3-18-21 CFDMC Member Meeting Minutes

Participants: See attached list of participants

Welcome & Announcements: Eric Alberts, 2020-2021 Board Chair, welcomed the group and thanked all for participating. He asked participants to confirm attendance by entering name and organization in chat or via email to the coalition. Eric reviewed the new member benefits and expectations document that provides information on how members can maximize the value they receive from the coalition.

The Role of Poison Control Centers in Disaster Preparedness & Response: Brie Burge and Dr. Jay Schauben provided an overview of the poison control centers in Florida and their role in disaster preparedness and response (see attached presentation).

Responder Resiliency: Dr. James Shultz provided a presentation on responder resiliency (see attached presentation).

Coalition Project Updates:

- **COVID Updates:** Dr. Vincent Hsu, CFDMC Board Member and EID Collaborative Chair, provided an update on COVID and the variants (see attached presentation).

- **EID Collaborative & FHA Agreement**: AC Burke, CFDMC Consultant, provided an update on the EID Collaborative and the FHA agreement . She reported that the EID Collaborative reviewed the lessons learned during the first year of COVID and identified that the greatest need was to improve infection control and response in nursing homes. The Coalition received a $480,000 grant from Florida Hospital Association which is being used to provide subject matter expert consultation to nursing homes, including reviewing and updating plans, policies, and procedures, providing training, and providing equipment. Lynne Drawdy reported that a fit-testing train-the-trainer program will also be provided under the FHA agreement.

- **CORVENA Pilot:** Lynne Drawdy, CFDMC Executive Director, provided an update on the communications pilot. In after action reports from exercises or events, communications is always the number one issue. Over the past year, the Coalition has had a Communications committee working to solve this problem. The committee included hospitals, EMS, emergency management, public health, and nursing homes. The committee identified what are called EEIs (essential elements of information) - the information that healthcare and response partners need to share or need to have in an event. The committee then looked at all of the communication platforms that are in use within the region. During this process, the Florida Hospital Association brought to our attention a communications platform called CORVENA. CORVENA is already in use in more than half of the states in the US. It has been used in most of the large scale events in the US over the past few years. CORVENA provides a common operating picture for all partners, tracks bed availability, patients, supplies, and can be used for event management and document the event for the AAR. The workgroup cross-checked CORVENA against all of our identified EEIs and it checked every box. The Coalition is partnering with FHA to pilot this communications platform in the region over the next 18 months. We are currently registering what the federal government calls the coalition core members - hospitals, emergency management, EMS, public health, and nursing homes. Next these members will receive training on CORVENA. We will then develop communication protocols for the region and will test this during exercises and any events. If the pilot is successful, we will register additional members on the system.

- **HVA/JRA/Preparedness Plan/Operations Plans:** Matt Meyers, CFDMC Projects Manager, reported that the Coalition is completing an annual update of its Hazard Vulnerability Assessment, the preparedness plan, and the operations/response plan. He thanked all who completed the HVA survey. These plans will be sent out to members for review and update in May and the final plans will be posted to the website.

  Lynne Drawdy advised that the Coalition is also drafting an infectious disease plan and regional trauma

coordination plan. These will also be sent out to members for review.

- **Recent National Incidents:** Eric Alberts, CFDMC Board Chair, provided an overview of recent incidents across the nation (see attached presentation). He cautioned members to remain vigilant and be prepared.

- **Regional Trauma Advisory Board (RTAB**): Dr. Peter Pappas, CFDMC Board Member and RTAB Executive Director, provided an update on the RTAB and its committees (see attached presentation).

Wrap-up: Eric Alberts asked if there were any other announcements; there were none. He reminded members that the next quarterly meeting is scheduled for June 17. He asked members to complete the meeting survey which will be sent electronically after today's meeting. Eric thanked all members for attending.

March 18, 2021 CFDMC Meeting Member Attendees
AC Burke - Consultant
Amy Johnson, Advent Health NewSmyrna
Ann Culley - Space Coast VNA
Avis Jenkins - Nurses & More
Beverly Cook, CFDMC
Brenna Young - Advent Health Emergency Management
Brie Burge, Poison Control
Chief Christopher Kammel - Martin County Fire Rescue
Christina Prouxl, Cleveland Clinic/Martin Health
Colleen Cowdry, Jacksonville residency
Dave Crowe, Region 5 RERA
Dave Freeman, CFDMC Board
Dr. Jay Schauben, Poison Control
Dr. Jim Shultz, DEEP Center
Dr. Peter Pappas, CFDMC Board, RTAB Executive Director
Dr. Vincent Hsu, CFDMC Board, AdventHealth, EID Collaborative
Eric Alberts - Orlando Health Emergency Management
Georganna Kirk, CFDMC Board, FQHC
Georgianne Cherry - FDOH Osceola
Helen Rose, HSAG:The Florida ESRD Network
Jan Miller - Halifax
Jemima Douge, TGH
Jenifer Ceballos - Maxim Healthcare
Jodie Gregory, Orlando Health
John Chapman, Orlando Utilities EM
John Corfield - Orlando Health Emergency Management
John Maze, Leesburg Regional
Judy Head, Northland
Karen Thurmond, Orlando Health
Karen Van Caulil - Florida Alliance for Healthcare Value
Kelly Jenkins, Lawnwood
Ken Peach - Health Council of East Central Florida
Lauren Thompson - UCF College of Medicine
Lynda DW G Mason, CFDMC Board, Northland
Lynne Drawdy, CFDMC
Matt Meyers, CFDMC
Matthew Winter - Advent Health Emergency Management
Nancy Woloshin, DOH
Nancy Handwerg, Universal Health Services
Rachel Reid - Orlando Health Emergency Management
Randall Blue, Hunter's Creek Nursing and Rehab
Rebecca Hale-Halifax
Robin Hinson - Osceola EM
Sam Thurmond - Seminole EMS
Sarah Beres - Advent Health

Sheri Blanton, CFDMC Board, Orange/Osceola Medical Examiner's Office
Spencer Monast - Osceola Emergency Management
Stacy King, Orlando Health
Sven Normann, Orlando Health
Wayne Smith, CFDMC Board, DaVita
Wayne Struble - Health First

Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

March 18, 2021 9 am to Noon

Note: Meeting is being recorded

Eric Alberts, 2020-2021 CFDMC Chair

- Welcome & Announcements
- Submit your name and organization in chat or by emailing coalition at info@centralfladisaster.org
- Member Benefits/Expectations (see attached)

The Role of Poison Control Centers in Disaster Preparedness & Response

See attached presentation

Jay L. Schauben, PharmD, DABAT, FAACT
Division Director, Poison Center and Surveillance Services
UF Health Jacksonville
Professor, Dept. of Emergency Medicine, College of Medicine
University of Florida Health Science Center – Jacksonville

Brie Burge
Media Relations/Education Coordinator
Florida/USVI Poison Information Center – Jacksonville

Responder Resiliency

See attached presentation

James M. Shultz MS, PHD
Director, Center for Disaster & Extreme Event Preparedness (DEEP Center)
Senior Fellow, Comprehensive Drug Research Center (CDRC)
Department of Public Health Sciences (DPHS)
University of Miami Mill

First Responder Resilience

Coalition Project Updates

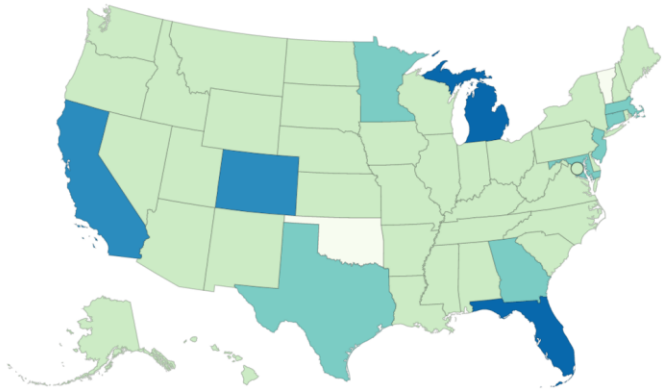
- COVID Updates - Dr. Vincent Hsu, CFDMC Board Member
- EID Collaborative & FHA Agreement - AC Burke, CFDMC Consultant
- CORVENA Pilot - Lynne Drawdy, CFDMC
- HVA/JRA/Preparedness & Operations Plans - Matt Meyers, CFDMC
- Recent National Incidents - Eric Alberts, CFDMC Board Chair
- Regional Trauma Advisory Board - Dr. Peter Pappas, CFDMC Board Member & Regional Trauma Advisory Board Executive Director

Current State: CDC Variant Dashboard

Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	4686	50
B.1.351	142	25
P.1	27	12

FL 738

Cases of Variants of Concern in the United States*†



Number of Cases

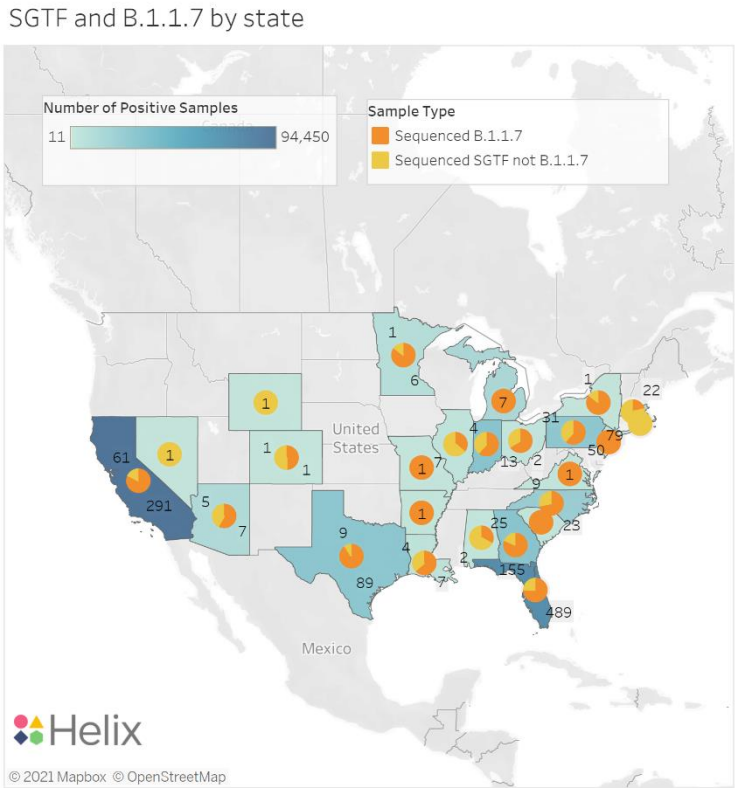
- 0 to 0
- 1 to 150
- 151 to 300
- 301 to 450
- 601 to 750

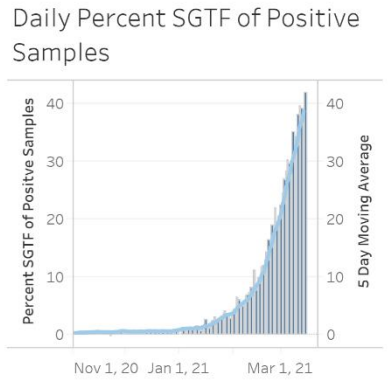
Filters

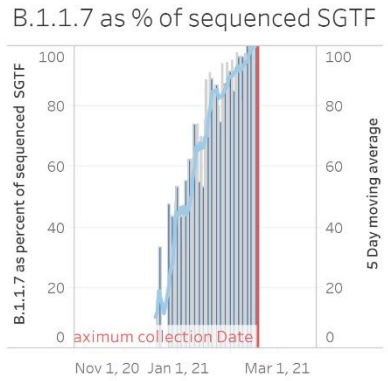
Territories AS GU MH FM MP PW PR VI

Variant B.1.1.7

Current State: Helix Surveillance Dashboard







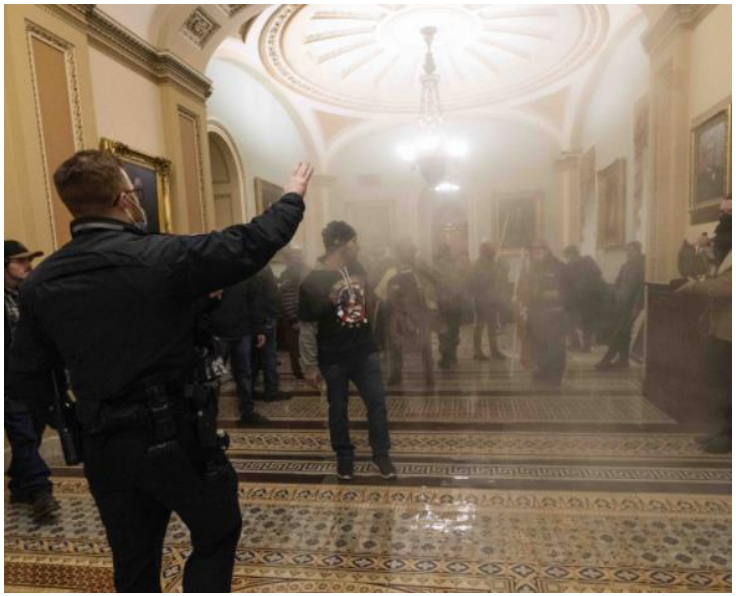
3/14: US 39% sequenced are variant (5-day avg)
3/13: FL variants already dominant (>50%)

Know Your Enemy, Know Yourself: Addressing Variant Spread

- **Nature of coronaviruses to mutate**
  - More than the big 3: Homegrown variants NY, CA
  - Survival of the fittest: more transmissible, severe disease to a point
- **Exhibits variable resistance to vaccines**
  - B.1.1.7 lesser of the evils
  - Vaccine types also variable impact
- **Requires action on a global scale: national strategy**
  - Fundamentals: reduce transmission – masks, social distancing
  - Accelerate global vaccine distribution
  - Combat misinformation, hesitancy
  - Vaccine boosters? Ultimately, achieve herd immunity

Recent Incidents

- Capital Hill, Washington, D.C.
  - January 6, 2021
  - 5 deaths, more than 140 injured (many were LEOs)
  - District was on lock down
  - Extensive physical damage and property theft



Former FBI agent calls for probe of 'major intelligence failure' (pri.org)

Recent Incidents

- Sunrise, FL
  - February 2, 2021
  - FBI Warrant Service Incident
  - 3 deaths, 3 injured (FBI Agents)

Florida shooting: Two FBI agents from crimes against children unit killed and three agents wounded in Sunrise shootout - CNN

Recent Incidents

- Brooklyn, Minnesota
  - February 9, 2021
  - Clinic Shooting, Bomb, Suspicious Package
  - 1 dead, 4 others shot (15 injuries reported)

Buffalo, Minnesota shooting: Criminal complaint describes chaotic scene in clinic shooting - CNN

Recent Incidents

- Fort Worth, Texas
  - February 11, 2021
  - 133 care pileup
  - 6 dead, 36 transported

At least 6 dead in 133-car pileup in Fort Worth after freezing rain coats roads (dallasnews.com)

Recent Incidents

- Texas
  - February 11-16, 2021
  - Polar Vortex – Record breaking cold
  - 4.5 Million+ without power; pipe bursts-water outages; food shortages; supply issues; fires
  - 69 deaths; $18 billion in damage

2021 Texas winter storm, by the numbers: How many lost power, lowest temperatures, more - ABC13 Houston

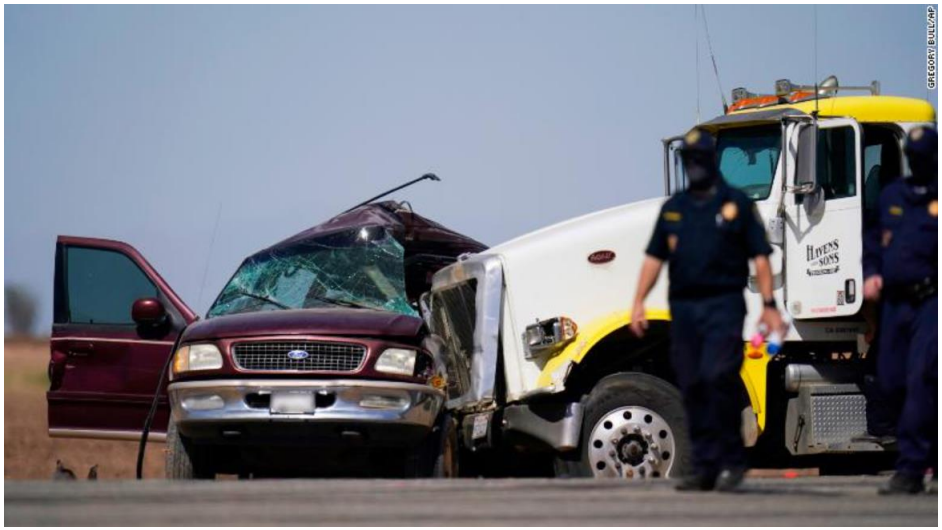
Recent Incidents

- Brunswick County, North Carolina
  - February 16, 2021
  - EF-3 tornado (160 mph winds)
  - 3 dead, 10 injuries, 50 homes damaged

Tornado causes ‘devastating’ damage in Brunswick County, NC | Raleigh News & Observer

Recent Incidents

- Southern California, near Mexico boarder
  - March 2, 2021
  - SUV & Semitruck collision
  - 25 people in SUV
  - 13 dead, 12 transported



California crash: At least a dozen people were killed in horrific accident. Here's what we know - CNN

Recent Incidents

- Atlanta & Acworth, Georgia
  - March 16, 2021
  - Robbery in progress; 3 Massage parlor shootings
  - 8 killed; transports to hospital; I arrested

8 dead in 3 shootings at Georgia spas; suspect in custody - ABC News (go.com)

RDSTF-5 Trauma Advisory Board Update

- Executive Committee Meeting February 9th
- Guideline resources for EMS and Trauma Centers
- Major Project for 2021
  - Developing a Region-wide Mass Casualty Plan
    - Trauma Centers
    - EMS Agencies
    - Acute Care Hospitals
    - Support from CFDMC
- Next Meeting April 15, 2021
  - All are welcome to attend

Eric Alberts, Board Chair

- **Other Member Announcements**
- **Next Meeting: June 17**
  - **Meeting Evaluation (e-survey following meeting)**

CENTRAL FLORIDA DISASTER MEDICAL COALITION (CFDMC)

Member Benefits and Expectations

Member Benefits - Coalition membership is free and comes with many benefits including:

- Access to regional plans and other planning templates and resources
- Access to free trainings (including Incident Command System, HICS, Continuity of Operations Planning, Responder Resiliency, Mental Health First Aid, and many others)
- Access to exercises (three functional drills each year: January tornado drill/June generator drill/September active shooter drill; annual regional full-scale exercise; annual Coalition Surge Test evacuation tabletop; and others)
- Equipment (minimum hospital readiness equipment, other equipment identified as needed to build/sustain capabilities)
- Networking (access to peers and response community across the region)
- During response, the Coalition provides situational awareness, resource coordination and response teams

Member Expectations:

- Collaborate on the identification of local and regional healthcare disaster preparedness needs and support the Coalition's efforts to plan, train, equip and exercise healthcare preparedness capabilities that meet Assistant Secretary for Preparedness Response (ASPR), Hospital Preparedness Program (HPP)
- Participate in all-hazards emergency planning and participate in one of the exercises hosted annually by the Coalition or a Coalition member
- Assist Emergency Management and ESF8 as requested with multi-agency coordination during responses
- Upon accepting equipment from the Coalition, members agree to abide by the Coalition equipment management policy
- Hospitals must participate in the annual Coalition Surge Test exercise (as either an evacuating or receiving hospital)
- Submit any data required by the federal or state funding partners
- Regularly participate in Coalition meetings, communication drills, workgroups and surveys. The meeting schedule is posted under upcoming events at www.centralfladisaster.org. To see workgroup opportunities, go to https://www.surveymonkey.com/r/CFDMC-Engagement-Survey
- Uphold the highest ethical and moral standards and abide by the Coalition Code of Ethics
- Be an advocate for the Coalition and encourage peers to join the Coalition!

