OEM
Chair@cfcc.org
954-520-4751

Executive Committee Vice Chair

Nina Johnson
Seminole County Sheriff's Office
Vice-chair@cfcc.org
407-267-1350

Executive Committee Treasurer

Jeffrey Wright
Westgate Resorts
treasurer@cfcc.org
407-457-4597

How to Become a Member (Application)

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FREE Membership!



From the Ground(swell) Up:

Using Digital Conversations to Structure Emergency Response

AJ Saunders-Johnston, ILO & Vincent Hsu, MD



"Reputation Management is the Swiss Army knife of AdventHealth...your consideration to act thoughtfully, intentionally, and with our mission at the forefront is greatly appreciated."

-Ammon Fillmore

Associate Chief Legal Officer Information & Technology





Built on a Solid Foundation:

Consumers as our Cornerstone



Standing Strong(er):

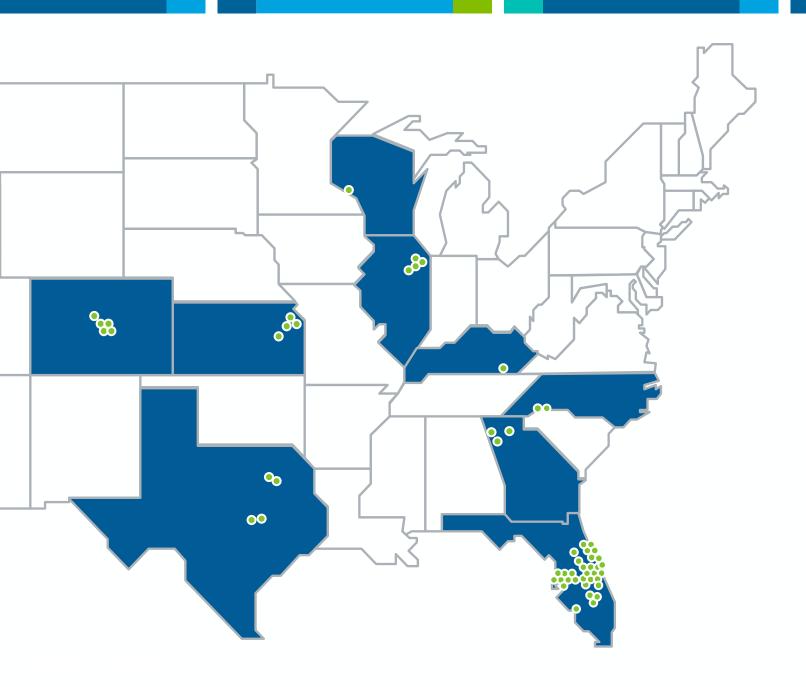
Listening During Emergencies



Blueprint for Action:

Designing Your Framework

Built on a Solid Foundation:Consumers as our Cornerstone



AdventHealth Footprint

9 States

17 Home health and hospice agencies

27 Offsite EDs

56 Hospital campuses

58 Urgent care facilities

10,900+ Licensed beds

105,000+ Team members

9+ million Patient encounters

Establishing the Reputation Program



- Specialized team with centralized structure & ownership
- Identification
 of/solutioning for system wide complaint trends
- Integration of service recovery and issues management so consumer comes first



- Mapped total locations and providers needing support
- Audited technological capabilities
- Measured team capacity at current and future volumes
- Flighted phased roll-out



EXECUTION

- Phased roll-out socialized across markets and stakeholders
- Region & facility ops council roadshows
- Partner training offered
- "Advisory council" established

2023 - 2025 Acceleration

Scale and Segment Services Across the Enterprise
 Further Investment in Platforms and Resources
 Ranked #1 Non-Profit Health System Reputation Program (#3 Overall)

2022 Innovation Launched Review Generation Campaigns for All Hospitals
 Increased System Star Rating from 2.9 to 4.0 in Six Months
 Mitigated and/or Suppressed Multiple Viral Crises

2020 + 2021 Fortification

COVID-19 Crisis Communications Response
 Record Patient/Community Interaction Volume
 Hired Program Director in 2021

2019 Growth YOY Increases in Interaction Volume
 Service and Team Expansions
 Market & System Crisis Management

2017 + 2018 Foundation

Program Launch
 Defined Services and Processes
 Initial Vendor Partnership

Rep by the Numbers



















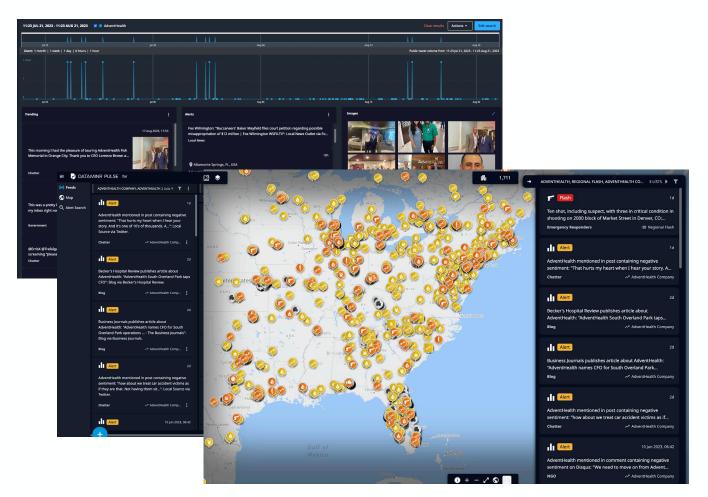


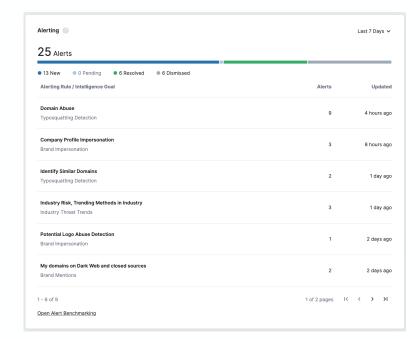
Standing Strong(er):Listening During Emergencies

Where We're Listening

	radiiiona, c	Non-Tradition Media	Moon Society	New Medsite	Blood Siles		/	. /	Dork Meb Stim	9m / 100 / 1	8/10- 0/10-	West 1988	Hoza. Rebork	POR EMPTO	Public Alen Bull Popor	Che Me Me	Social Internations	Media Poli	· Digital Mantions
Manual Monitoring	X	X	X					X	X				X	X	X		X	X	/
IT Tool	Х	X		X				X	X					X	X	X		X	
Geolocation Tool	Х	X		X	X	X	X	X	X	X	X	X	X	X	Х	X		X	
Social Media Tool	Х	X		X	X												X	X	
Experience Tool			X																
Listening Tool	Х	X		X	X	X	X	X				X	X		X		X	X	

Listening Dashboards







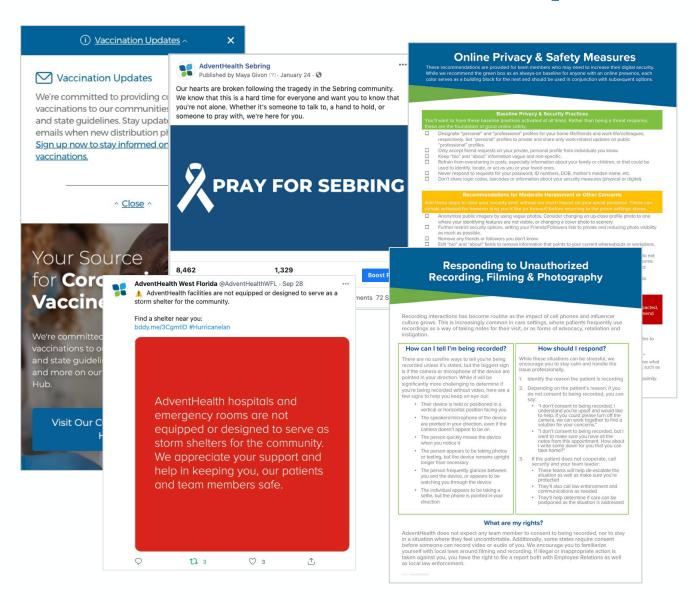
Waterfalls & Geolocated Alerts

Brand Mention Alerting

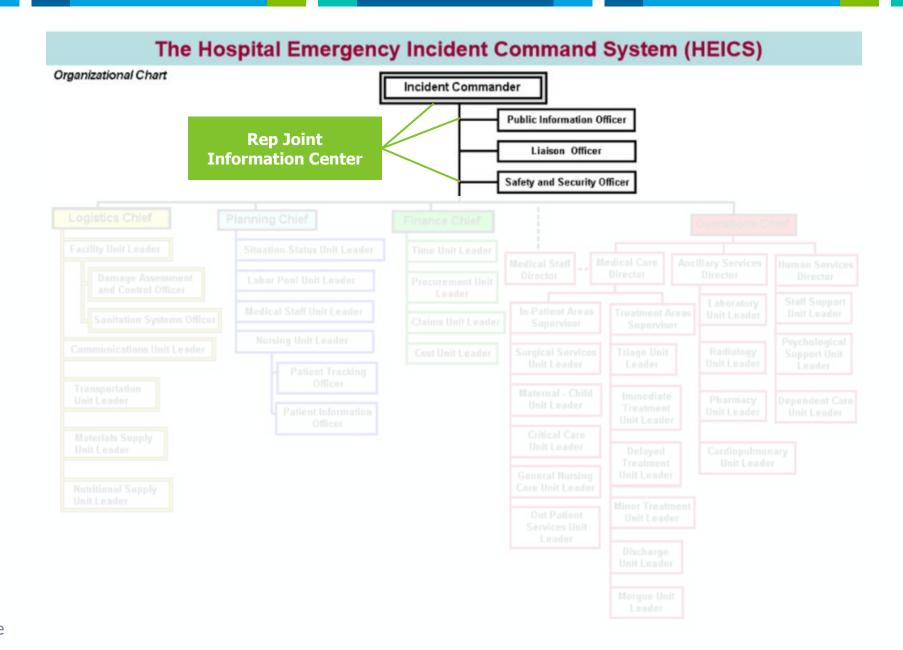
Severity Analysis Matrix

Ops State	us & DEFCON Level	Description	Impact	Who's Involved	Rep Lead	
		Extreme mass casualty	Impact may be system-wide	Rep, Communications (local and corporate), appropriate leadership, Security, local law enforcement involved		
Code Black	DEFCON 1	Global public health risks (during watch phase or after declaration of pandemic/epidemic)	Affects a specific region &/or team or multiple regions/teams			
		Infrastructure concerns			C _{Ii}	
		Domestic or international political unrest			ses &	
Code Red		Any physical threat to person or building ("body or building")	May be limited to a single individual, location, or group	Rep, Communications (local &/or corporate), appropriate leadership, Security, local law enforcement involved	Crises & Issues	
	DEFCON 2	Incident involving a death, regardless of its nature or media attention	Affects a specific region &/or team or multiple regions/teams			
		Severe issue with significant media attention and traction online				
		Severe weather-related issues				
Code Yellow		Non-risk or generic issue gaining attention in media or digital spaces	Affects a specific region &/or team	Rep, local Communications, appropriate leadership involved	5	
	DEFCON 3	Issues of interest to faith-based stakeholders			Include Both	
		Harassing spammers/trolls (incl. exec pages)			Both	
		Moderate weather-related issues				
Code Green	DEFCON 4	General increase in negative complaints in digital space	Affects a specific region &/or team	Only key Rep dept. players involved		
	DEFCON 4	Nuisance spammers/trolls (incl. exec pages)			M&R	
	DEFCON 5	Status quo M/R questions (incl. exec pages)	N/A, BAU Rep team monitoring	Market players for general escalations		

Issues-Specific Services

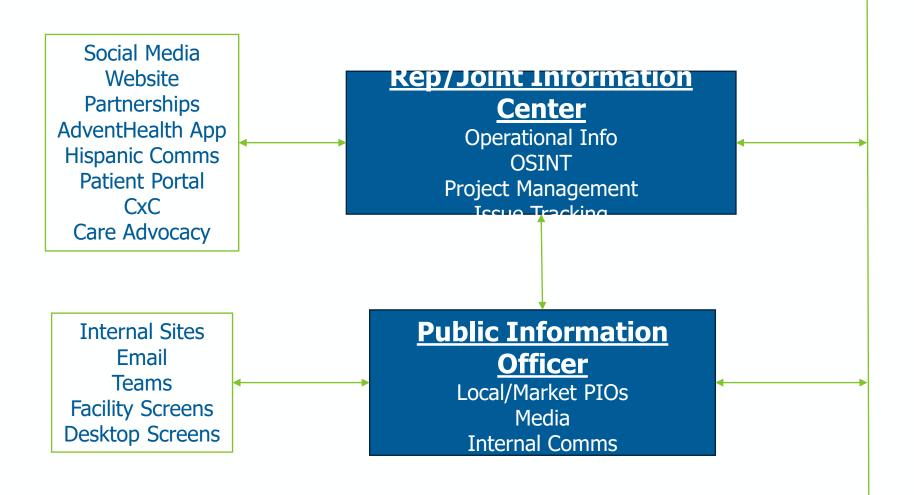


- On-Call schedule
- Consumer-facing communications
 - Strategic positioning & support
 - Perception & mitigation campaigns
- Internal response coordination
 - Post-incident guidance & education
- Digital listening
 - Intelligence gathering
 - OSINT investigations
- Regulatory incorporation & collaboration
 - State & Federal Laws
 - HIPAA
 - STARK/Anti-Kickback statutes
 - Right-to-Privacy laws
 - Anti-gambling statutes
 - AdventHealth policies