Remember, the Coalition is only as good as its member participation!

Florida Poison Information Center Network

Role in Disaster Preparedness and Response

Jay L. Schauben, PharmD, DABAT, FAACT
Division Director, Poison Center and Surveillance Services
Director, Florida Poison Information Center Network Data Center
Professor, Department of Emergency Medicine
University of Florida Health Science Center

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American Association of Poison Control Centers (AAPCC)

- Structure and function
  - Member services
  - Certification of centers and SPI's
  - Data collection, collation, analysis
  - Quality of care and data
  - National guidelines
  - Funding

2

Florida Poison Information Center Network

- Created 1989 by Florida Legislature (FS395.1027)

3

Florida Poison Information Center Network

- Statewide Network of three poison centers and a data analysis unit coordinated through Children's Medical Services, Department of Health
  - FPIC/Jacksonville: UF Health-Jacksonville Medical Center, University of Florida Health Science Center
  - FPIC/Miami: Jackson Memorial Hospital; University of Miami
  - FPIC/Tampa; Tampa General Health Care; University of South Florida
  - FPICN Data Center; UFHealth-Jacksonville, University of Florida

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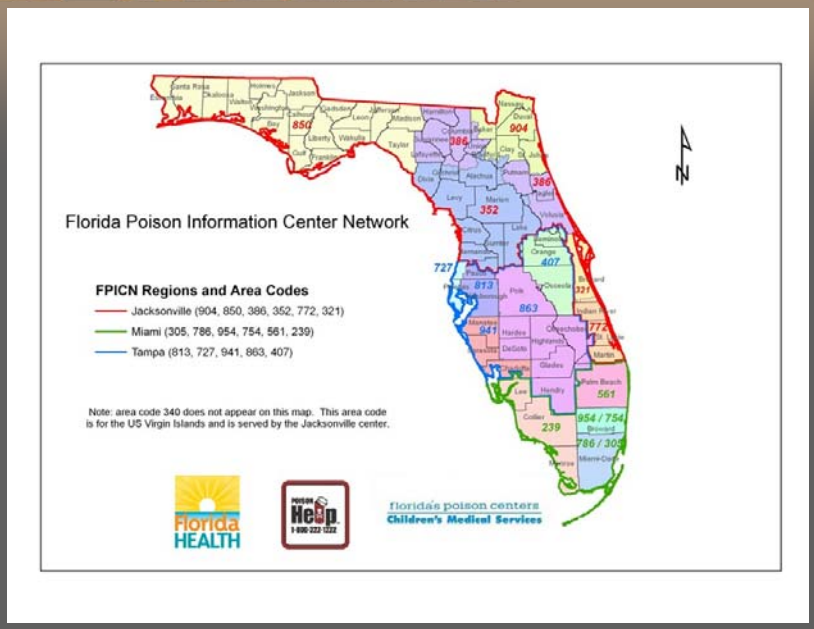

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Poison Center Operations

- Specialists in Poison Information (SPI's)
  - registered nurses, pharmacists, physicians
  - many with prior training in emergency medicine/critical care
- Uniquely trained to:
  - assess
  - triage
  - manage
  - monitor
  - follow-up

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POISON CENTER OPERATIONS

7

Poison Center Operations

- Epidemiology/data collection
  - computerized on-line data collection
  - medical records kept on each patient
  - exposures and information requests collected
  - statewide data analyzed
  - contribute to AAPCC NPDS database
  - Contribute to Florida's ESSENCE-PC system
  - Toxicovigilance

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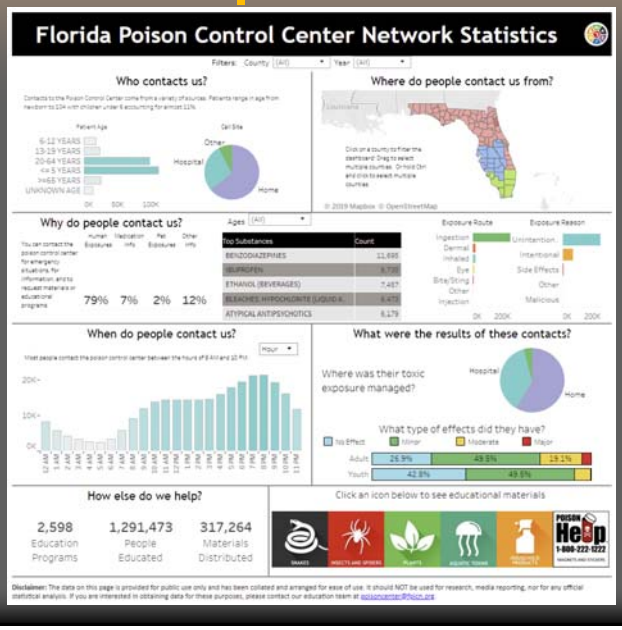
www.floridapoisoncontrol.org



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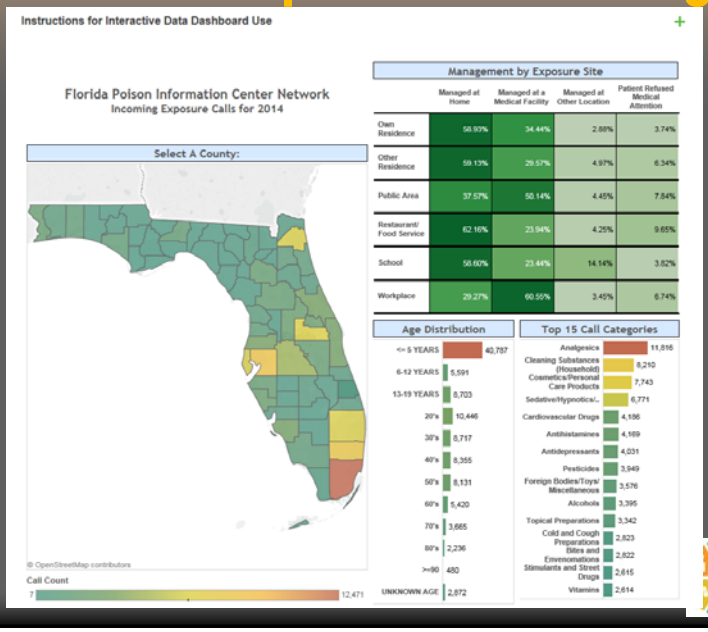

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Florida Poison Centers Respond to the Emergency

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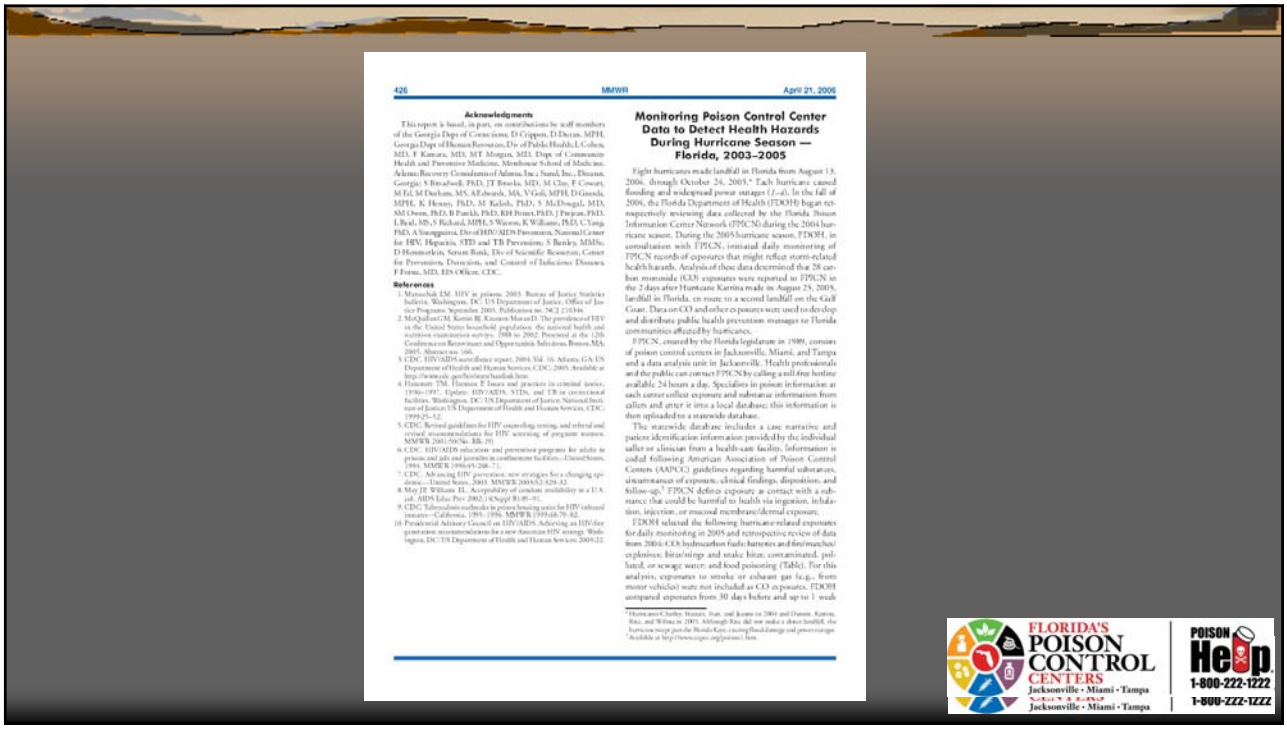

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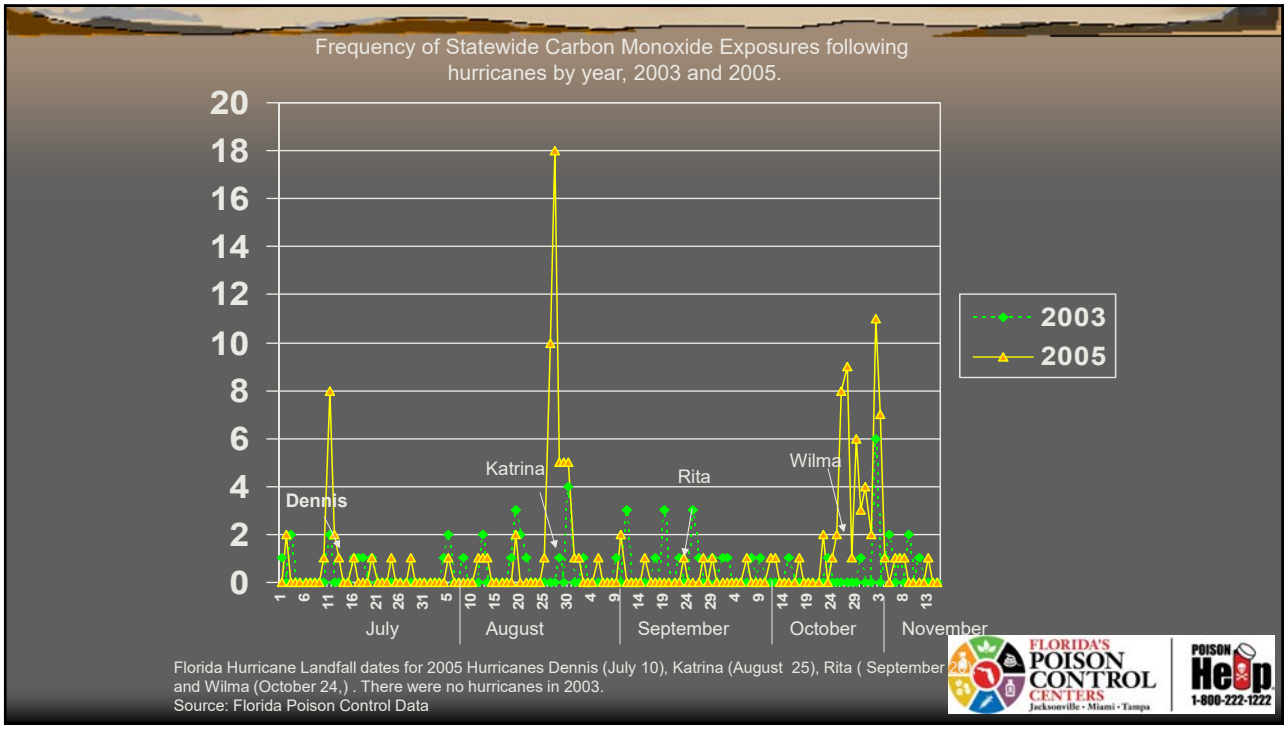

Florida Hurricane Landfall dates for 2005 Hurricanes Dennis (July 10), Katrina (August 25), Rita (September 20) and Wilma (October 24,) . There were no hurricanes in 2003.
Source: Florida Poison Control Data

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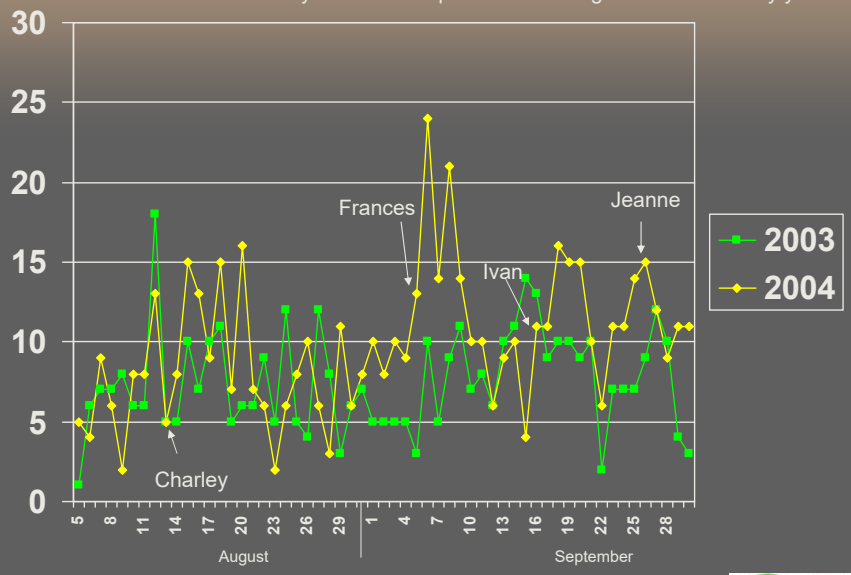
The distribution of Statewide Hydrocarbon Exposures following each hurricane by year



Florida Hurricane Landfall dates for 2004 Hurricanes Charley (August 13), Frances (September 5), Ivan (September 16), and Jeanne (September 26). There were no hurricanes in 2003.
Source: Florida Poison Control Data

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History of FPICN/FL DOH Collaboration

- FPICN CO data interest
- 2003-2005 Hurricane Season
- PAHPA 2005-2006
  - State agreed to share CDC and ASPR funding
  - Separate State contract with 2 global sets of functions:
    - Preparedness
      - PCC available within 24-48 hrs notice for State-designated public health hotline
      - PCC toxicologists available for State-designated public health events
      - PCC available to provide drug information, ADE reporting and patient tracking for SNS deployment
    - Epidemiology; data collection/sharing
      - Benchmarks for completion of data entry
      - Build, establish and maintain real-time PCC data upload to FL ESSENCE system

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FPICN/FL DOH Collaboration - Results

- Continued/renewed each year since 2005-2006
- Contracts provided for reimbursement funding beyond standby status
- FPICN Liner Notes:
  - FL FLU Hotline (H1N1 - 2009)
  - FL Gulf Deep Water Horizon Hotline
  - FL New England Compounding-Meningitis Hotline
  - FL Blue-Green Algae Hotline
  - FL Red Tide Hotline
  - FL Marine Toxins Hotline
  - FL Zika Hotline
  - FL COVID-19 Hotline
- FPICN PCC data used in FL-ESSENCE-PC by State/Local DOH for surveillance

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Public Health Effects of Data Collection

- Use of Florida PCC's data:
  - Florida Department of Health
    - Food and Waterborne Poisoning Division
    - Chemicals and Pesticide Division
    - Aquatic Toxicity Division
    - Epidemiology Division
    - Emergency Preparedness Division
    - Infectious Disease Division
  - FPICN data helped isolate, identify and mitigate
    - Puffer fish (saxitoxin) outbreak
    - Multiple ciguatera incidents
    - Blue Ball Rat Killer withdrawal from market
    - Botox
    - Multiple food/drug recalls
    - Public Health Surveillance during/after hurricane

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Role of Poison Centers in Disaster Management

- Contractual arrangement to stand-up within 24 hours upon request of DOH
- FPICN "overflow operation areas"
- FPICN remote operation capability
- FPICN surge staffing plan
- FPICN real-time data capabilities
- FPICN emergent communication capabilities
- FPICN online library