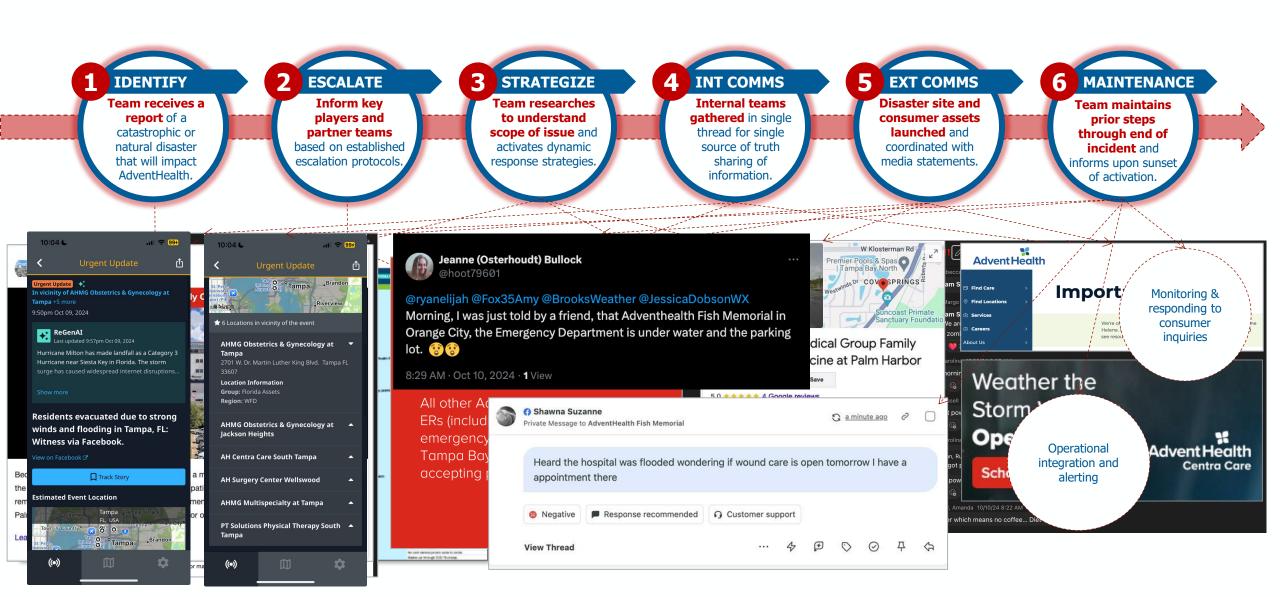


Source: Everbridge

INCIDENT COMMAND



Hurricane Helene



ISIS-K Terror Threat

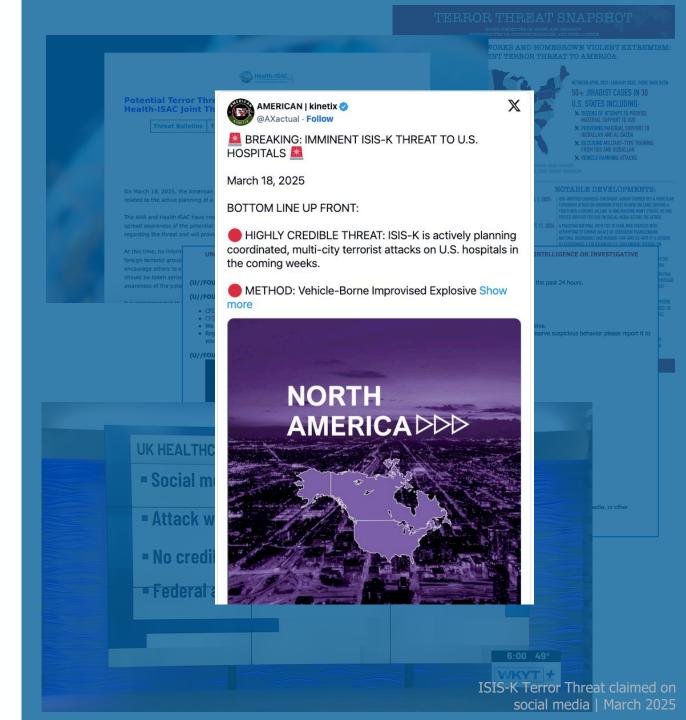
Challenges: Internal reassurance, ops continuity

Successful Strategies

- Identified and escalated threat internally via CFIX bulletin
- Regular touch-bases with Security & EM (EmSec)
- Daily monitoring and OSINT investigations and updates provided to EmSec and leadership
- Assisted in development of:
 - FAQs
 - Hypothetical situation analysis, shared with Security leads
 - CEO alert letter
 - Tabled team member alert letter

Outcome

- Rep's additional certifications and integration with security and law enforcement meant teams could flag wording risks with proposed statements
- CFIX context helped shape communication strategies as Rep could access background that couldn't be broadly shared across the organization



AHFC Prayer March

Challenges: Clinician/visitor safety, facility access

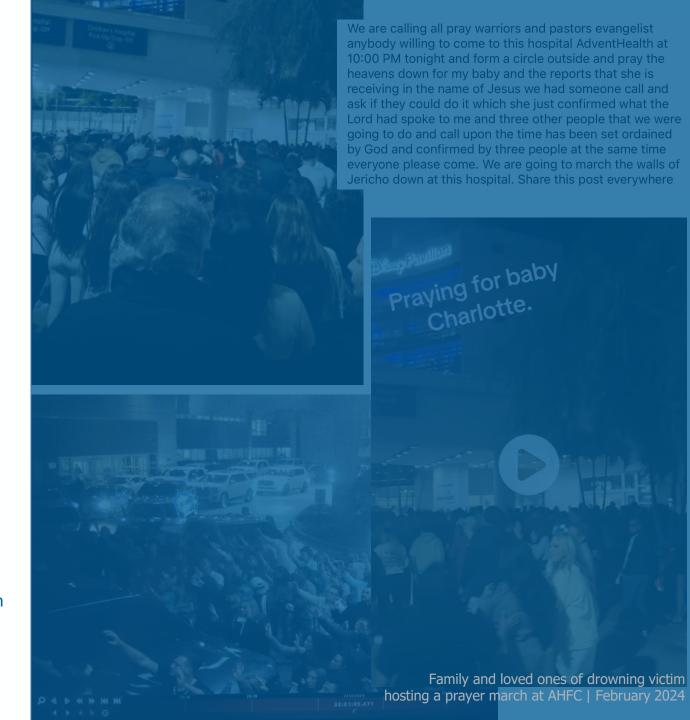
"We are calling all pray[er] warriors and pastors, evangelists, anybody willing to come to this hospital AdventHealth at 10:00 pm tonight and form a circle outside and pray the heavens down... We are going to march the walls of Jericho down at this hospital."

Successful Strategies

- Round-the-clock social media listening
- Maintained live issues brief and collection of community conversation
- Daily touch bases with clinical, Security, Mission & Ministry, Comms
- Coordination with local churches of the same faith and SDA church to offer locations to gather and pray
- Offering comfort care items and food via Child Life

Outcome

- Reputation Management alerted Security to a "Jericho March" with 350+ attendees taking place live at 11pm at AdventHealth for Children
- Provided identifications to local Intelligence Exchange related to current local cases
- Identified source of single negative comment about AdventHealth and addressed in clinical environment



BreatheMD

Challenges: Protests, identity theft, digital brigading

"I recently testified on behalf of a dying man for his right to try Ivermectin. Texas Huguley Hospital and @AdventHealth refused to give it to him. Dad of 6. Court ruled to give me temporary privileges and allow me to write the order. They just denied my privileges. Pure evil."

-Mary T. Bowden, 11/5/2021

Successful Strategies

- Live issues brief & FAQ management
- Proactive statements prepared for digital & comms
- Tactical recommendations for physical protests
- 24/7 social media listening & brand sentiment monitoring
- Protective measures provided for at-risk team members, including physical & digital security

Outcome

- Recovery of brand and associated physicians' reputation
- Identification of an unauthorized care provider trespassing onto the THH campus at the direction of Bowden to administer Ivermectin to the patient



Applications in Infectious Diseases

Challenge: Learning how to Listen

2025 Year in Review

- Bird Flu (H5N1, H5N5): 71 cases, 3 deaths (2024-present)
- o Measles: most states, 1798 cases, 3 deaths
- o Challenges in vaccination: COVID, Federal & Florida
- o Antimicrobial resistance: C. auris, CRE, etc.
- o Foodborne (Salmonella, botulism, Listeria)
- Viral hemorrhagic fever (Ebola, Marburg)

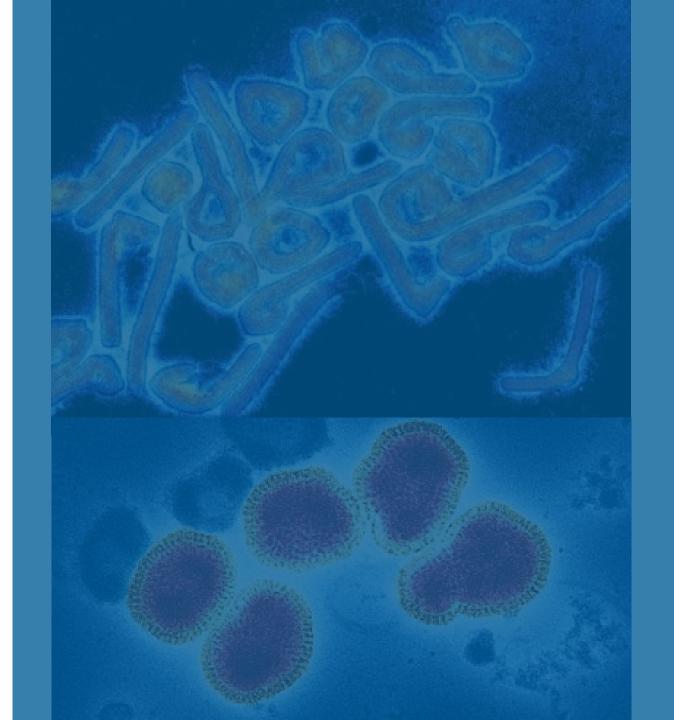
We Track Data but Wait, There's More...

Do we Listen to the Chatter?

- Media reports
- Public perception
- Social media

Could Result in

- o Increased responsiveness & communication
- Proactive earlier response
- Crises averted



Blueprint for Action:
Designing Your Framework



Getting Started



connect with the team that manages your digital presence.

- -What do they already do? What can they add or create?
- -What resources do they already have?
- Where can you paturally integrate?



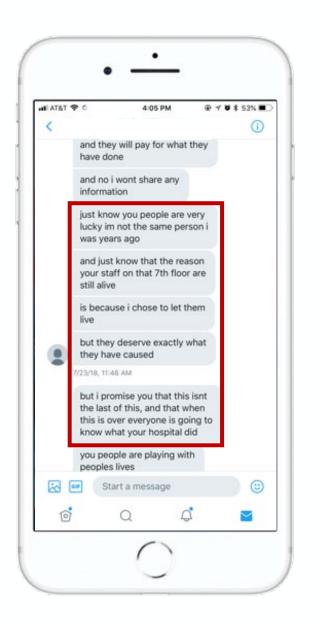
Assess your current landscape — and your horizon.

- -Who is already talking about you online?
- -What platforms are the most active or helpful? (Reddit, Twitter, Threads, etc)
- -What three tonics or issues can you begin listening for today?



Create your vision and a pilot structure.

- -What does this look like at your organization?
- -What do you want to try when the next crisis hits?
- -How will you measure success and grow from errors? (AARs, hot washes, etc.)



Planning for All Four Phases

PREPAREDNESS

- Listen to blue-sky chatter to understand baselines for grey skies
- Learn your audience, their demographics, where they are, and what resonates with them

RESPONSE

- Communicate quickly, clearly, and concisely
- Provide operational updates/instructions
- Avoid unnecessary communications to avoid "alert fatigue"

RECOVERY

- Continue operational updates
- Offer credible resources and/or contacts
- Begin to add value for your audience based on discoveries from blue- and grey-sky monitoring

MITIGATION

- Evolve grey-sky findings into proactive resources
- Continue engaging with your audiences to cement relationships
- Synthesize learnings into future planning

Top Tips

- Give yourself grace and know that this is an iterative process.
- Specialized tools and budgets aren't required, they just streamline the work.
- Establish an "advisory council" of decision makers from all your major stakeholders.
- For large organizations, swim lanes conversations are essential!
- Meet everyone and anyone you can. You never know who might have valuable information, or a contact you hadn't considered.



"You all are so important to the health of the organization. I appreciate knowing you are watching out for our teams...it gives me peace of mind."

-Wadie Abu-Rahmeh, MSN, MBA, RN, CPHRM

Director of Risk Management & Safety, CFD

Q&A





Providing Care for the Wartime Wounded: DOD Healthcare Contingency



Reginald J. Kornegay
VISN 8 Network Emergency Manager
US Dept. Of Veterans Affairs



Purpose

- To inform and engage the Disaster Medical Coalition partners on the Department of Defense's (DoD) healthcare contingency framework for wartime wounded
- Identify opportunities for coordination and support during large-scale military or homeland defense operations.















The Present State and Future of Warfare...

- Modern warfare is evolving away from the Global War on Terror (GWOT) era to Large-Scale Combat Operations (LSCO)
- Projections of a future LSCO conflict involves "near peer" competitors with higher level of military capabilities and lethality
 - China
 - Russia
 - North Korea
 - Iran
- Shift of Warfare to Multi-Domain Operations (MDO)
 - Employment of Anti-Access/Area Denial (A2AD) Systems in the strategic battlespace
 - Long-Range Fire Power: Limiting friendly force mobility; Striking capabilities with long-range precisions fires
 - Cyberspace and Electronic Warfare (OCONUS and CONUS strikes)
 - ISR Satellites and Drones











LSCO and the Challenges of Battlefield Care

- Technically advanced warfare will limit supportive capabilities for wartime care to the wounded
- LSCO conflict involves a fusion of linear and asymmetric warfare
 - Phase line and deep fighting simultaneously (US Strikes?)
 - No secure rear areas for secondary care
 - Technological strike capabilities requires forces to be highly mobile (No traditional Combat Support Hospitals)
- Limited capability of strategic airlift in a A2AD Systems environment
 - Loss of GPS satellites/Strategic Comms and warning systems
 - Hypersonic munitions attacks on air assets
 - Air Defense capabilities challenged by enemy systems
- Wounded Arrivals to CONUS
 - More casualties, especially during initial combat phases
 - Significant trauma (blast and shrapnel injuries, burns, amputees, etc.)
 - Limited field care may require more immediate attention at definitive care sites









The DOD Medical Contingency Plan

- The DoD maintains a global medical readiness posture to care for wounded service members during conflict.
 - Approximately 18,000 inpatient bed capacity
- In large-scale or homeland-based contingencies, civilian healthcare systems may be called upon to augment or support military medical operations.
- This aligns with National Response Framework (NRF) principles and Emergency Support Function (ESF) #8 Public Health and Medical Services.









The DOD Medical Contingency Plan

- Core Components of DoD Healthcare Contingency
- Forward Medical Operations: Combat support hospitals, Role 2/3 facilities, and aeromedical evacuation.
- **Strategic Evacuation:** Use of military and civilian transport assets to move patients to definitive care.
- VA and Civilian Integration: VA/DoD contingency plans include leveraging civilian trauma centers and NDMS (National Disaster Medical System) hospitals.
- Medical Surge Planning: Preparing for overflow of casualties into civilian systems during homeland attacks or large-scale overseas conflicts.











Considerations for CONUS Definitive

- Large Influx of Critically Wounded Patients
 - Information may be limited due to disrupted communication systems
- More Complex Trauma Cases
 - Trauma Surge Capability
- Bed/Patient Tracking Challenges
 - Different Systems of Record for Patient Tracking
 - Impacts of Cyber Threats
- Disasters Don't Stop for War!
 - Hurricanes
 - MCIs
 - Limited field care may require more immediate attention at definitive care sites











FCCs and the DOD Contingency

NDMS Overview







What is the National Disaster Medical System (NDMS?)

- NDMS: a federally coordinated healthcare system and partnership
 - > Departments of Health
 - > Human Services
 - Homeland Security,
 - Defense,
 - Veterans Affairs.

Purpose:

- ➤ Support State, Local, Tribal and Territorial (SLTT) authorities following disasters and emergencies by supplementing health and medical systems and response capabilities.
- Support the military and Veterans Health Administration health care systems in caring for combat casualties should requirements exceed their capacity.