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Real-Time Surveillance

ToxSentry Analytics

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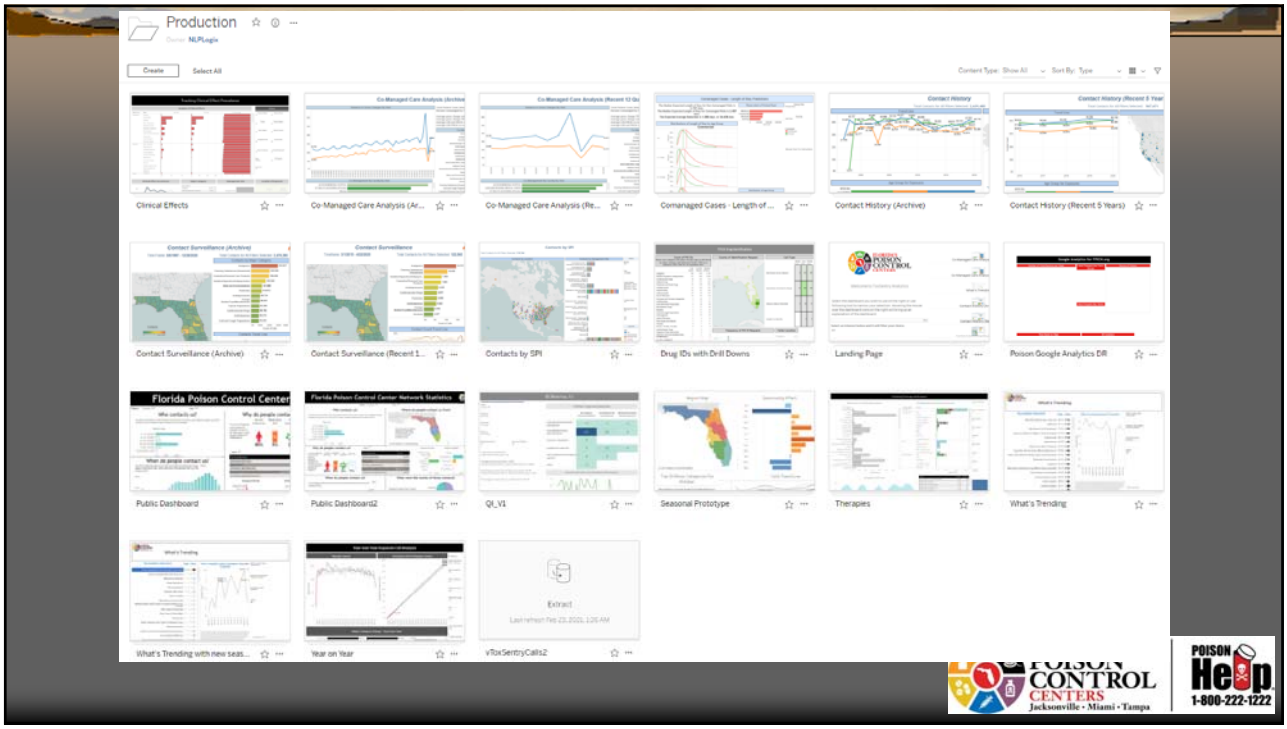
Production
Clinical Effects
Co-Managed Care Analysis (Ar...
Co-Managed Care Analysis (Re...
Comanaged Cases - Length of ...
Contact History (Archive)
Contact History (Recent 5 Years)
Contact Surveillance (Archive)
Contact Surveillance (Recent 1...
Contacts by SPI
Drug IDs with Drill Downs
Landing Page
Poison Google Analytics DR
Florida Poison Control Center
Public Dashboard
Public Dashboard2
QI_V1
Seasonal Prototype
Therapies
What's Trending
What's Trending with new seas...
Year on Year
Extract
vToxSentryCalls2
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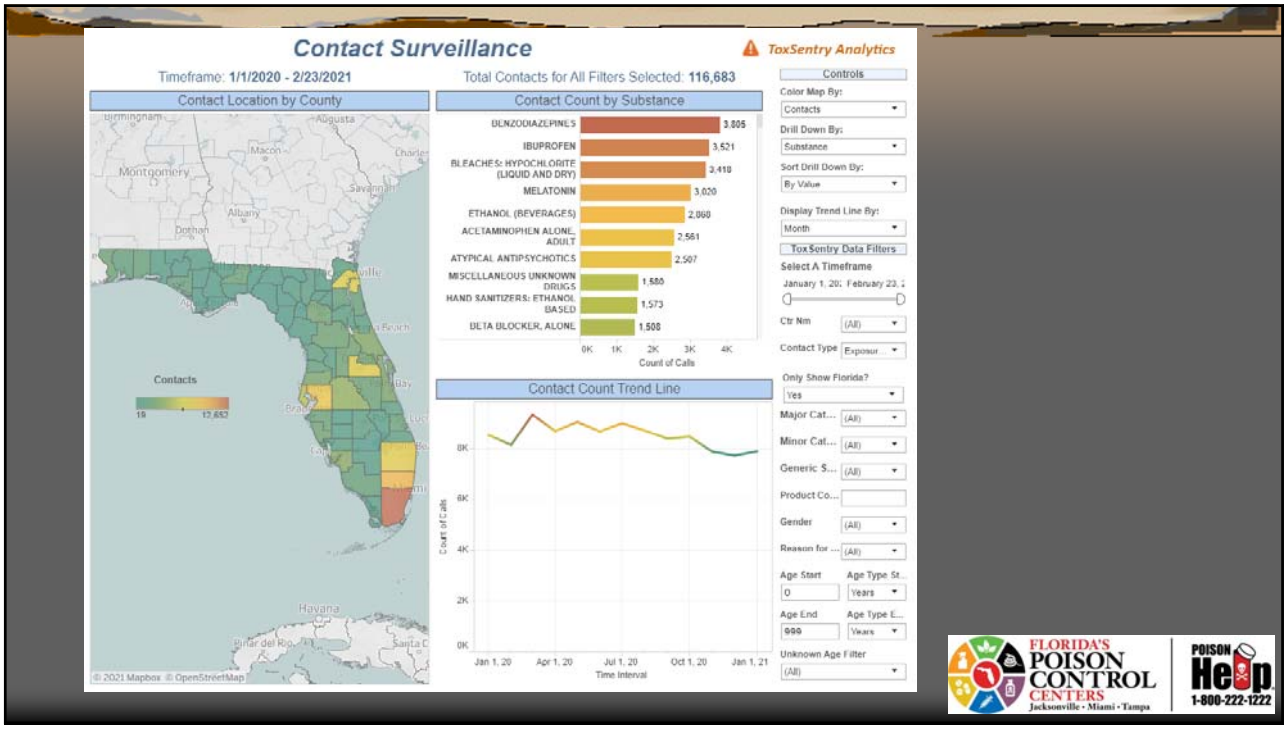
Contact Surveillance
ToxSentry Analytics
Timeframe: 1/1/2020 - 2/23/2021
Total Contacts for All Filters Selected: 116,683
Contact Location by County
Contact Count by Substance
BENZODIAZEPINES 3,805
IBUPROFEN 3,521
BLEACHES: HYPOCHLORITE (LIQUID AND DRY) 3,418
MELATONIN 3,020
ETHANOL (BEVERAGES) 2,869
ACETAMINOPHEN ALONE, ADULT 2,561
ATYPICAL ANTIPSYCHOTICS 2,507
MISCELLANEOUS UNKNOWN DRUGS 1,580
HAND SANITIZERS: ETHANOL BASED 1,573
BETA BLOCKER, ALONE 1,508
Count of Calls
Contacts
Contact Count Trend Line
Time Interval
Controls
Color Map By:
Drill Down By:
Sort Drill Down By:
Display Trend Line By:
ToxSentry Data Filters
Select A Timeframe
Only Show Florida?
Age Start
Age End
Unknown Age Filter
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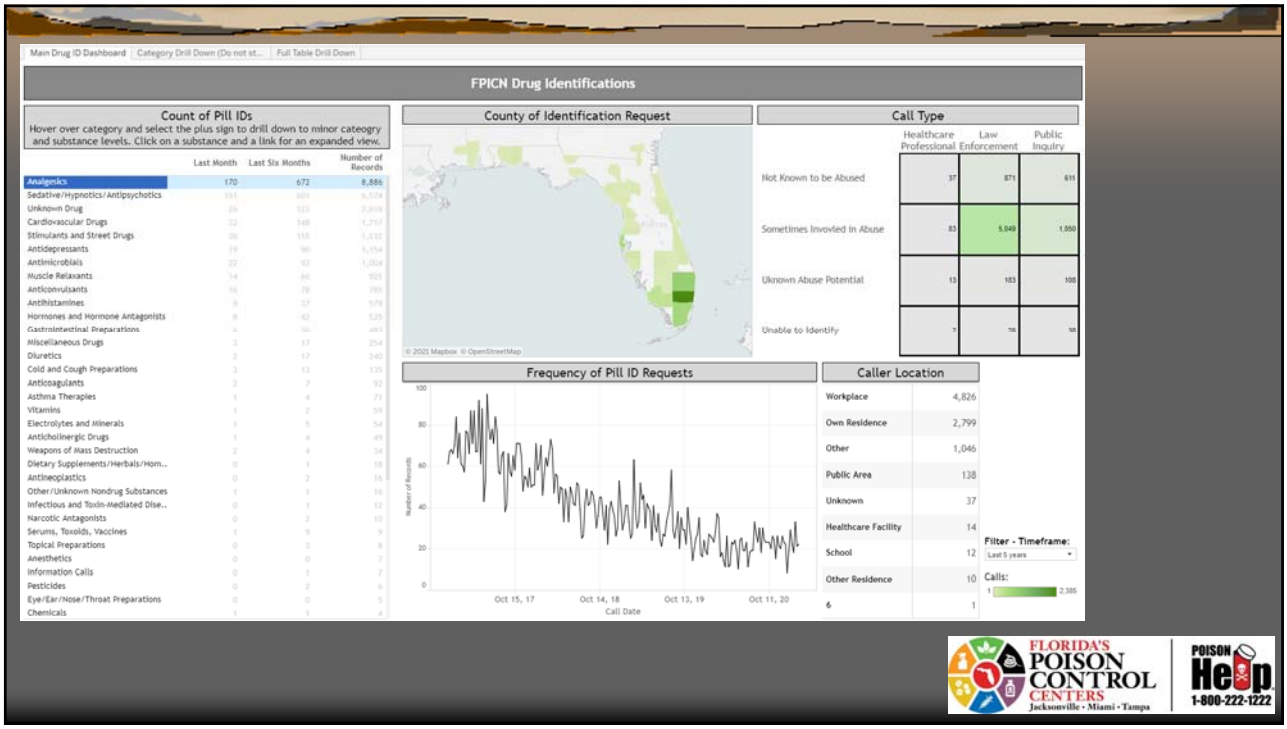
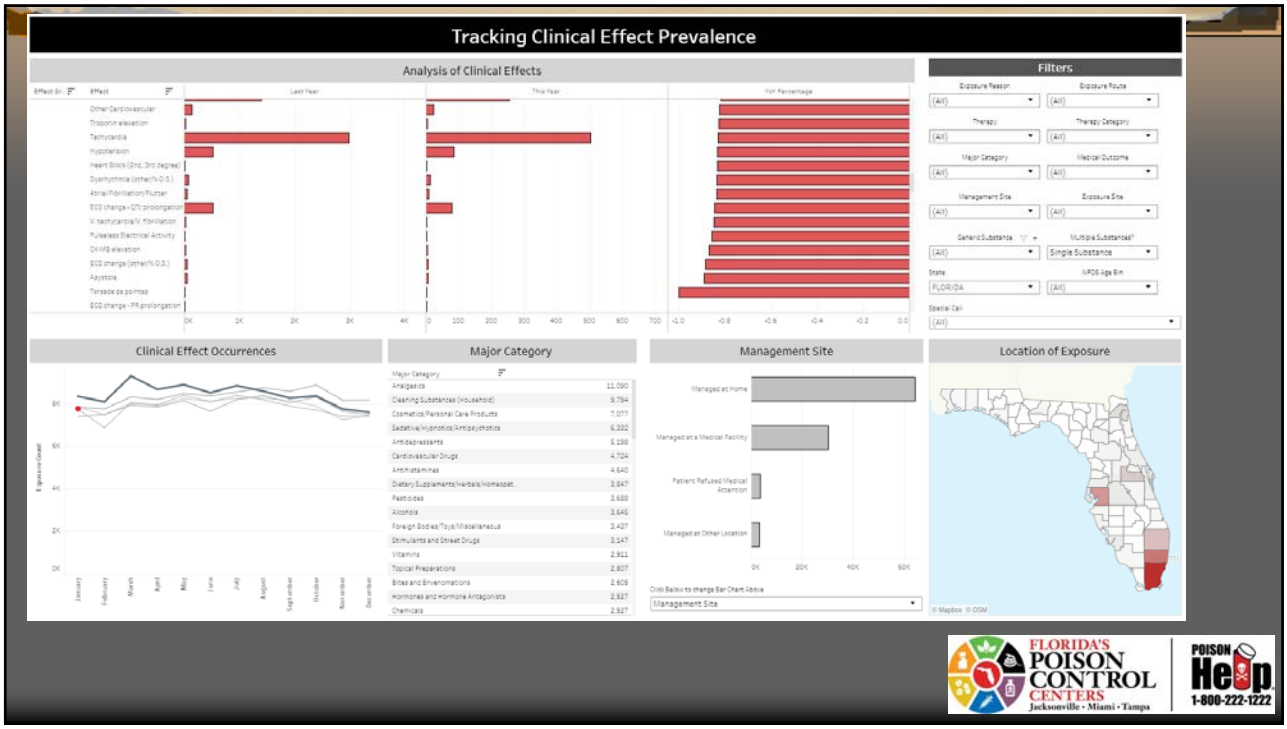

Main Drug ID Dashboard
Category Drill Down (Do not st...
Full Table Drill Down
FPICN Drug Identifications
Count of Pill IDs
Hover over category and select the plus sign to drill down to minor categry and substance levels. Click on a substance and a link for an expanded view.
Last Month
Last Six Months
Number of Records
Analgesics 170 672 8,886
Sedative/Hypnotics/Antipsychotics
Unknown Drug
Cardiovascular Drugs
Stimulants and Street Drugs
Antidepressants
Antimicrobials
Muscle Relaxants
Anticonvulsants
Antihistamines
Hormones and Hormone Antagonists
Gastrointestinal Preparations
Miscellaneous Drugs
Diuretics
Cold and Cough Preparations
Anticoagulants
Asthma Therapies
Vitamins
Electrolytes and Minerals
Anticholinergic Drugs
Weapons of Mass Destruction
Dietary Supplements/Herbals/Hom...
Antineoplastics
Other/Unknown Nondrug Substances
Infectious and Toxin-Mediated Dise...
Narcotic Antagonists
Serums, Toxoids, Vaccines
Topical Preparations
Anesthetics
Information Calls
Pesticides
Eye/Ear/Nose/Throat Preparations
Chemicals
County of Identification Request
© 2021 Mapbox © OpenStreetMap
Call Type
Healthcare Professional
Law Enforcement
Public Inquiry
Not Known to be Abused 37 871 611
Sometimes Involved in Abuse 83 5,049 1,850
Unknown Abuse Potential 13 183 108
Unable to Identify 7 78 58
Frequency of Pill ID Requests
Number of Records
Oct 15, 17
Oct 14, 18
Oct 13, 19
Oct 11, 20
Call Date
Caller Location
Workplace 4,826
Own Residence 2,799
Other 1,046
Public Area 138
Unknown 37
Healthcare Facility 14
School 12
Other Residence 10
6 1
Filter - Timeframe:
Last 5 years
Calls:
1
2,305
FLORIDA'S POISON CONTROL CENTERS
Jacksonville • Miami • Tampa
POISON Help
1-800-222-1222