PATIENT CARE

- NDMS Medical Teams
- Facilitated Support through Industry (Contract)
- Specialty Care Capabilities

PATIENT MOVEMENT

- NDMS Partnership
 - DoD
 - VA
 - DHS/FEMA-National EMS Contract
 - HHS JPATS and Case Management

The NDMS Partnership

A FEDERAL SECTOR PARTNERSHIP









Mission is two-fold:

Supplement state and local medical resources during disasters or major emergencies

Provide backup medical support to the military/VA medical care systems during an overseas conventional conflict





FATALITY MANAGEMENT

- Disaster Mortuary
 Operational Response Teams
- Subject Matter Expertise –
 Fatality Management
 Assessment

DEFINITIVE CARE

- ~1800 participating civilian health care facilities through a Memorandum of Agreement
- Coordinated across 62 DoD (14) and VA (48) Federal Coordinating Centers (FCC)
- Reimbursed at 125% of Medicare Part A rates (payer of last resort)









NDMS Operational Teams

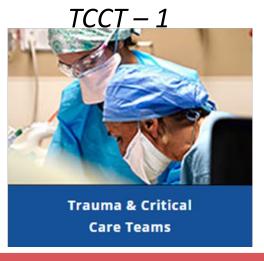
<u>Disasters Terrorism Contingency Operations Pandemics National Security Special Events</u>

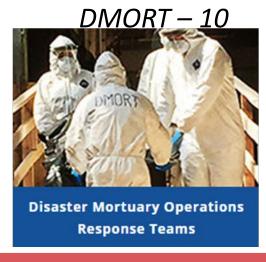
NDMS National Headquarters

- Assigned to the Administration for Strategic Preparedness and Response and further aligned under the Office of Response
- Oversees program management

Operational Teams (69)

















Federal Patient Movement Partners

Department Of Homeland Security/Federal Emergency Management Agency



- Department of Health and Human Services
 - NDMS Federal Patient Movement Section
 - Federal Health Coordinating Official
 - Regional Emergency Coordinator
- Department of Defense
 - Defense Health Agency
 - Northern Command (NORTHCOM)
 - Transportation Command (TRANSCOM)
 - National Guard Bureau
 - Air Mobility Command
- Department Of Veterans Affairs
 - Veterans Health Administration
 - Veterans Integrated Service Network/VA Medical Centers



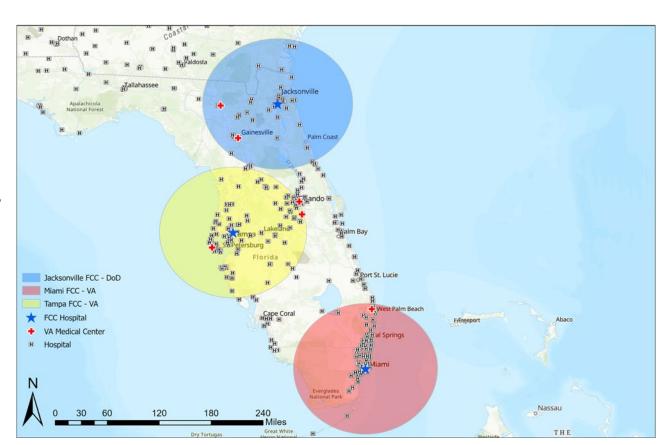






Patient Reception Area (PRA)

- PRA: geographic area surrounding a major metropolitan city.
 - Must contain at least one airfield, rail terminal, passenger ship port, and/or bus station.
 - Must have adequate patient staging room and facilities for reception location.









Federal Coordinating Centers (FCC)

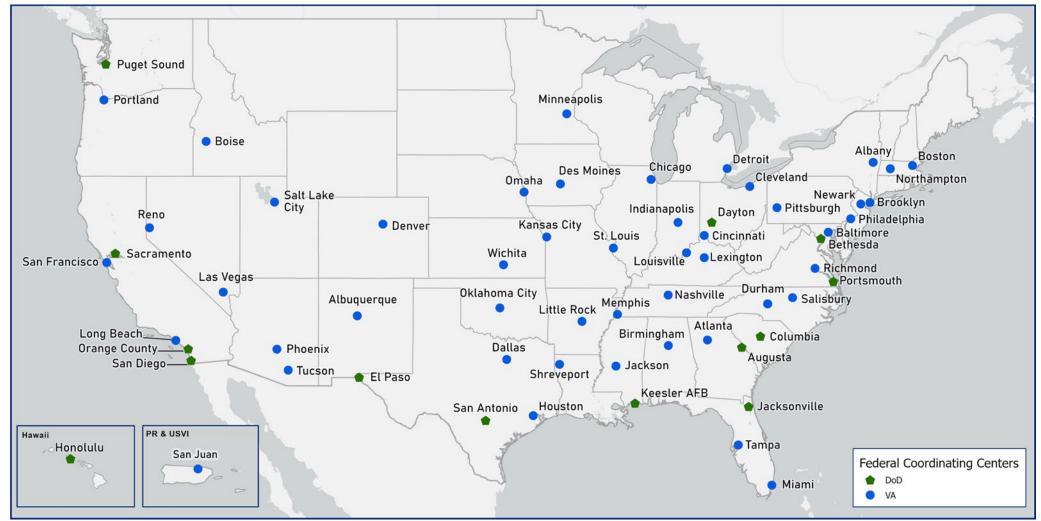
- An organization managed by the VA or DOD located in one or more assigned geographic NDMS Patient Reception Areas (PRA)
- PRA are responsible for receiving, assessing, staging, tracking and transporting patients affected by a disaster or national emergency to a participating NDMS partner healthcare facility capable of providing the required level of definitive care.
- Currently there are **62 FCCs** at major metropolitan cities across the country:
 - >VA-48
 - DoD − 14 (Army 6, Navy 4, Air Force 3, DHA 1)







FCC Map











Laws and NDMS Activation

- Robert T Stafford Act, Unit 1535 of Title 31,
 U.S.C.
 - > Presidential Disaster Declaration
 - **>** DoD 3025.18
- Economy Act, 31 U.S.C. 1535
 - ➤ Inter/Intra-agency Reimbursable agreements
- Public Health Service Act, 42 U.S.C. Ch. 6A









NDMS Activation Triggers: When Does Federal Patient Movement Occur?

- Patient Evacuation in Support of Mass Evacuation/Stafford Act Event
 - Supporting a State request and consists of moving both inpatients and outpatients from healthcare facilities and evacuation locations.
 - Examples: Hurricanes Katrina, Rita, Gustav, Ike, Maria, and others.
- Emergency Repatriation/Noncombatant Evacuation Operations
 - Moving inpatients returning from overseas medical facilities and moving additional patients from the Emergency Repatriation Centers.
 - Example: 2010 earthquake in Haiti.
- Active-Duty Patient Redistribution/CONUS Patient Distribution Plan
 - Distributing injured active-duty service members from theater of operations to DoD Medical Treatment Facilities, VA Medical Centers, and NDMS Partner Healthcare Facilities.





NDMS Federal Patient Movement Tracking

- Provide Patient Movement from the disaster area; air, bus, train, ship.
- **ESF #8 Patient Movement** Coordination Cell manages requests.
- Requires coordinated patient regulating, movement, staging, and tracking
- Patient movement is coordinated by HHS via 62 FCCs across the country which are managed by DoD and VA





Patients

from area

hospitals,

nursing

homes

JPATS







JPATS











NDMS Definitive Care Partners

















Definitive Care

- Comprised of a nationwide network of civilian partner facilities, who agree to accept NDMS federal patients during a national level disaster, military contingency, repatriation event, and/or public health emergency.
 - Approximately 1,800 civilian hospitals across the Nation.
 - Seven (7) bed categories:
 - Burn.
 - Critical Care.
 - Med/surg.
 - Psychiatric.
 - Negative pressure isolation.
 - Pediatric.
 - Pediatric ICU.







Patient Qualification

Patient Qualification

• NDMS coverage begins when the patient is transferred through the Port of Embarkation (POE), to the Port of Debarkation (POD), then to the designated NDMS partner healthcare facility.

Patient Coverage

- NDMS payment ends when one of the following occurs, whichever comes first:
 - Completion of medically indicated treatment (maximum reimbursable duration of 30 days unless otherwise directed).
 - Voluntary refusal of care.
 - Return to originating facility/home or other final location.

Covered Services

Based on medical necessity, generally any services covered under
 Medicare Part A or Part B are eligible for reimbursement.







Leadership Roles

FCC Director: Principal senior executive responsible for the FCC program within the associated NDMS Patient Reception Area (PRA).

FCC Coordinator: VHA Office of Emergency Management assigns an Area Emergency Manager (AEM) to support the FCC Director in the coordination and management of FCC requirements.