23


Tracking Clinical Effect Prevalence
Analysis of Clinical Effects
Last Year
This Year
YoY Percentage
Other Cardiovascular
Troponin elevation
Tachycardia
Hypotension
Heart Block (2nd, 3rd degree)
Dysrhythmia (other/N.O.S.)
Atrial Fibrillation/Flutter
ECG change=QTc prolongation
V. tachycardia/V. Fibrillation
Pulseless Electrical Activity
QRS>120 elevation
ECG change (other/N.O.S.)
Asystole
Torsade de pointes
ECG change=PR prolongation
Filters
Exposure Reason
Exposure Route
Therapy
Therapy Category
Major Category
Medical Outcome
Management Site
Exposure Site
General Substance
Multiple Substances?
Single Substance
State
FLORIDA
NPDS Age Bin
Special Call
Clinical Effect Occurrences
Major Category
Analgesics 11,090
Cleaning Substances (Household) 9,794
Cosmetics/Personal Care Products 7,077
Sedative/Hypnotics/Antipsychotics 6,332
Antidepressants 5,198
Cardiovascular Drugs 4,724
Antihistamines 4,640
Dietary Supplements/Herbals/Homeopat... 3,847
Pesticides 3,689
Alcohols 3,645
Foreign Bodies/Toys/Miscellaneous 3,427
Stimulants and Street Drugs 3,147
Vitamins 2,911
Topical Preparations 2,807
Bites and Envenomations 2,808
Hormones and Hormone Antagonists 2,527
Chemicals 2,527
Management Site
Managed at Home
Managed at a Medical Facility
Patient Refused Medical Attention
Managed at Other Location
Management Site
Location of Exposure
© Mapbox © OSM
FLORIDA'S POISON CONTROL CENTERS
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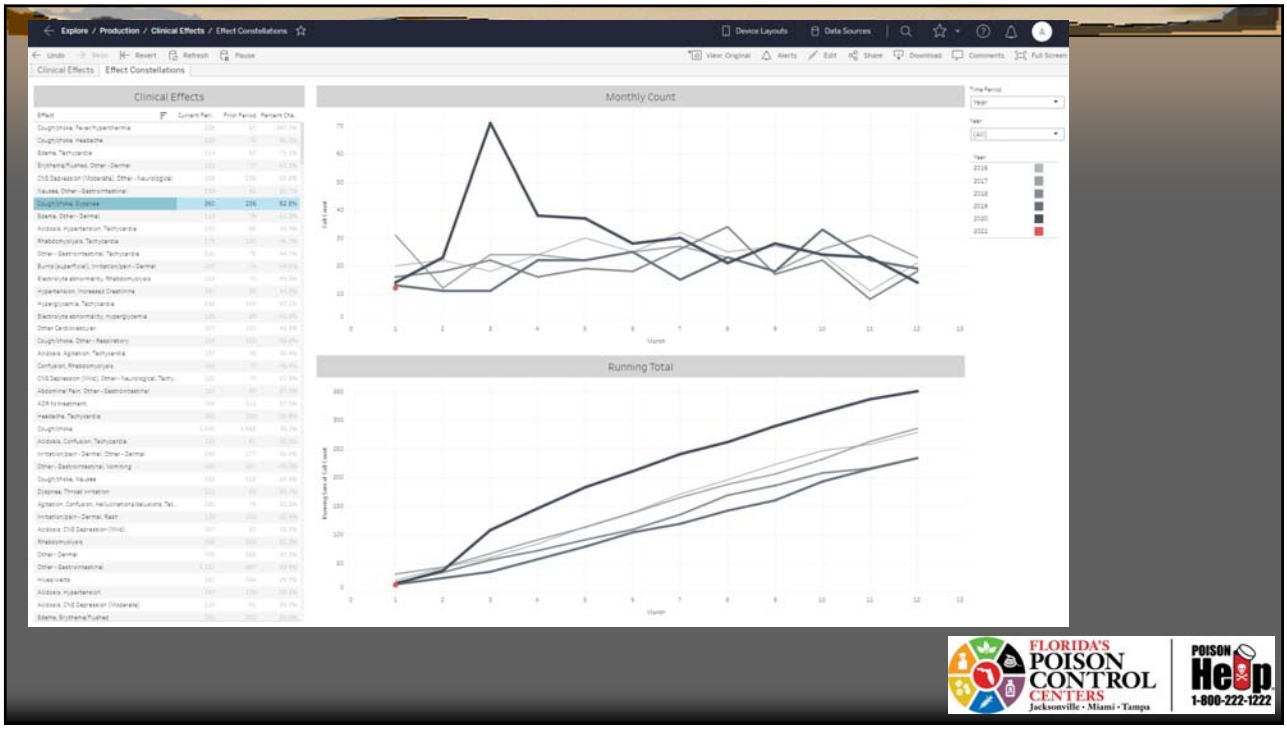
24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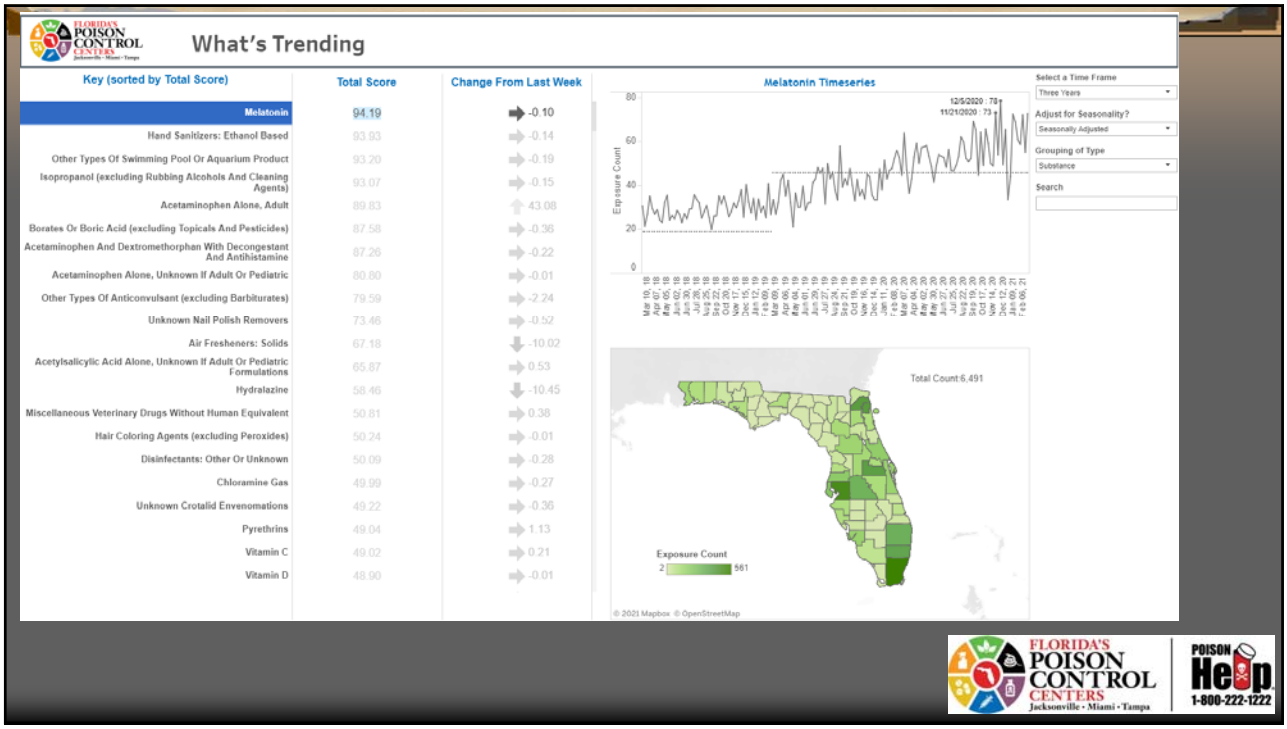
Clinical Effects
Effect Constellations
Clinical Effects
Monthly Count
Running Total
FLORIDA'S POISON CONTROL CENTERS
Jacksonville • Miami • Tampa
POISON Help
1-800-222-1222

25


What's Trending
Key (sorted by Total Score)
Total Score
Change From Last Week
Melatonin 94.19 -0.10
Hand Sanitizers: Ethanol Based 93.83 -0.14
Other Types Of Swimming Pool Or Aquarium Product 93.20 -0.19
Isopropanol (excluding Rubbing Alcohols And Cleaning Agents) 93.07 -0.15
Acetaminophen Alone, Adult 89.83 43.08
Borates Or Boric Acid (excluding Topicals And Pesticides) 87.58 -0.36
Acetaminophen And Dextromethorphan With Decongestant And Antihistamine 87.26 -0.22
Acetaminophen Alone, Unknown If Adult Or Pediatric 80.80 -0.01
Other Types Of Anticonvulsant (excluding Barbiturates) 79.59 -2.24
Unknown Nail Polish Removers 73.46 -0.52
Air Fresheners: Solids 67.18 -10.02
Acetylsalicylic Acid Alone, Unknown If Adult Or Pediatric Formulations 65.87 0.53
Hydralazine 58.46 -10.45
Miscellaneous Veterinary Drugs Without Human Equivalent 50.81 0.38
Hair Coloring Agents (excluding Peroxides) 50.24 -0.01
Disinfectants: Other Or Unknown 50.09 -0.28
Chloramine Gas 49.99 -0.27
Unknown Crotalid Envenomations 49.22 -0.36
Pyrethrins 49.04 1.13
Vitamin C 49.02 0.21
Vitamin D 48.90 -0.01
Melatonin Timeseries
Exposure Count
Select a Time Frame
Three Years
Adjust for Seasonality?
Seasonally Adjusted
Grouping of Type
Substance
Search
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Exposure Count
2
561
FLORIDA'S POISON CONTROL CENTERS
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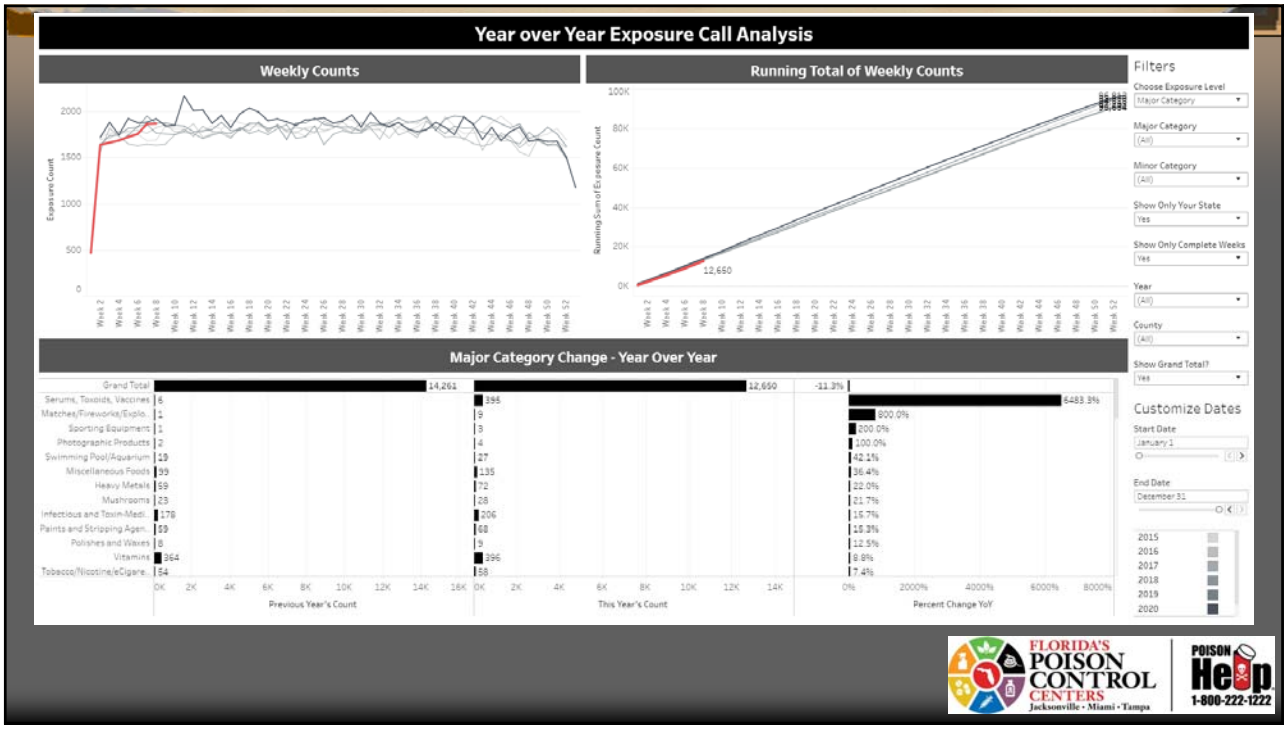
Year over Year Exposure Call Analysis
Weekly Counts
Running Total of Weekly Counts
Filters
Choose Exposure Level
Major Category
Major Category
Minor Category
Show Only Your State
Show Only Complete Weeks
Year
County
Show Grand Total?
Customize Dates
Start Date
End Date
Major Category Change - Year Over Year
Previous Year's Count
This Year's Count
Percent Change YoY
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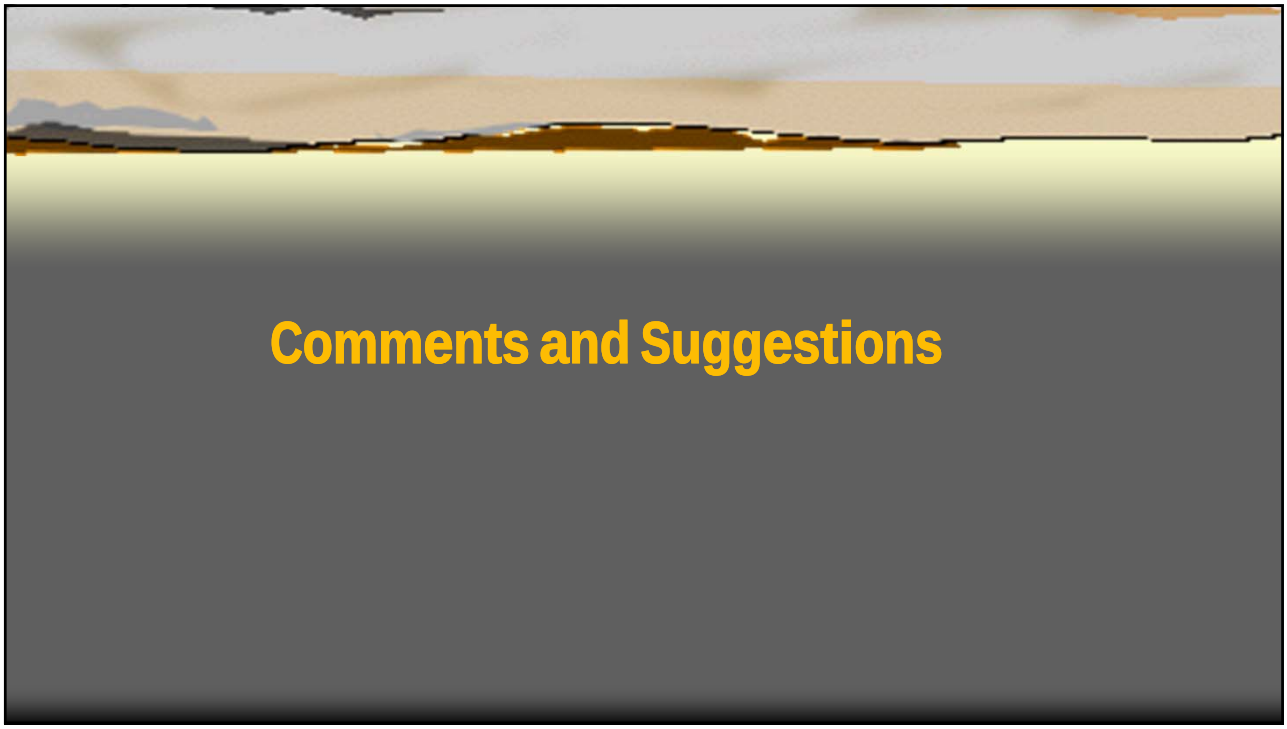
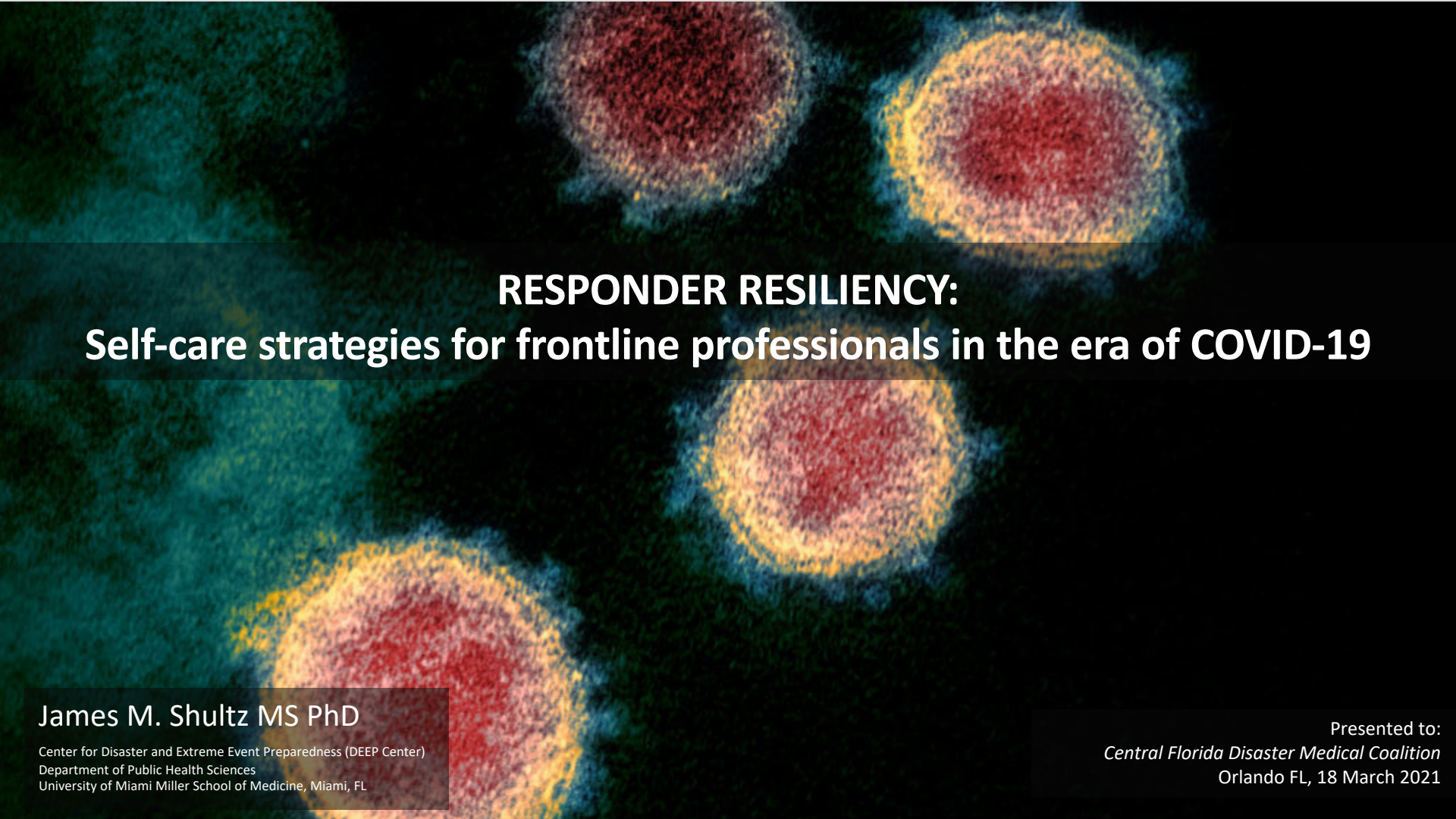

Comments and Suggestions

28



RESPONDER RESILIENCY:
Self-care strategies for frontline professionals in the era of COVID-19

James M. Shultz MS PhD

Center for Disaster and Extreme Event Preparedness (DEEP Center)
Department of Public Health Sciences
University of Miami Miller School of Medicine, Miami, FL

Presented to:
Central Florida Disaster Medical Coalition
Orlando FL, 18 March 2021

COVID-19 stress and stressors

Stress:

the subjective experience that occurs when we perceive that the demands of the situation exceed our resources to successfully cope with those demands.

Stressors:

events or situations that produce a pattern of neuro-physiological, physical, and possibly psychological reactions.