VAMC FCC Liaison:

- Individual that coordinates the personnel, supplies, and equipment provided by the VA Medical Center to support FCC operations.
- The AEM and FCC Liaison work closely to establish and sustain FCC operations.







FCC Director Responsibilities

- Ensuring overall VA medical facility compliance with VHA policy, and, that appropriate corrective action is taken if non-compliance is identified.
- Maintaining oversight of patient reception planning, training, and operations through the FCC Coordinator.







VAMC FCC Liaison Responsibilities

- Working closely with the FCC Coordinator regarding VA medical facility staff, supplies and equipment that support FCC operations and readiness.
 - ➤ Service Line supervisors to accommodate training and scheduling for staff support.
 - Facility personnel regarding storage and availability of supplies and equipment.
- Note: Usually, the VAMC FCC Liaison is the facility emergency manager, who is appointed by the FCC Director.







Patient Reception Site (PRS)

- The location(s) where patient reception operations are conducted, usually a hangar at an airfield.
- Each FCC should have a primary location and at least one alternate PRS.









Patient Reception Team



A multi-function group organized in accordance with Incident Command Structure principles consisting of all the personnel involved in PRS operations, such as:

- Clinical staff
- Medical administration
- Communications,
- Logistics
- Litter bearers
- Transportation.

The team may consist of VA, DoD, and/or civilian personnel, depending on the local FPM plan.







FCC Partners: NDMS Steering Committee



- Local Hospitals, including DoD and VAMC
- Healthcare Coalitions
- Alternate Care Facilities
- Public Health
- Public Safety (Fire and Law Enforcement)
- Emergency Management (SLTT)
- Emergency Medical Services
- Volunteer and Non-Profit agencies
- Mass Care agencies (Federal ESF #6)
- Mental Health and Faith-Based Organizations
- Public Information and Communications







Summary

- Role of Disaster Healthcare Coalitions
- DHCs are critical in:
 - Coordinating regional surge capacity for trauma and burn care.
 - Supporting NDMS activation and patient reception at designated hospitals.
 - Sharing situational awareness with DoD and federal partners.
 - Participating in joint exercises to test military-civilian medical interoperability
 - **Providing behavioral health support** for service members and families during repatriation or demobilization











Points of Contact

As you have questions, please feel free to contact the following:

For VA specific questions:

reginald.kornegay@va.gov

darryl.stevenson@va.gov

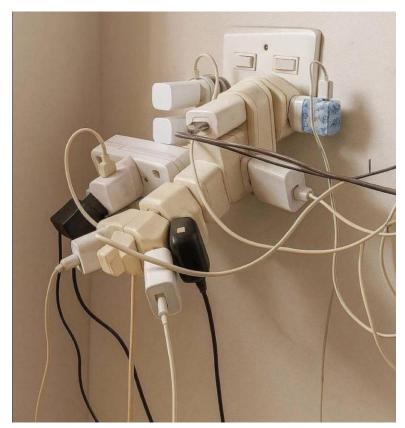








Thriving in a high stress world



Using Renewable Resilient Energy

with Dwight Bain, NCC

"Don't fight stress. Embrace it. Turn it on itself. Use it to make yourself sharper and more alert. Use it to make you think and learn and get better and smarter and more effective. Use the stress to make you a better you." — Jocko Willink, Navy Seal During times of high stress, it is essential to <u>build mental wellness</u>. There are common stress emotions and behaviors that lead to burnout. The same is true for wellness, there are emotions and behaviors that identify how a person is functioning.

How Mentally Well are you Functioning?

Select which words best describe your level of functioning

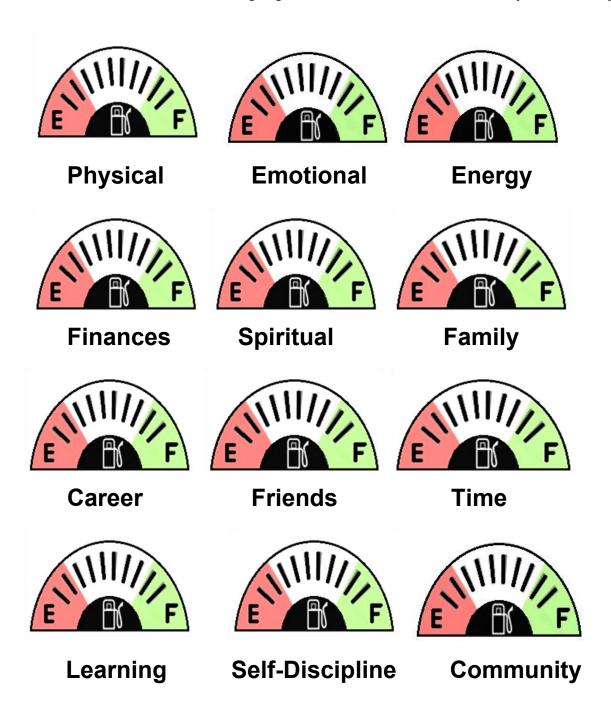
- Thriving (functioning at 100% maximum capacity)
 Meaningful / Flourishing / Purposeful / Energetic
- Strong / Empowered / Driven / Focused / Clarity
- Contented / Peaceful / Calm / Patient / Joyful
- Growing / Developing / Learning / Resilient
- Self-Aware / Insightful / Kind / Empathetic
- Comfortable / Stable / Accepting / Relaxed / Happy
- _ Disciplined / Motivated / Self-Controlled / Responsible
- _ Distracted / Struggling with Work-Life Balance
- Stressed / Worried / Pressured / Languishing
- _ Moody / Irritated / Easily Annoyed / Frustrated / Angry
- Critical / Complaining / Blaming / Acting Irresponsible
- Weak / Exhausted / Depleted / Overwhelmed / Empty
- Anxious / Confused / Panicked/ Fearful / Burning Out
- Attacking / Condemning / Infuriated / Blaming / Hostile
- Depressed / Wounded / Shattered / Despairing
- Self-Destructive Habits (smoking, drinking, junk food)
- Addictions (gambling, pornography, drugs, alcohol)
- Illness / Somatic Illness / Hopeless / Helpless
- Break with Reality / Delusions / Hallucinations / Rage
- Self-Harm / Suicidal / Homicidal / Dangerous
- _ Dying / Fading / Despondent / Emotionally Drowning EXTREME RISK (functioning at 0% capacity)

"Stress will not kill you but ignoring it might."

Circumstances don't define your ability to Lead – your ability to M Pressures does.

Life Management Dashboard

*Directions: draw a line on each gauge to indicate how "full" or fulfilled you feel today



"Two words separate successful people from everyone else. It's not about time management it's about self-management." - Warren Buffet

Want Resilience? Pick your H_____

"Self-awareness is the first component of emotional intelligence." – Daniel Goleman

Wisdom is to Pay Attention to the TensionPath to ConfletPath to ConnectionFuriousCuriousSoldier to AttackStudent to UnpackIllogical / IrrationalLogical / ResponsibleFueled by Opinion (Bias)Fueled by Data (#,\$,x,%)Fight to be Right (Ego)Teachable (Humble)Give Advice and LectureLive Advice and Listen

Questions that express empathy to manage conflict.

- What happened to you?
- What has happened in your life?
- What has happened to your family?
- What happened in your childhood?
- What happened to you in the last year that has been a major trigger?
- · What support systems do you have in your life?
- Do you have friends?
- Do you have a family? Do you have a supportive family?
- •How is your marriage?
- •How are your children? What is happening to them?
- •How is your job? Are you fulfilled at work? our childhood?
- •What happened to you in the last year that has been a major trigger?
- •What support systems do you have in your life?
- •Do you have friends? Do you have a family? Do you have a supportive family?
- •How is your marriage?

[&]quot;A person's success in life can usually be measured by the number of uncomfortable conversations he or she is willing to have." – Tim Ferris

- •How are your children? What is happening to them?
- •How is your job? Are you fulfilled at work?

"It is impossible to have a great life unless it is a meaningful life. And it is very difficult to have a meaningful life without meaningful work". – Jim Collins

Strategies for better results after high conflict

- 1. Listen
- 2. Acknowledge, ("If that happened to me, I might be angry too.")
- 3. Agree or apologize, ("I'm sorry you're having an awful day" or "I'm sorry the situation has you so frustrated.")
- 5. Clarification, ("So what you're saying is that if we don't agree that you're going to quit?... What do you base that on?")
- 6. Choices and Consequences, ("There is no need to continue this conversation if you are going to shout.") LOST in the A.B.C's...

What are the hardest things to talk about or say?

No, I Was Wrong, Goodbye, I'm an Alcoholic, I'm Sorry, I Forgive You, I Want a Divorce, I've Lost My Job, I Need to see a therapist, You Were Right, You're Adopted, Mom/ Dad/ Grandma/ Grandpa has Died, I Love You, I Lied to You, I'm Pregnant, This is not about the Money, Will You Go Out with Me?, I Failed, I Hate You, I Have an Addiction, (Drugs, Pornography, Gambling, Spending), I've Been Seeing Someone Behind Your Back, I'm in Love with your Girlfriend/ Boyfriend/ Husband/ Wife, I'm Gay/ Bisexual/ Trans, I just Don't Like You, I have Cancer and am Dying, I Cheated on You, I Have a Secret, You're dumb, Your Friend has died, I want to die

"Being kind to other people improves wellbeing. We don't understand the magnitude of impact we are having on another person. A little good goes a long way goes much longer than we expect. We underestimate how much value these acts will have on the people we are kind to. We underestimate how much people will appreciate our acts of kindness. We underestimate how willing others are to help us, but we fail to foresee the downstream effect of being kind." - Hidden Brain podcast with Shankar Vedantam and psychologist Amit Kumar

Hindsight is 20/20 and so is F			
when you know what to look for			

Master the QL Formula

"Organizations Evolve in the direction of their most frequently asked questions. Conversations often go in the direction of the most profound questions and people often grow toward the questions they are asked." - Mike Morrison, Dean, University of Toyota

- What's right in my life?
- What's wrong in my life?
- · What's missing from my life?
- What's confusing about my life?

	VVIVINI?
	"The biggest mistake we make in our lives is thinking we have time."
	– Kobe Bryant
PQ -	. <i>P</i>
afte day. like ol	le are at their best – physically harder, mentally tougher, and spiritually sounder - r experiencing the same discomforts our early ancestors were exposed to every Scientists are finding that certain discomforts protect us from physical problems besity, heart disease, changers, diabetes, depression and anxiety and even more damental issues like feeling a lack of meaning and purpose." -Michael Easter, in "The Comfort Crisis"
	Sleep, (7-9 hours)
	Sleep rituals- Same time to wake up and go to bed, avoid screens before
	bedtime
	Predictable daily schedule to manage time and not feel rushed
	Healthy Nutrition using meal prepping for portion control smart eating Intermittent Fasting or a Daniel Fast
	Hydration throughout day (CDC recommends: 130oz/men and 95oz/women)
П	Nutritional supplements or HBOT recommended by medical professionals
_	Low impact exercise like Walking, Biking, Swimming, Yoga, Pilates or Stretching
	High impact exercise like Weightlifting, Indoor Climbing, Cross-fit or Spin
	Deep breathing (4x4) to calm brain from 'fight/flight' reaction
	Experiment with aromatherapy or sound machines for relaxation
	Schedule time in a sauna, steam room, ice bath or soak tub to reduce pressure
	Relaxation routines- including scheduling a massage or taking an energizing nap
	Regular physical checkups, including bloodwork

☐ Medication, (as prescribed by your physician)

"Exercise is the fountain of youth; it's critical to keeping your brain vibrant and young. If you want to attack Alzheimer's disease, depression, obesity, and aging all at once, move every day. Exercise directly fights depression, anxiety, heart disease, diabetes, and cancer." -Daniel Amen, MD, Change your Brain Podcast



IQ - I

Learning, books, seminars, podcasts, webinars, workshops, TED

Encouragement building exercises, especially photos of positive memories
Laughter/Fun/Playtime with children, pets, friends and family.
Face and voice emotions like anger, anxiety, sadness, or apathy directly
Journal out negative emotions to remove FOG (Fear/Obligation/Regret)
Let go of painful memories and regret to leave the past behind
Say "NO" to bad habits or time distractions that shred the benefits of calm and
silence
Talk through issues to get through issues
Reduce or remove negative news or rumors about the world that add pressure
Identify and process hurtful emotions with a journal, or with a trusted friend
Write letters to vent out disappointment (and then tear them up, never post!)

"He who only looks inward will find only chaos, and he who looks outward with the eyes of critical judgment will find only flaws. But he who looks with the eyes of compassion and understanding will see complex souls, suffering and soaring, navigating life as best they can." — David Brooks, How to Know a Person: The Art of Seeing Others Deeply and Being Deeply Seen

EQ - E

Self-aware, empathy, emotional control, self-control, compassion

"People with strong self-awareness are neither overly critical nor unrealistically hopeful. Rather, they are honest—with themselves and with others. The decisions of self-aware people mesh with their values; consequently, they often find work to be energizing.

Emotional self-control, delaying gratification and stifling impulsiveness is essential for success". – Daniel Goleman, Author EQ
 □ Face relationships openly by voicing your needs to others □ Learn the love language of those close to you and let them know yours □ Directly confront issues, especially in your closest relationships □ Connect with friends/family in new activities without screens being in the way □ Share your burdens with others or manage them in a journal □ Join a support group with people facing similar issues □ Utilize counseling supports, mental health Apps or EAP if you have access. □ Join a hobby group which involves healthy connections □ Set firm boundaries to prevent unhealthy demands from others □ Get involved with a cause you believe in – like animal rescue □ Seek and share comforting touch through hugs from pets and safe people
1Q – A

Adaptability, flexibility, resilient, self-disciplined, changes well

Daily planning time that fits your personality and energy level
Utilize organizational planners for efficiency
Unplug from technology by cancelling accounts or prolonged media fast
Short term goals to boost confidence
Daily hobbies for enjoyment- like gardening or listening to or dancing to fun music
Reframe your thoughts for good by eliminating negative news or gossip
Create daily activities for purposeful relaxation without the use of a screen
Count your blessings instead of counting problems as daily practice
Create a bucket list of lifetime goals and develop a plan to experience them
Reading for relaxation or personal development
"Pay it forward" to do good for others with ARK (Acts of Random Kindness)
Learn something new every day to boost brain health
Take on a new challenge- like growing vegetables or learning to play an
instrument
Leave work stress at work and avoid working on screens during family time
Take training courses to gain new knowledge and skills, like speaking Spanis
Move and create motion every day (note the root word of emotion is motion)

"Scientists at Brigham Young University found being lonely increases your risk of dying in the next 7 years by 26% and can shorten life by 15 years. That's equivalent to smoking half a pack of cigarettes a day. According to an 80-year study conducted by Harvard researchers a key ingredient to happiness across your life span is having connected relationships." – Michael Easter

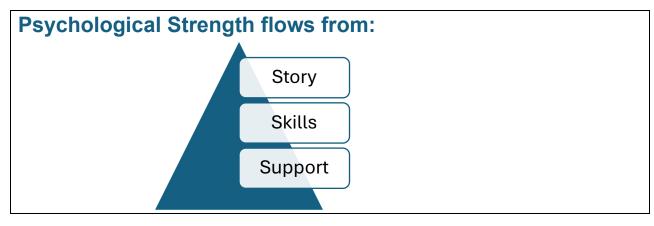
<u>SQ - S</u>

Character growth, kind, patient, peaceful, respectful, accepting of others, having self-control, loving, gentle, humble, self-control

"Practiced regularly (twice a day), relaxation or meditation prevents angry arousal." — Martin E. Seligman, PhD