Stressors can be:

- real or imagined
- internal or external
- absolute or perceived
- time-limited or ongoing

Stress may be experienced as acute, chronic, or traumatic

COVID-19 stress and stressors

Stress may be experienced as acute, chronic, or traumatic

Acute stress response:

- response to a time-limited stressor
- brief fight/flight/freeze response
- adaptive

Chronic stress response:

prolonged, unrelieved exposure to a stressor or a variety of stressors which may cause a person to operate in physiological "full-alert" mode much of the time

Chronic stress response:

- response to longer-term stressor
- constant or repetitive stressor
- response may not be easy or quick
- response becomes detrimental

COVID-19 stress and stressors

Stress may be experienced as acute, chronic, or traumatic

Longer term effects of stress:

- job problems
- school problems
- health problems
- relationship problems
- nightmares
- intrusive thoughts
- uncontrolled mood
- loss of sexual interest
- appetite change
- blaming and fault finding

Traumatic stress response:

differentiated on basis of the intensity of both the stressor and the response

- intensity is typically outside of common experience
- response can be extremely taxing physically and psychologically

COVID-19 stress and stressors

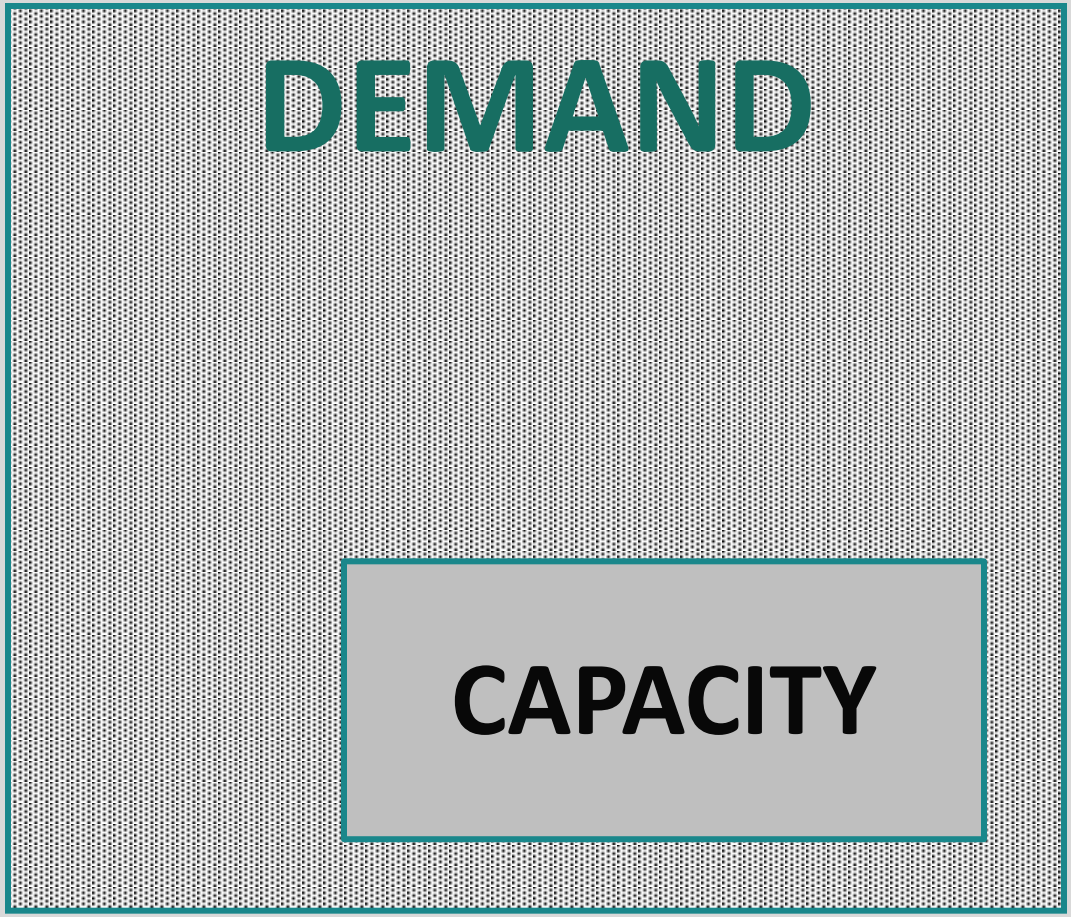
Stress is a product of:

- **the absolute magnitude of the stressor X**
- **the person's perception of the stressor**

Disaster psychiatry concepts

A ***disaster*** is characterized as an encounter between "forces of harm" (*hazard*) and a human population "in harms way" (*vulnerability*) influenced by the ecological context…

where the encounter creates **demands** that **exceed** the coping **capacity** of the affected community.



Disaster psychiatry concepts

PSYCHOLOGICAL "FOOTPRINT"

MEDICAL "FOOTPRINT"

In a public health emergency, the size of the psychological footprint greatly exceeds the size of the medical footprint

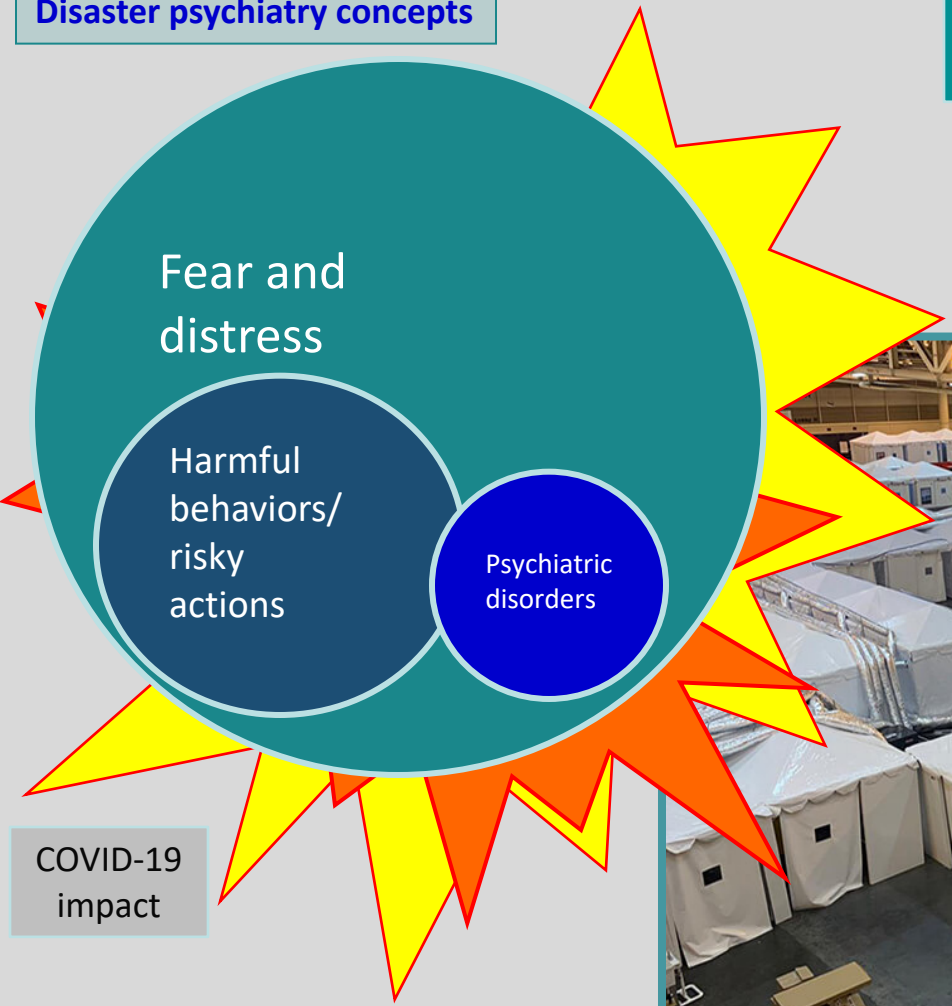
Psychological consequences are:

- Widespread
- Pervasive

Disaster psychiatry concepts

In a public health emergency, psychosocial consequences extend along a **spectrum of severity**.

Severity relates to the degree and intensity of exposure.



Disaster psychiatry concepts

JAMA Network Open.

Original Investigation | Public Health

Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic

Catherine K. Ettman, BA; Salma M. Abdalla, MD, MPH; Gregory H. Cohen, MPhil, MSW, PhD; Laura Sampson, PhD; Patrick M. Vivier, MD, PhD; Sandro Galea, MD, DrPH

Abstract

IMPORTANCE The coronavirus disease 2019 (COVID-19) pandemic and the policies to contain it have been a near ubiquitous exposure in the US with unknown effects on depression symptoms.

OBJECTIVE To estimate the prevalence of and risk factors associated with depression symptoms among US adults during vs before the COVID-19 pandemic.

DESIGN, SETTING, AND PARTICIPANTS This nationally representative survey study used 2 population-based surveys of US adults aged 18 or older. During COVID-19, estimates were derived from the COVID-19 and Life Stressors Impact on Mental Health and Well-being study, conducted from March 31, 2020, to April 13, 2020. Before COVID-19 estimates were derived from the National Health and Nutrition Examination Survey, conducted from 2017 to 2018. Data were analyzed from April 15 to 20, 2020.

EXPOSURES The COVID-19 pandemic and outcomes associated with the measures to mitigate it.

MAIN OUTCOMES AND MEASURES Depression symptoms, defined using the Patient Health Questionnaire-9 cutoff of 10 or higher. Categories of depression symptoms were defined as none (score, 0-4), mild (score, 5-9), moderate (score, 10-14), moderately severe (score, 15-19), and severe (score, ≥20).

RESULTS A total of 1470 participants completed the COVID-19 and Life Stressors Impact on Mental Health and Well-being survey (completion rate, 64.3%), and after removing those with missing data, the final during-COVID-19 sample included 1441 participants (619 participants [43.0%] aged 18-39 years; 723 [50.2%] men; 933 [64.7%] non-Hispanic White). The pre-COVID-19 sample included 5065 participants (1704 participants [37.8%] aged 18-39 years; 2588 [51.4%] women; 1790 [62.9%] non-Hispanic White). Depression symptom prevalence was higher in every category during COVID-19 compared with before (mild: 24.6% [95% CI, 21.8%-27.7%] vs 16.2% [95% CI, 15.1%-17.4%]; moderate: 14.8% [95% CI, 12.6%-17.4%] vs 5.7% [95% CI, 4.8%-6.9%]; moderately severe: 7.9% [95% CI, 6.3%-9.8%] vs 2.1% [95% CI, 1.6%-2.8%]; severe: 5.1% [95% CI, 3.8%-6.9%] vs 0.7% [95% CI, 0.5%-0.9%]). Higher risk of depression symptoms during COVID-19 was associated with having lower income (odds ratio, 2.37 [95% CI, 1.26-4.43]), having less than $5000 in savings (odds ratio, 1.52 [95% CI, 1.02-2.26]), and exposure to more stressors (odds ratio, 3.05 [95% CI, 1.95-4.77]).

CONCLUSIONS AND RELEVANCE These findings suggest that prevalence of depression symptoms in the US was more than 3-fold higher during COVID-19 compared with before the COVID-19 pandemic. Individuals with lower social resources, lower economic resources, and greater exposure to stressors (eg, job loss) reported a greater burden of depression symptoms. Post–COVID-19 plans

(continued)

Key Points

Question What is the burden of depression symptoms among US adults during the coronavirus disease 2019 (COVID-19) pandemic compared with before COVID-19, and what are the risk factors associated with depression symptoms?

Findings In this survey study that included 1441 respondents from during the COVID-19 pandemic and 5065 respondents from before the pandemic, depression symptom prevalence was more than 3-fold higher during the COVID-19 pandemic than before. Lower income, having less than $5000 in savings, and having exposure to more stressors were associated with greater risk of depression symptoms during COVID-19.

Meaning These findings suggest that there is a high burden of depression symptoms in the US associated with the COVID-19 pandemic and that this burden falls disproportionately on individuals who are already at increased risk.

+ Invited Commentary

Author affiliations and article information are listed at the end of this article.

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Disaster psychiatry concepts

Table 1. Demographic Characteristics of Nationally Representative Samples of US Adults Before and After the COVID-19 Pandemic and Association With Depression Symptoms

Characteristic	Before COVID-19[a]			During COVID-19[b]		
	No. (%)[c]			No. (%)[c]		
	Total (n = 5065)	Depression symptoms (n = 458)[d]	*P* value[e]	Total (n = 1441)	Depression symptoms (n = 382)[d]	*P* value[e]
Sex						
Men	2477 (48.6)	181 (6.9)	.02	723 (48.1)	149 (21.9)	<.001
Women	2588 (51.4)	277 (10.1)		718 (51.9)	233 (33.3)	
Age, y						
18-39	1704 (37.8)	149 (9.0)	.62	619 (38.0)	219 (38.8)	<.001
40-59	1542 (34.2)	144 (8.5)		462 (32.4)	113 (26.8)	
≥60	1819 (28.0)	165 (7.9)		360 (29.7)	50 (14.9)	
Race/ethnicity						
Non-Hispanic White	1790 (62.9)	186 (8.4)	.01	933 (62.9)	225 (26.5)	.32
Non-Hispanic Black	1176 (11.1)	97 (8.4)		143 (11.9)	36 (24.2)	
Hispanic	1155 (15.8)	109 (8.4)		255 (16.6)	84 (34.0)	
Non-Hispanic Asian	674 (5.3)	26 (4.4)		36 (3.1)	8 (23.1)	
Other or multiple	270 (4.8)	40 (16.0)		74 (5.6)	29 (34.4)	
Education						
<High school	958 (11.0)	117 (13.3)	.004	65 (9.8)	22 (29.2)	<.001
High school or GED	1292 (28.4)	129 (9.3)		274 (27.9)	85 (35.0)	
Some college	1636 (30.5)	158 (9.8)		637 (27.8)	186 (32.0)	
≥College	1173 (30.1)	52 (4.7)		465 (34.5)	89 (18.3)	

Disaster psychiatry concepts

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Weekly / Vol. 69 / No. 32
August 14, 2020

Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

Mark É. Czeisler[1,2]; Rashon I. Lane MA[3]; Emiko Petrosky, MD[3]; Joshua F. Wiley, PhD[1]; Aleta Christensen, MPH[3]; Rashid Njai, PhD[3]; Matthew D. Weaver, PhD[1,4,5]; Rebecca Robbins, PhD[4,5]; Elise R. Facer-Childs, PhD[1]; Laura K. Barger, PhD[4,5]; Charles A. Czeisler, MD, PhD[1,4,5]; Mark E. Howard, MBBS, PhD[1,2,6]; Shantha M.W. Rajaratnam, PhD[1,4,5]

The coronavirus disease 2019 (COVID-19) pandemic has been associated with mental health challenges related to the morbidity and mortality caused by the disease and to mitigation activities, including the impact of physical distancing and stay-at-home orders.* Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020, compared with the same period in 2019 (*1*,*2*). To assess mental health, substance use, and suicidal ideation during the pandemic, representative panel surveys were conducted among adults aged ≥18 years across the United States during June 24–30, 2020. Overall, 40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%), symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic† (26.3%), and having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%). The percentage of respondents who reported having seriously considered suicide in the 30 days before completing the survey (10.7%) was significantly higher among respondents aged 18–24 years (25.5%), minority racial/ethnic groups (Hispanic respondents [18.6%], non-Hispanic black [black] respondents [15.1%]), self-reported unpaid caregivers for adults§ (30.7%), and essential workers¶ (21.7%).

* https://www.medrxiv.org/content/10.1101/2020.04.22.20076141v1.
† Disorders classified as TSRDs in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–5) include posttraumatic stress disorder (PTSD), acute stress disorder (ASD), and adjustment disorders (ADs), among others.
§ Unpaid adult caregiver status was self-reported. The definition of an unpaid caregiver for adults was a person who had provided unpaid care to a relative or friend aged ≥18 years to help them take care of themselves at any time in the last 3 months. Examples provided included helping with personal needs, household chores, health care tasks, managing a person's finances, taking them to a doctor's appointment, arranging for outside services, and visiting regularly to see how they are doing.
¶ Essential worker status was self-reported. The comparison was between employed respondents (n = 3,431) who identified as essential versus nonessential. For this analysis, students who were not separately employed as essential workers were considered nonessential workers.

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1103 Notes from the Field: Multidrug-Resistant Tuberculosis Among Workers at Two Food Processing Facilities — Ohio, 2018–2019
1106 QuickStats

Continuing Education examination available at https://www.cdc.gov/mmwr/mmwr_continuingEducation.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Disaster psychiatry concepts

TABLE 1. Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020

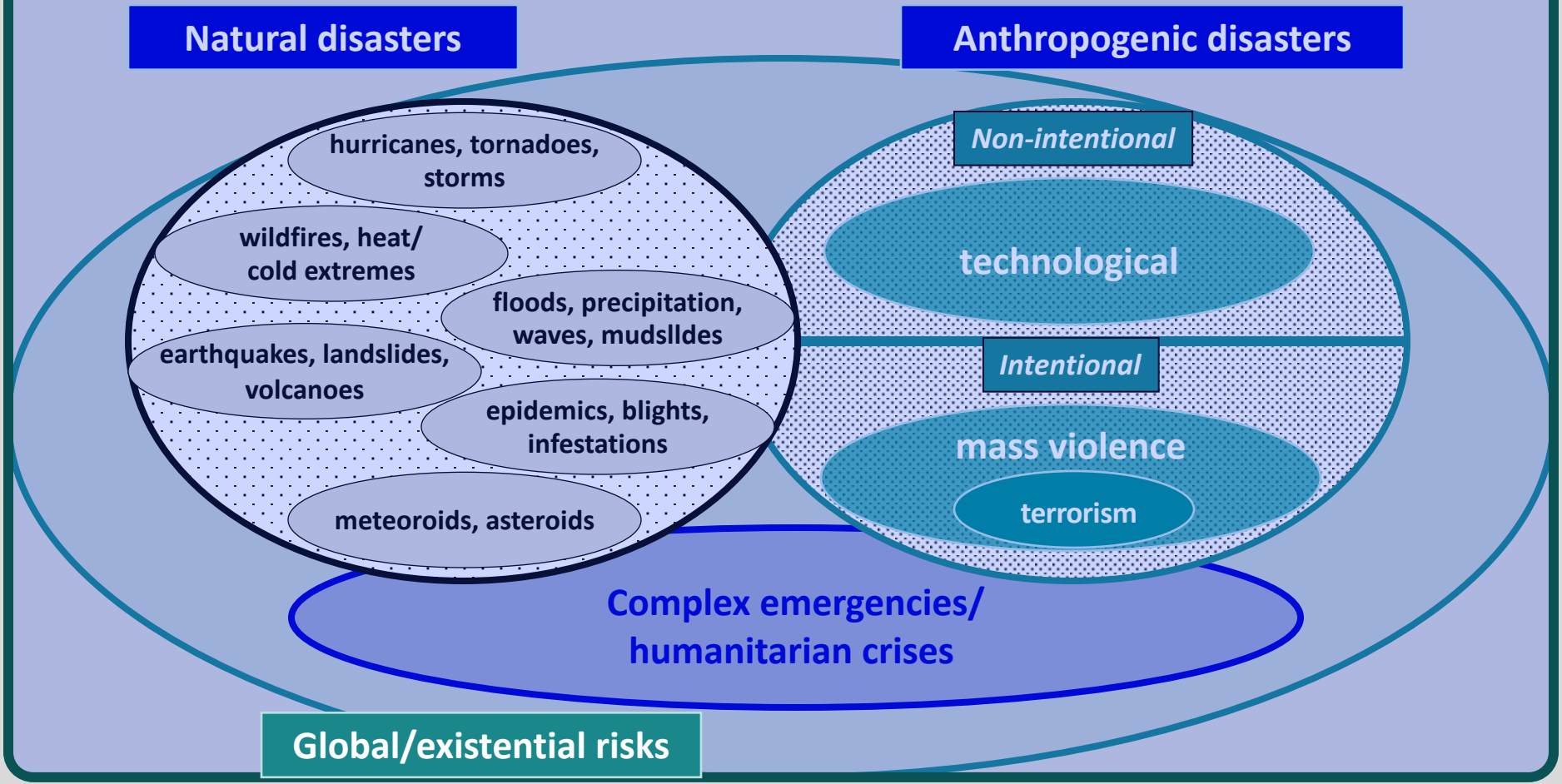
Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted* no. (%)	Weighted %*						
		Conditions				Started or increased substance use to cope with pandemic-related stress or emotions¶	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
		Anxiety disorder†	Depressive disorder†	Anxiety or depressive disorder†	COVID-19–related TSRD§			
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
Gender								
Female	2,784 (50.9)	26.3	23.9	31.5	24.7	12.2	8.9	41.4
Male	2,676 (48.9)	24.7	24.8	30.4	27.9	14.4	12.6	40.5
Other	10 (0.2)	20.0	30.0	30.0	30.0	10.0	0.0	30.0
Age group (yrs)								
18–24	731 (13.4)	49.1	52.3	62.9	46.0	24.7	25.5	74.9
25–44	1,911 (34.9)	35.3	32.5	40.4	36.0	19.5	16.0	51.9
45–64	1,895 (34.6)	16.1	14.4	20.3	17.2	7.7	3.8	29.5
≥65	933 (17.1)	6.2	5.8	8.1	9.2	3.0	2.0	15.1
Race/Ethnicity								
White, non-Hispanic	3,453 (63.1)	24.0	22.9	29.2	23.3	10.6	7.9	37.8
Black, non-Hispanic	663 (12.1)	23.4	24.6	30.2	30.4	18.4	15.1	44.2
Asian, non-Hispanic	256 (4.7)	14.1	14.2	18.0	22.1	6.7	6.6	31.9
Other race or multiple races, non-Hispanic**	164 (3.0)	27.8	29.3	33.2	28.3	11.0	9.8	43.8
Hispanic, any race(s)	885 (16.2)	35.5	31.3	40.8	35.1	21.9	18.6	52.1
Unknown	50 (0.9)	38.0	34.0	44.0	34.0	18.0	26.0	48.0