	Meditate					
□ Read inspirational books and share what you have learned.						
□ Make prayer a regular part of your morning routine.						
	Memorize scriptures that inspire and renew your mind.					
	Listen to inspirational music.					
	Follow the Golden Rule of doing unto others as you would have them do to you.					
	Forgive those who have wronged you and forgive yourself.					
	Attend spiritual classes to deepen your faith.					
	Attend worship services with like-minded Believers.					
	Remember, "Things come to pass – not stay."					
	Re-create spiritual peace in quiet places to refresh your soul.					
	Build spiritual strength through meaningful experiences.					
	Attend prayer vigils to experience greater community connection.					
	Observe a day of quietness and rest.					
□ Volunteer to serve others and give back to the community.						
	Get in touch with nature, especially in the sunshine.					
	Find meaning in purposeful activities that add value to help others					
	Visit a bike trail, park, lake, beach, or mountain trail to reflect on creation.					
	Begin a Gratitude Journal to record the blessings you have experienced.					
	te down 5 things you are grateful for every day. Focusing on gratitude helps calm leep limbic or emotional areas of the brain and enhances the judgment centers." - Daniel Amen, MD https://www.amenclinics.com/PartnershipFL/					
	you know the B you don't know the real story – and en you know the real story are can change the rest of the story.					

"Predict the future by creating it, catalyzing a dialog that crafts better solutions. "
- Scott Galloway, NYU business professor



"All people have is hope. That's what brings the next day and whatever that day may bring. A hope grounded in the real world of living, friendship, work, family."

- Bruce Springsteen

Answer Key -

Manage, Hard, Foresight, WMM= What Matters Most, Physical, Intellectual, Emotional, Adaptable, Spiritual, Backstory

Which	n area of resilient energ	gy do you need to foc	us on to reduce stress?	

Psychological wellness coping skills and strategies are listed for educational and training purposes only and not intended as medical or clinical advice. Only a licensed health care professional can make, diagnosis or recommend a clinical treatment plan.



About the Author- Dwight Bain is a mental health thought leader who has worked at dozens of major incidents to understand the process of psychological resiliency and rapid recovery. He led a team on the pile at Ground Zero after the terrorist attacks of 9/11 and is a senior crisis trainer who speaks at global events to heal community crisis after mass shooting or terrorism. Bain is a frequent media guest on topics of Mental Wellness and Resiliency after crisis. He and his wife of over thirty years are lifelong residents of Orlando where they live with their children and a rescue cat named "Scrappy". www.linkedin.com/in/dwightbain

Fentanyl: Facts Not Fear Executive Summary for Disaster Medical Coalition

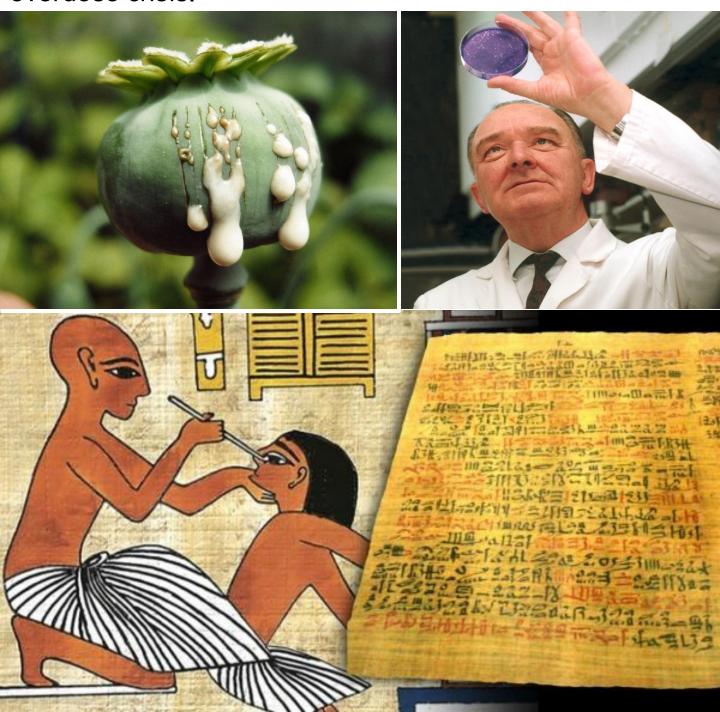


Historical Context

Opioids have been used since 5000 BCE, progressing from natural opium to modern synthetic opioids.

Fentanyl, created in 1960 for anesthesia, remains medically essential.

Illicit fentanyl, not medical Fentanyl, is the driver of today's overdose crisis.



Pharmacology & Potency

Fentanyl is a lipophilic mu-opioid agonist with rapid onset and extreme potency.

Illicit forms vary widely in concentration, making even tiny amounts unpredictable and dangerous when intentionally consumed.

Intentional use of fentanyl, especially mixed with cocaine, methamphetamine, or alcohol, is highly dangerous due to fast onset, hidden potency, and no reliable way to measure dose.



Legitimate Uses

Fentanyl is vital in surgery, trauma care, EMS, burn management, and critical care.

Removing it from medicine would worsen patient outcomes without addressing illicit overdose trends.



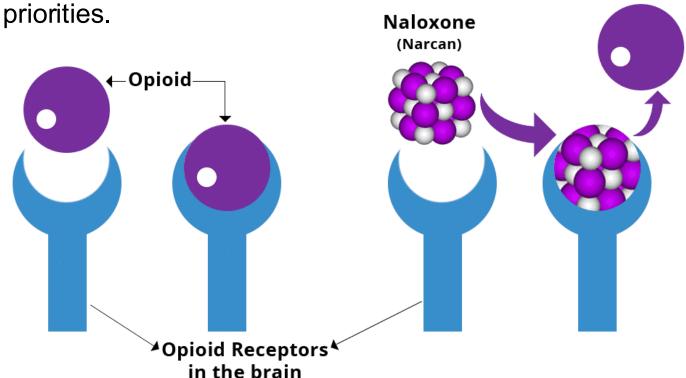
Not All ODs Need Narcan

Administer Narcan **only** for signs of **opioid** overdose.



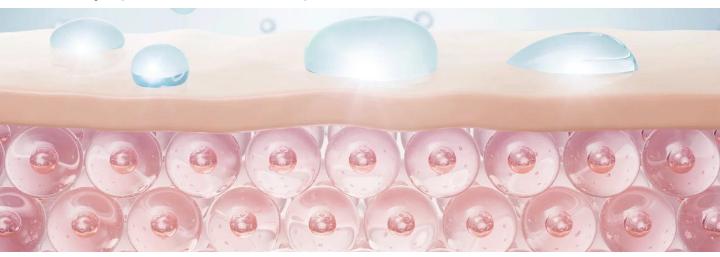
Naloxone reverses opioid-induced respiratory depression but does not treat stimulant toxicity, sedatives, alcohol poisoning, or polysubstance effects.

Airway management and scene assessment remain top



Touching Fentanyl Cannot Cause Overdose

Fentanyl powder cannot penetrate intact skin.



Even medical patches require hours and specialized enhancers.

There is minimal risk inhaling airborne powder during disturbance.

Fentanyl is not something that should be feared.



Avoid Unnecessary Risk

Guidance to Protect First Responders

Protect yourself from exposure to illicit drugs, including fentanyl.

- Assess the scene for hazards that may indicate the presence of illicit drugs.
- Follow these safe work practices if illicit drugs are suspected to be present:
 - o Do not smoke, eat, or drink while working in the area,
 - o Do not touch your eyes, nose, or mouth even if wearing gloves,
 - Wash your hands with soap and water after leaving the area, and
 - o Do not use hand sanitizer.
- Know what type(s) of personal protective equipment (PPE) to use and when to use it.

Learn more: www.cdc.gov/niosh/topics/fentanyl







Don't make "Fent Angels" in a pile of white powder.

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