Disaster psychiatry concepts

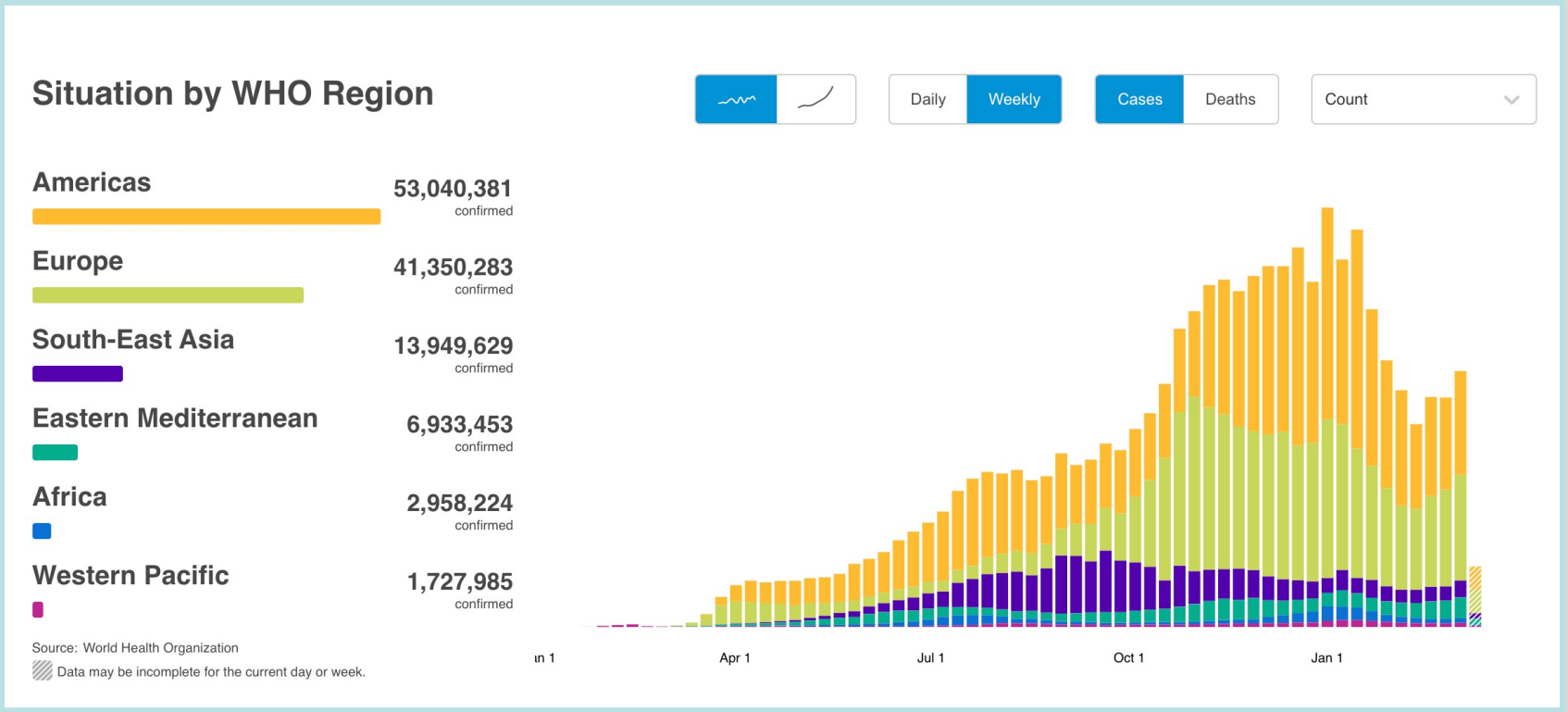
In a public health emergency, psychosocial consequences expand across a prolonged **range of duration**

2020 COVID-19

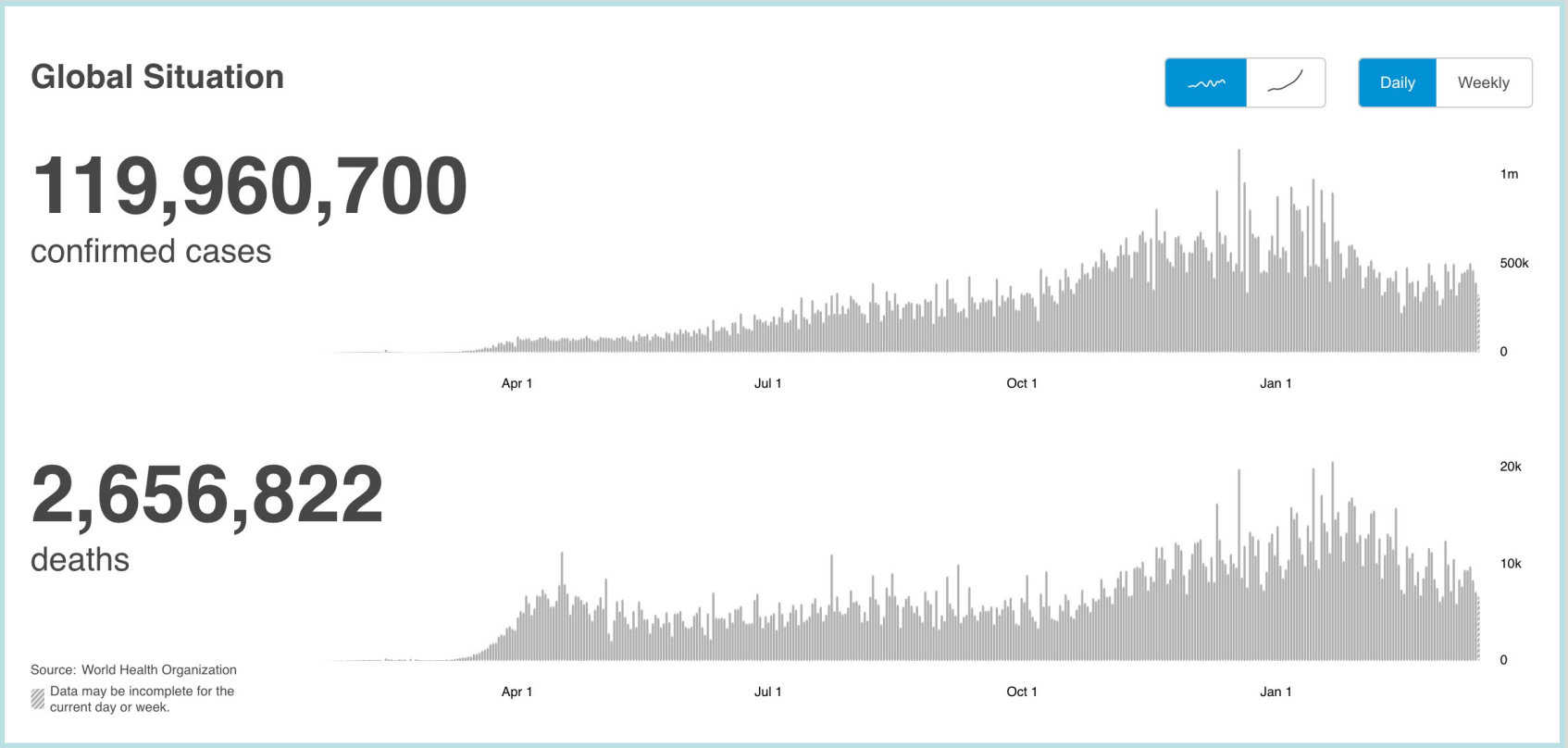
CORONAVIRUS DISEASE 2019 (COVID-19)



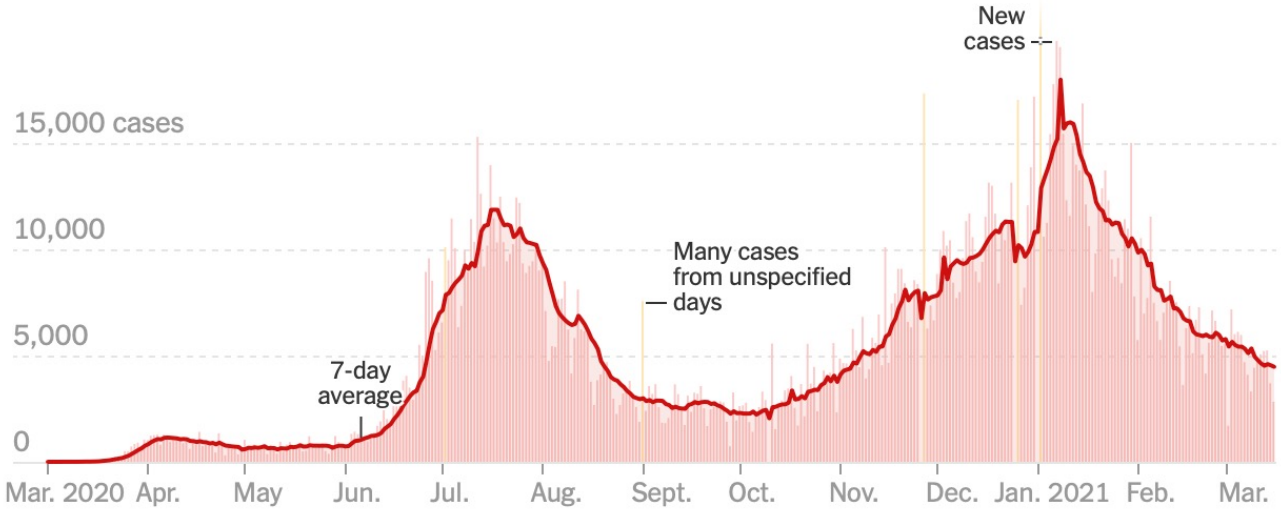
COVID-19 is global in scope



COVID-19 is global in scope

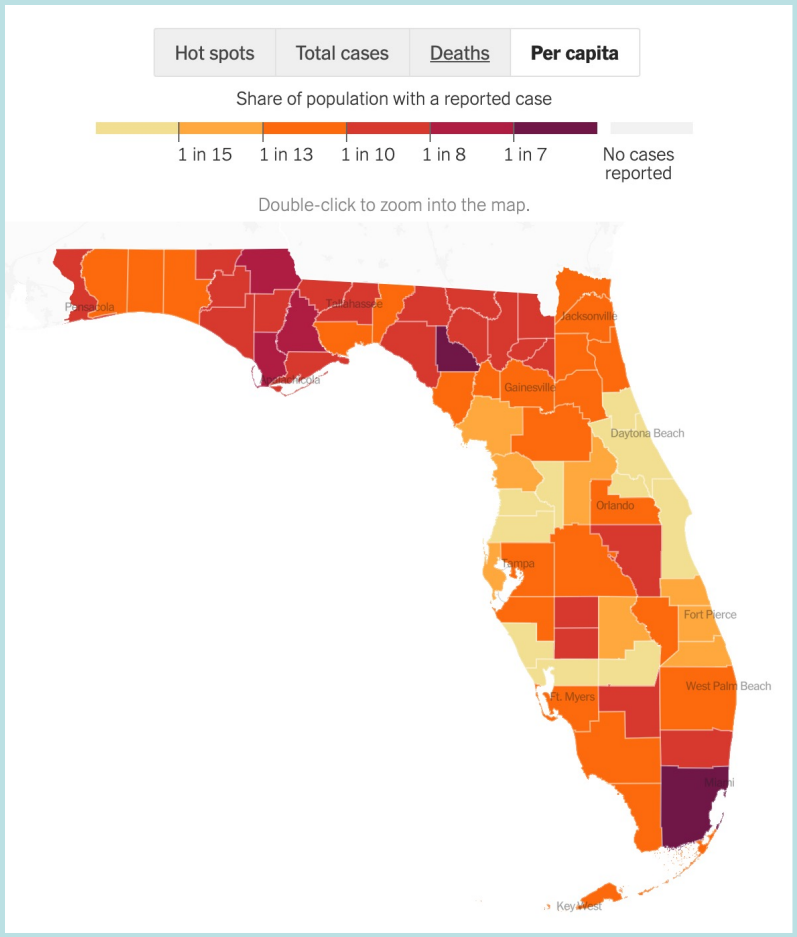


Florida has been an epicenter



	TOTAL REPORTED	ON MARCH 15	14-DAY CHANGE
Cases	1.9 million+	2,826	–18% ↘
Deaths	32,448	93	–37% ↘
Hospitalized		3,404	–23% →

Florida remains an epicenter



Health inequities in disease rates and access to services

Figure 2

Percent of Total Population that has Received a COVID-19 Vaccine by Race/Ethnicity, Selected States, March 15, 2021

State	White	Black		Hispanic		Asian	
	Percent Vaccinated	Percent Vaccinated	White to Black Ratio	Percent Vaccinated	White to Hispanic Ratio	Percent Vaccinated	White to Asian Ratio
Total (39 states)	19%	11%	1.8	9%	2.2	16%	1.2
Alabama*	13%	9%	1.4	NR	NR	15%	0.9
Alaska	12%	13%	0.9	10%	1.2	16%	0.8
Arizona	21%	9%	2.3	6%	3.3	17%	1.3
California	19%	12%	1.6	10%	1.9	18%	1.1
Colorado	24%	14%	1.7	5%	4.5	13%	1.8
Connecticut	24%	11%	2.1	8%	3.1	NR	NR
District of Columbia	11%	8%	1.3	6%	1.9	NR	NR
Florida	18%	8%	2.3	9%	2.0	NR	NR

Health inequities in disease rates and access to services

Figure 1

Black People as a Share of COVID-19 Vaccinations, Cases, Deaths and Total Population, March 15, 2021

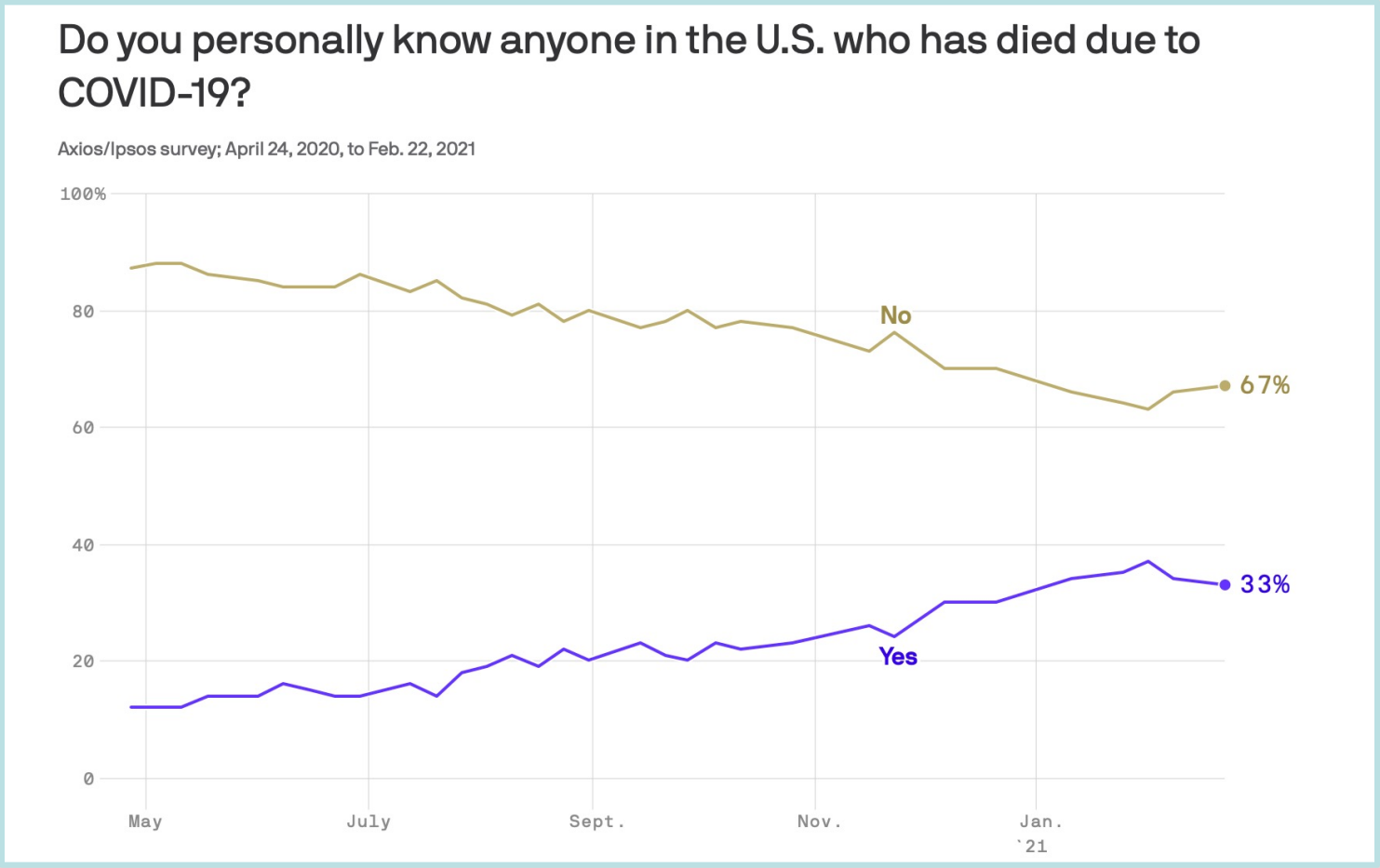
Based on vaccinations, cases, and deaths with known race/ethnicity, among states reporting vaccinations by race/ethnicity

Click on the buttons below to see data for the different race/ethnicity groups:

Black | Hispanic | Asian | White

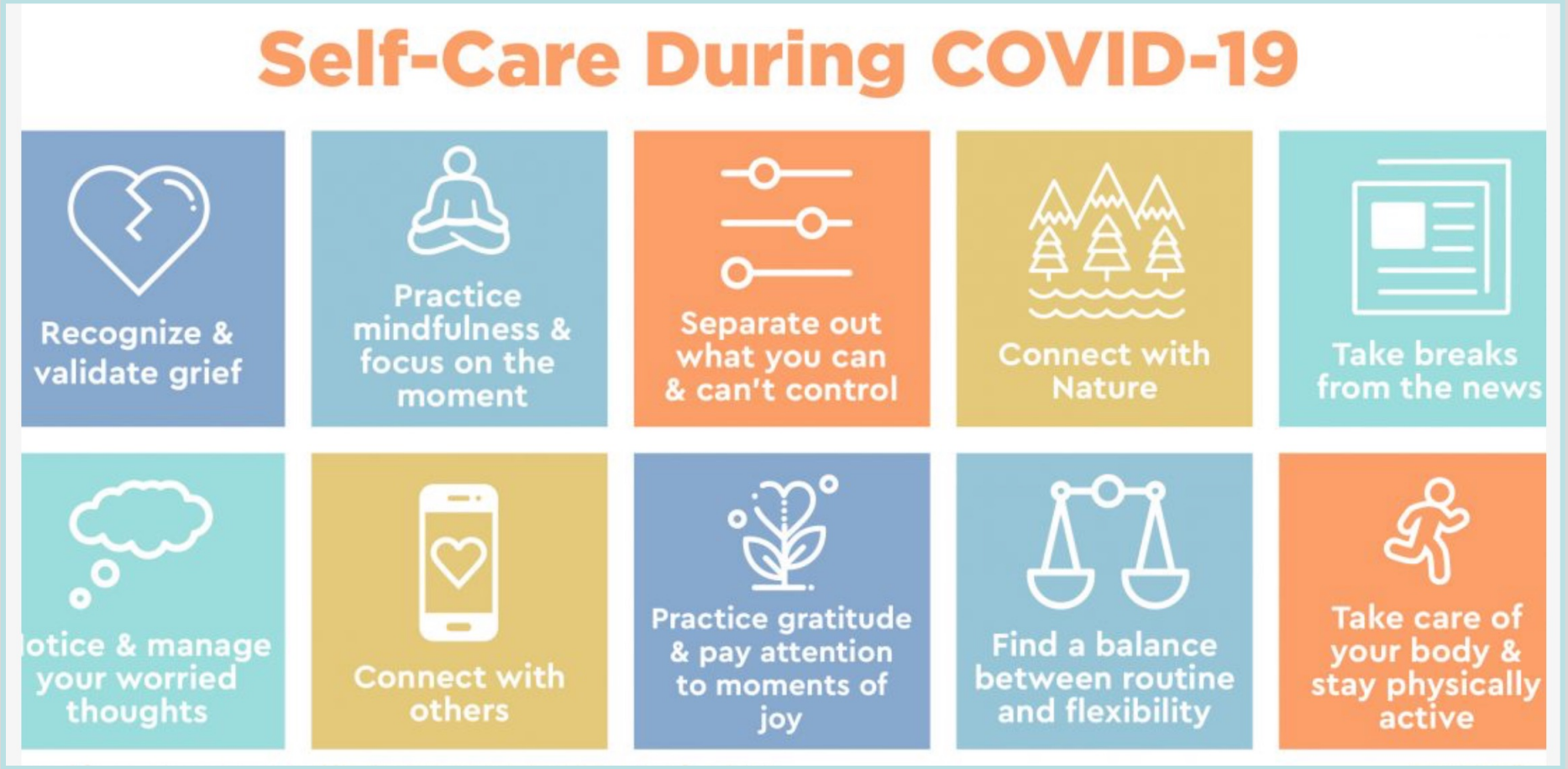
State	Percent of Vaccinations	Percent of Cases	Percent of Deaths	Percent of Total Population
Alabama	21%	29%	31%	27%
Alaska	1%	3%	3%	2%
Arizona	3%	4%	3%	4%
California	3%	4%	6%	5%
Colorado	3%	4%	3%	4%
Connecticut	5%	11%	12%	10%
Delaware	11%	24%	22%	22%
District of Columbia	31%	49%	76%	46%
Florida	7%	14%	16%	16%

Knowing someone who has died from COVID-19



Self-care strategies for frontline professionals in the era of COVID-19

Self-care options



Self-care options

DAILY SELF-CARE

TAKE SOME TIME TO REFLECT ON WHAT HELPS YOU FEEL AT YOUR BEST AND PRIORITIZE THOSE SELF-CARE PRACTICES EACH DAY TO HELP YOU STAY WELL.

GET MOVIN'

Get up and move every hour

Stretch

Get some fresh air - go on a hike, ride a bike, walk around

Create accountability with your colleagues

Find at home workouts online

NOURISH

Eat balanced meals throughout the day

Practice Mindful Eating

Add veggies to each meal

Limit consumption of processed foods

Stay hydrated

Cook

CONNECT

Write Letters to Your Friends

Hold video chat parties

Send notes to retirement homes and hospitals

Talk about things that bring you joy

Call someone

BREATHE

Practice deep breathing

Use breathing to reset between tasks

Do a mindful breathing exercise when you feel overwhelmed

Incorporate other mindfulness activities into your day

Learn more at mindful.org

BE PURPOSEFUL

Set a daily intention

Check-in with yourself each day

Focus on what matters most

Keep things in perspective

Use tools like Purposeful to stay focused on what matters most - TEXT 'UDEL' to (734)-436-3939 to get started

Self-care options

Self-care options

https://www.youtube.com/watch?v=b932LremOIc

Coalition Meeting Agenda

Thursday, June 17, 2021 - 9 am to Noon

City of Orlando Emergency Operations Center, JIC/EPG Room
110 George DeSalvia Way, Orlando, FL 32807

Or via webinar at
https://global.gotomeeting.com/meeting/join/684815309
Use speakers or call in at 1 (626) 521-0015, Access Code: 684-815-309, Meeting ID:684-815-309

NOTE: This meeting will be recorded

Time	Topic
9:00 – 9:10 am	Welcome & Announcements – Eric Alberts, CFDMC Board Chair
9:10 - 9:30 am	Update on AHCA/CMS Requirements Mark Ross, Florida Hospital Association
9:30- 10:30 am	It's All About You! Harriette Hill, Director Victim Services and Sexual Assault Assistance Program Office of the State Attorney/19th Judicial Circuit (Retired) and Florida Crisis Response Team member
10:30 - 10:45 am	Break
10:45 - 11:45 am	Looking Back at 2020-2021 & Looking Ahead to 2021-2022 • Recognition of All Pandemic Responders - Eric Alberts • EID Collaborative - A. C. Burke • FHA Agreement - Lynne Drawdy & Mark Ross • Regional Trauma Advisory Board - Dr. Peter Pappas • Regional Medical Assistance Team - Nick Pachota • Pediatric Annex - Medically Complex Children - Robin Ritola • Plan Updates - Matt Meyers • What's New in 2021-2022 - Lynne Drawdy
11:45 - 11:50 am	Eric Alberts • Other Announcements • Next Meeting: September 16 • Meeting Evaluation (e-survey following meeting)

CONTINUED ON PAGE TWO

11:50 - Noon	**Celebration of Dave Freeman's Retirement** **Orange County Recognition** **Lifetime Achievement Award Presented By:** **Eric Alberts, CFDMC Board Chair, Health & Medical Co-Chair** **Clint Sperber, St. Lucie Health Officer, Health & Medical Co-Chair** **Dennis M. Lemma, Seminole County Sheriff, RDSTF5 Co-Chair** **Lee Massie, FDLE Special Agent in Charge, RDSTF5 Co-Chair** **Pillar of Preparedness Presented By:** **CDR Aaron B. Otis** **Assistant Deputy Secretary County Health Systems** **Florida Department of Health** **United States Public Health Service** **CDC Public Health Advisor** **A Special Gift Presented on Behalf of the Coalition** **Remarks by Dave Freeman**

6-17-21 CFDMC Member Meeting

Participants: See attached sign-in sheets and webinar attendees.

Welcome & Announcement:

Eric Alberts, CFDMC Board Chair, welcomed everyone and asked that those participating via webinar put their name and organization into 'Chat' or if participating by phone, send an email to info.centralfladisaster.org with their name and organization.

Update on AHCA/CMS Requirements: Eric advised that Mark Ross from the Florida Hospital Association had a conflict and was unable to present today, but provided this information for members:

The latest information they have available is posted on AHCA's Rulemaking page- https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Rulemaking.shtml under Rule 59A-35.310, F.A.C. They had a rule workshop on April 20, 2021, and shared draft language at that time. AHCA indicated future workshops would be held to discuss program specific CEMPs. They are in the process of organizing and reviewing comments received on the draft language to determine if changes are needed based on the comments (probably). AHCA is also finalizing the CEMP drafts and getting feedback from the managers in order to begin routing for approvals prior to the next workshop. For now, all they have to share is the information found on their Rulemaking page above.

It's All About You!: Harriette Hill shared that the CFDMC member group are caretakers for Central Florida, and it is necessary for caretakers to take care of themselves so they can stay and do the important work they do. When caretakers become stressed, it often skews the way they take care of others and can change their values, perspectives, and beliefs in addition to the way they view life. Harriette shared a 'Do No Harm' self-care exercise (see attached).

Looking Back at 2020-2021 & Looking Ahead to 2021-2022:

- Recognition of All Pandemic Responders - Eric thanked and recognized all who were involved in the COVID-19 response.
- EID Collaborative - A.C.Burke reported that the EID Collaborative developed an Infectious Disease Annex, merging together the high consequence disease plan and the pandemic plan. The group also reviewed the COVID-19 after-action report and priorities for focus are on mental health training, early infectious disease detection within healthcare facilities, protocol consistency, maintaining equipment, and conducting an exercise related to the transportation network.
- FHA Agreement - Lynne Drawdy shared that as part of the CARES Act, FHA received federal funding for improving response to diseases such as COVID. FHA provided CFDMC with $480,000 in funding. The EID Collaborative identified that the priority for the funding was nursing homes. The funding is being used to provide a nursing home consultation program designed to improve infection control and response plans, procedures, protocols and training. Nursing homes were offered free negative air pressure equipment and N95 masks as an incentive to participate. There are additional slots available in this program and we encourage all nursing homes to participate. A flyer with program details is available on the CFDMC website. Fit testing is also

offered to nursing homes participating, and a fit-test train-the-trainer program is available to all members. Once the new communications pilot begins, we will also set up a regional repository to share best practices.

- Regional Trauma Advisory Board: - Dr. Pappas shared the work of the regional trauma advisory board and its committees over the past year. The focus in the coming year will be to test the new regional trauma coordination plan (see attached presentation).
- Regional Medical Assistance Team: Nick Pachota said the team has been responding since April 2020 and will be demobilizing on June 26. He shared the team's activities over the past year, including managing testing and vaccinations in South Florida. The team has received recognition from the state. In the coming year, the team will be working on response protocols and credentialing.
- Pediatric Annex: Robin Ritola indicated she is excited about the focus on pediatrics and discussed the Pediatric Surge Annex developed this year which highlights preparedness and response for those hospitals that do not regularly see a lot of children. She also discussed the plan for Medically Complex Children; this is a major focus. Over the coming year, we will focus on the reunification of unaccompanied minors (see attached presentation).
- Plan Updates: Matt Meyers described the process for updating plans and reported that all annual plan updates are posted to the website.
- What's New in 2021-2022 - Lynne shared that beginning July 1, 2022, the CFDMC will begin year five of a five year work plan. We will submit a new work plan in response to a State Invitation to Negotiate (ITN) for new contract that will begin July 1, 2022. New priorities over the coming year will include development of Crisis Standards of Care, a Burn Annex, an Exercise with the Florida Infectious Disease Transportation Network, and a full-scale exercise in collaboration with UCF.

Other Announcements: Eric announced that the next CFDMC Member Meeting will be held on September 16th at the Indian River College and that Craig Fugate will be the presenter. There were no other member announcements.

Next Meeting: September 16, 2021

Meeting Evaluation: Eric encouraged all to respond to an e-survey that will be sent to all who participated today.

Celebration of Dave Freeman's Retirement:

The following awards were presented to Dave in recognition of his service, vision, leadership, mentorship and accomplishments to the CFDMC, Orange County, State of Florida and U.S. Public Health. Eric said, "we must carry on Dave's legacy" and Dave said, "it has been a labor of love"!

- Orange County Proclamation "June 17, 2021 as Dave Freeman Day"
- Lifetime Achievement Award from CFDMC & RDSTF5
- Pillar of Preparedness from the Florida Department of Health
- A Special Gift - a hat highlighting Dave's many accomplishments

6-17-21 CFDMC Meeting - Attendees:

In Person:

Matt Winter, AdventHealth

Brenna Young,AdventHealth

Robin Ritola, AdventHealth

Amy Cooper,AdventHealth

Eric Alberts, Orlando Health

Lynne Drawdy, CFDMC

Matt Meyers, CFDMC

Beverly Cook, CFDMC

Deputy Tomeo, OCSO/RDSTF

Lydia Williams, DOH St. Lucie

A.C. Burke, Consultant

Aaron Otis, FDOH

Joseph Burgess, Hotzone

Hillarie Burgess, Hotzone

Clint Sperber, DOH St. Lucie

Aaron Kissler, DOH Lake

Donna walsh, DOH Seminole

Dave Freeman, CFDMC Board

Terry and Casey Freeman, Guests

Lynda W. G. Mason, Northland

Opal Wilson, Northland

Bill Lee, FDLE, RDSTF

Nancy Woloshin, DOH Brevard

Harriette Hill, FCRT

April Taylor, City of Orlando EM

Manny Soto, City of Orlando EM

Via Webinar:

Alan Harris, Seminole Emergency Management & CFDMC Board

Alex Peterson, Seneca Area EMS / Allegheny General Hospital

Amy Gagnon, Palm Garden of Port St. Lucie

Avis Jenkins, Nurses and Moore

Christina Proulx, Cleveland Clinic

Ed Bradley, DOH Martin

Helen Rose, FL ESRD Network

Eric Tierfenthehler

Georgianna Kirk, Community Health Centers & CFDMC Board

J. White

James Witherspoon, DOH Seminole

Jemima Douge

Judy Head, Northland

Ken Peach, Planning Council & CFDMC Board

Lea Collins, FCRT

Dr. Peter Pappas, RTAB Executive Director & CFDMC Board

Todd Stalbaum, Orange EMS

Mark Krupa Air Care

Molly Ferguson, CHC

Reginald Kornegay, Orlando VA & CFDMC Board

Robert Contreras, Orlando Health

Nancy Handeweg, University Health Services

Nick Pachota, RMAT

Ihab Osman, DOH

Viveca McCluang, DOH

Wayne Smith, Davita

Sven Normann, Orlando Health

Gary Schindele

Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

June 17, 2021 9 am to Noon

Note: Meeting is being recorded

Eric Alberts, 2021 CFDMC Chair

- Welcome & Announcements
- For those on webinar or phone, please submit your name and organization in chat or by emailing the Coalition at info@centralfladisaster.org

Update on AHCA/CMS Requirements Mark Ross, Florida Hospital Assoc.

It's All About You!
Harriette Hill, FCRT

Please be back at ....

Looking Back & Looking Ahead

EID Collaborative
A.C. Burke

FHA Update
Lynne Drawdy & Mark Ross

FLORIDA HOSPITAL ASSOCIATION

Mission to Care. Vision to Lead.

Central Florida Disaster Medical Coalition

The RDSTF Region 5 Trauma Advisory Board

A Year of Challenges & Opportunities

Peter A. Pappas MD FACS
Executive Director
RDSTF-5 Trauma Advisory Board

Executive Committee

- New members:
  - Chief Chris Kammel
    - Martin County EMS and EMS Co-Chair
  - Commissioner Jimmy Burry
    - City of Leesburg

- Gratitude for their service
  - Chief Chris Stabile, Martin County EMS
  - Mayor Elise Dennison, City of Leesburg

Clinical Leadership Committee

- Highlights
  - Convening Trauma and EMS leaders to draft COVID response guidelines
  - Creating resources to support EMS and Trauma guideline development

System Support Committee

- Supporting Trauma Centers through the COVID pandemic
- Developing virtual injury prevention and education programs

Preparedness Committee

- Highlights
  - September 2020 tabletop exercise
  - Regional Trauma Coordination Plan
    - Ongoing project and a major goal
    - Functional exercise August 13, 2021
    - Region-wide full-scale exercise October 21, 2021

Conclusions

- Turning challenges into opportunities
- Uniting to create a seamless system of trauma care from the field to the bedside and beyond
- Coming together for our communities and our patients

Central Florida Disaster Medical Team
Nick Pachota, Team Commander

Pediatric Focus
Robin Ritola, CFDMC Pediatric Champion

AdventHealth
for Children

Pediatric Surge Annex

- Developed in 2020
- Included Health Care Coalitions within the state
- Purpose is to offer guidance and support in providing safe care to pediatric patients during a disaster
- Scope is newborn to 17 years

Medically Complex Children

- All counties involved
- Additional needs during a disaster
- Workgroup focused on Hurricane planning

TRAIN Tool

Transport	Blue/Car	Green/BLS	Yellow/ALS	Orange/CCT	Red/Specialized
Life Support	Stable	Stable +	Minimal	Moderate	Maximal
Mobility	Car/Carseat	Wheelchair or Stretcher	Wheelchair or Stretcher	Weight ≥ 1.5 kg Stretcher	Incubator dependent Weight < 1.5 kg or immobile
Nutrition	All PO	Intermittent Enteral	NPO/Continuous Enteral or Partial Parenteral	TPN Dependent	
Pharmacy	Po Meds	IV Intermit meds	IV Fluids	IV Drip x1	IV Drip x2
Life Support	Stable+ =	Low flow oxygen			
	Minimal =	Oxygen hood, chest tube, etc.			
	Moderate =	CPAP/BiPAP/Hi-Flow, Conventional Ventilator, Peritoneal Dialysis, Externally paced , continuous Nebulizer treatments, etc.			
	Maximal =	Highly specialized equipment, e.g., Neonatal Ventilator, HFOV, ECMO, iNO, CVVH, Berlin Heart, wt. ≤ 1.5 kg, specialized medical personnel, etc.			
Mobility	Car/Carseat =	Able to ride in automobile with age-appropriate restraints			
	W.C./Stretcher=	Able to ride in ambulance without specialized equipment for temp regulation			
	Incubator=	Transport incubator with equipment for connecting to ambulance			
	Immobile =	Unable to move without special equipment e.g., neurosurgical/bariatric			

TRAIN tool developed by:

Lucile Packard Children's Hospital Stanford

Reunification of Unaccompanied Minors

Plans/Updates
Matt Meyers, Project Manager

What's New in 2021-2022
Lynne Drawdy

- **Other Member Announcements**
- **Next Meeting: September 16 at Indian River College – special presentation by Craig Fugate (former FEMA Director and Florida DEM Director)**
  - **Meeting Evaluation (e-survey following meeting)**

Celebrating Dave Freeman

Assess Your Self-Care

How often do you do the following? As you read the list below, rate the items using this scale:

5=Frequently, 4=Occasionally, 3=Sometimes, 2=Never, 1=It never even occurred to me

PHYSICAL SELF-CARE

____Eat Regularly (e.g. breakfast & lunch) and healthy

____Exercise (go to the gym, lift weights, practice martial arts, yoga, etc.)

____Get medical care when needed and for prevention

____Take time off when you are sick

____Do a physical activity that is fun for you

____Take time to be sexual

____Get enough sleep

____Take vacations, day trips, or mini-vacations

____Get away from stressful technology such as cell phones, email, internet

PSYCHOLOGICAL SELF-CARE

____Make time for self-reflection

____Go to see a psychotherapist or counselor or coach for yourself

____Read literature unrelated to work (or re-read a favorite book)

____Do something at which you are a beginner

____Notice your inner experience---your dreams, thoughts, imagery, feelings

____Engage your intelligence in a new area—go to an art museum, performance, sports event

____Practice receiving from others

____Say no to extra responsibilities sometimes

EMOTIONAL SELF-CARE

____Spend time with others whose company you enjoy

____Stay in contact with important people in your life

____Treat yourself kindly (supportive inner dialogue or self-talk)

____Feel proud of yourself

____Identify and seek out comforting activities, objects, people, places, etc.

____Allow yourself to cry

____Find things that make you laugh

(Over)

SPIRITUAL SELF-CARE

____Make time for prayer, meditation, reflection

____Spend time in nature

____Participate in a spiritual gathering, community or group

____Cherish your optimism and hopes

____Be open to mystery, not knowing

____Identify what is meaningful to you and notice its place in your life

____Sing and/or listen to music

____Express gratitude

____Celebrate milestones with rituals that are meaningful to you

____Remember and memorialize loved ones who have passed

WORKPLACE SELF-CARE

____Take time to eat lunch

____Take time to chat with co-workers

____Make time to complete tasks

____Identify projects or tasks that are exciting, growth-promoting, and rewarding for you

____Arrange your workspace so it is comfortable and comforting

____Get regular supervision or consultation

____Negotiate for your needs (benefits, pay raise…)

Now, re-read the list and put a star next to one item in each category that you would like to incorporate into your daily routine. Revisit this list from time to time to help stay focused on caring for yourself.

Adapted from: Kraybill, K. Healing Hands, Health Care for the homeless Clinicians 'Network, Vol 6 No 2 February, 2002

Traumatic Incident Stress: Information for Emergency Response Workers

From the National Institute for Occupational Safety and Health

Disasters take many forms and demand quick response from emergency workers. They may include natural disasters such as earthquakes or hurricanes, or they may involve manmade disasters such as technological failures or terrorist attacks. As a member of an emergency response team, you and your team members are at risk of experiencing what psychologists refer to as a traumatic incident—an incident that may involve exposure to catastrophic events, severely injured children or adults, dead bodies or body parts, or the loss of colleagues, for instance.

Traumatic incidents can produce unusually strong emotional reactions that may interfere with your ability to function at the scene or later:

You may experience any of the physical, cognitive, emotional, or behavioral symptoms listed below in Table 1. Some people experience emotional aftershocks weeks or months after they have passed through a traumatic event. Others may experience these reactions while still at the scene, where they must stay clearly focused on constantly changing hazards to maintain their own safety and to rescue injured victims.

Remember that strong emotions are normal reactions to an abnormal situation!

Table 1.—Symptoms of stress that may be experienced during or after a traumatic incident

Physical*	Cognitive	Emotional	Behavioral
Chest pain*	Confusion	Anxiety	Intense anger
Difficulty breathing*	Nightmares	Guilt	Withdrawal
Shock symptoms*	Disorientation	Grief	Emotional outburst
Fatigue	Heightened or lowered alertness	Denial	Temporary loss or increase of appetite
Nausea/vomiting	Poor concentration	Severe panic (rare)	Excessive alcohol consumption
Dizziness	Memory problems	Fear	Inability to rest, pacing
Profuse sweating	Poor problem solving	Irritability	Change in sexual functioning
Rapid heart rate	Difficulty identifying familiar objects or people	Loss of emotional control	
Thirst		Depression	
Headaches		Sense of failure	
Visual difficulties		Feeling overwhelmed	
Clenching of jaw		Blaming others or self	
Nonspecific aches and pains			

***Seek medical attention immediately** if you experience chest pain, difficulty breathing, severe pain, or symptoms of shock (shallow breathing, rapid or weak pulse, nausea, shivering, pale and moist skin, mental confusion, and dilated pupils).

Additional Resources

Disaster Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA).
http://www.mentalhealth.org/cmhs/EmergencyServices/index.htm
Tips for Talking About Disasters, SAMHSA.
http://www.mentalhealth.org/cmhs/EmergencyServices/after.htm
Self-Care Tips for Emergency and Disaster Response Workers, SAMHSA.
http://www.mentalhealth.org/cmhs/EmergencyServices/response.htm
Related Links, SAMHSA.
http://www.mentalhealth.org/cmhs/EmergencyServices/links.htm

National Center for Post Traumatic Stress Disorder (PTSD), Department of Veterans Affairs.
http://www.ncptsd.org/
Disaster Mental Health: Dealing with the Aftereffects of Terrorism. Brief Information for the Public and the Professional. National Center for PTSD, Veterans Affairs
http://www.ncptsd.org/disaster.html

St. Laurent, D. (1996). The nutritional needs of rescue teams. Emergency Preparedness Digest, April-June, pp. 26–27.

Please stay safe at work.

OVER →

What You Can Do On-site

Taking care of yourself will help you to stay focused on hazards at the site and to maintain the constant vigilance you need for your own safety. Often responders do not recognize the need to take care of themselves and to monitor their own emotional and physical health—especially when recovery efforts stretch into several weeks. The following guidelines contain simple methods for helping yourself. Read them while you are at the site and again after you return home.

- Pace yourself. Rescue and recovery efforts at the site may continue for days or weeks.
- Take frequent rest breaks. Rescue and recovery operations take place in extremely dangerous work environments. Mental fatigue over long shifts can place emergency workers at greatly increased risk for injury.
- Watch out for each other. Co-workers may be intently focused on a particular task and may not notice a hazard nearby or behind.
- Be conscious of those around you. Responders who are exhausted, feeling stressed, or even temporarily distracted may place themselves and others at risk.
- Maintain as normal a schedule as possible: ***regular eating and sleeping are crucial***. Adhere to the team schedule and rotation.
- Make sure that you drink plenty of fluids such as water and juices.
- Try to eat a variety of foods and increase your intake of complex carbohydrates (for example, breads and muffins made with whole grains, granola bars).
- Whenever possible, take breaks away from the work area. Eat and drink in the cleanest area available.
- Recognize and accept what you cannot change—the chain of command, organizational structure, waiting, equipment failures, etc.
- Talk to people when ***YOU*** feel like it. You decide when you want to discuss your experience. Talking about an event may be reliving it. Choose your own comfort level.
- If your employer provides you with formal mental health support, use it!
- Give yourself permission to feel rotten: You are in a difficult situation.
- Recurring thoughts, dreams, or flashbacks are normal—do not try to fight them. They will decrease over time.
- Communicate with your loved ones at home as frequently as possible.

What You Can Do at Home

Over time, your impressions and understanding of your experience will change. This process is different for everyone. No matter what the event or your reaction to it, you can follow some basic steps to help yourself adjust to the experience:

- Reach out—people really do care.
- Reconnect with family, spiritual, and community supports.
- Consider keeping a journal.
- Do not make any big life decisions.
- Make as many daily decisions as possible to give yourself a feeling of control over your life.
- Spend time with others or alone doing the things you enjoy to refresh and recharge yourself.
- Be aware that you may feel particularly fearful for your family. This is normal and will pass in time.
- Remember that "getting back to normal" takes time. Gradually work back into your routine. Let others carry more weight for a while at home and at work.
- Be aware that recovery is not a straight path but a matter of two steps forward and one back. You will make progress.
- Appreciate a sense of humor in yourself and others. It is OK to laugh again.
- Your family will experience the disaster along with you. You need to support each other. This is a time for patience, understanding, and communication.
- Avoid overuse of drugs or alcohol. You do not need to complicate your situation with a substance abuse problem.
- Get plenty of rest and normal exercise. Eat well-balanced, regular meals.

DHHS (NIOSH) Publication Number 2002-107

When a Parent is Deployed

Family Separation and Readiness—Children's Issues

Parents can help children understand and accept the separation.

Pre-Family Separation

The pre-family separation period is stressful for parents and children. Confronted with an extended absence of a parent, family members sense a loss of continuity and security. Children may not fully understand why one of their parents must leave. Very often young children may become confused and fearful that Mommy or Daddy will desert them.

Change is puzzling to children. They want everything to remain the same. Children are not very good at expressing fears and feelings in words. Anger and a desire for revenge, as well as guilt for feeling that way, are often demonstrated in the child's behavior. When changes occur, children usually have no other way to release anxieties, and nowhere to go for help. At a time when the spouse readies to deploy, the remaining spouse may feel overwhelmed, as he or she prepares to solely support the children and home.

What can be done about relieving the stress of the pre-family separation period?

Consider the following ideas, which have been helpful to others in similar situations.

Talk to Your Children About the Deployment Before It Happens

Communicate your thoughts and feelings about the separation. Be open and honest. Some parents worry that advance warning will only give the child more time to fret. However, children can sense when something is about to happen and worry more when they are left uninformed. Knowing about the deployment in advance helps family members adjust to the idea.

Building an Emotional Bond

The departing parent needs to spend quality time with each child before he or she leaves. Do not be afraid to hug your child. A display of affection is a powerful communication.

Use this time to share pride in your work and the purpose for your deployment. Many school-age children understand that some events must happen for the good of everyone. It is a little easier to let go if mom or dad's job is seen as essential to the country.

Often when asked if something is bothering them, a child will say "no." But there are ways to get through. Make a casual reference to your own worries or ambivalent feelings about the impending assignment or deployment.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

This helps a child realize that his or her parent is a real person who can cry as well as laugh, and it models an appropriate way to release feelings—talk about them.

Visit Your Child's Teacher

Children frequently react to the deployment of a parent by misbehaving in class or performing poorly in their studies. A teacher who is aware of the situation is in a better position to be sensitive and encouraging.

Plan for Communicating

Expect children to stay in touch with the departed spouse. Encourage children to brainstorm the many ways communication can occur in addition to letter writing.

Help Children to Plan for the Departure

When the spouse is packing his or her bags, allow the children to assist in some way. Suggest a "swap" of some token, something of the child's that can be packed in a duffel bag in return for something that belongs to the departing parent. Discuss the household chores and let the children choose (as much as possible) the ones they would rather do. Mother and father need to agree with each other that the division of household chores is reasonable. The role of disciplinarian needs to be supported by the departing parent.

Being a Long-Distance Parent

Parenting while away from home is not easy. The most important aspect of parenting from a distance is making those small efforts to stay in touch. Doing something to say the parent is thinking about and missing the child is what is most important. The following are some practical suggestions to help keep the absentee parent involved with his or her children:

- Letters and cards from mom or dad are important. The length and contents are not nearly as important as the presence of something in the mail from the absent parent. When sending picture postcards, make little notes about the place or write that you stood right "here"—"x" in the picture. Any small thing that makes the card personal will have tremendous meaning to children at home.
- When using a tape recorder, remember to be creative: sing "Happy Birthday," tell a story, read inspirational material, or take it with you on your job or when visiting with other members of your working group. Do not try to fill a tape completely in one sitting. Make sure you describe details such as your surroundings, the time of day, and what you are doing.
- Try not to forget birthdays and special holidays that might be important to a child, particularly Thanksgiving, religious holidays, Halloween, or Valentine's Day.
- Try to schedule phone calls when children are likely to be at home. Keep a mental list of things you want to talk about with each child, such as his or her friends, school, and sports. Ask each child to send you something from the activities they are involved in at school, home, or outside activities, such as dance lessons, youth groups, or scouts. If your child has a pet, make sure to ask about it.
- TURN ON YOUR SENSORS AND TUNE IN TO YOUR CHILD'S WORRIES ABOUT THE DEPLOYMENT. Just because a child does not tell you about their concerns does not mean that they are not troubled. Children do not usually recognize the cause, nor will they tell you they are concerned. The spouse that is departing should communicate with each child individually. There is no substitute for a letter with your own name on the envelope. Again, send postcards, snapshots, and tape recordings of the sounds around you where you are deployed. Let them know you are thinking of and loving them.

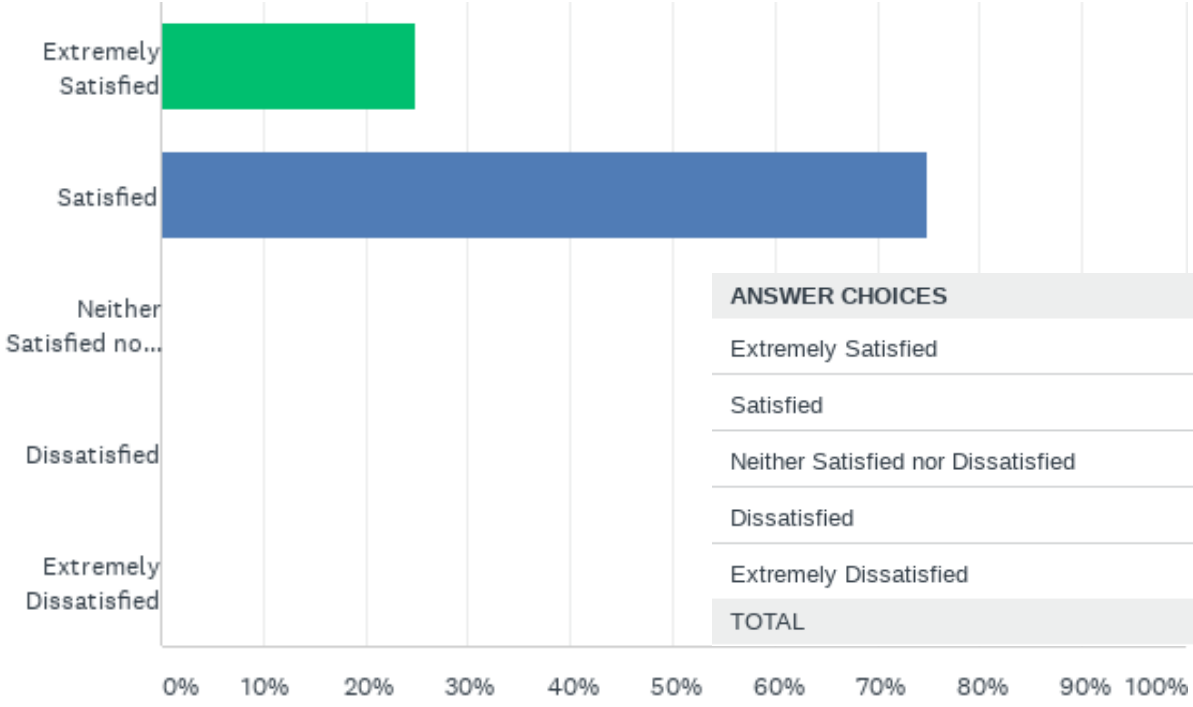
This material is adapted from the "Predeployment Guide: A Tool for Coping" on the Air Force Crossroads Web site at http://www.afcrossroads.com/famseparation.

NMH06-0232

June 17, 2021 CFDMC Meeting
Survey Results
8 Respondents

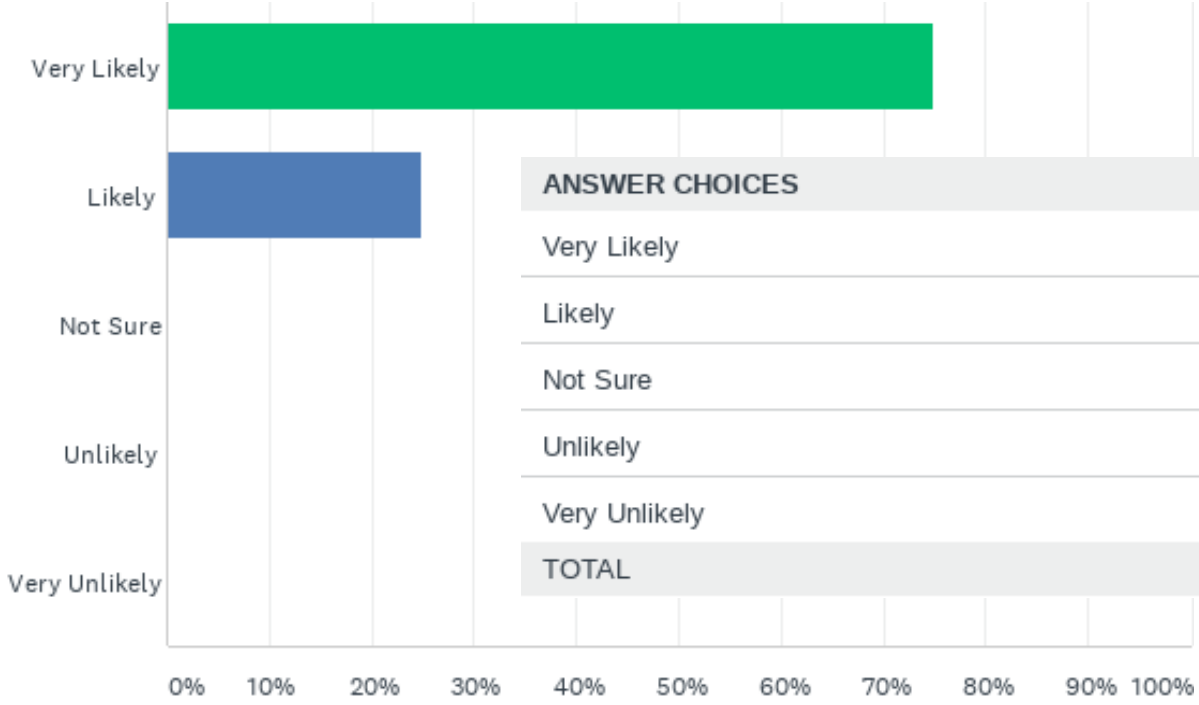
Powered by SurveyMonkey

Overall satisfaction with the June 17 Coalition meeting: 100% Satisfaction Rate 25% Top Box



ANSWER CHOICES	RESPONSES	
Extremely Satisfied	25.00%	2
Satisfied	75.00%	6
Neither Satisfied nor Dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Extremely Dissatisfied	0.00%	0
TOTAL		8

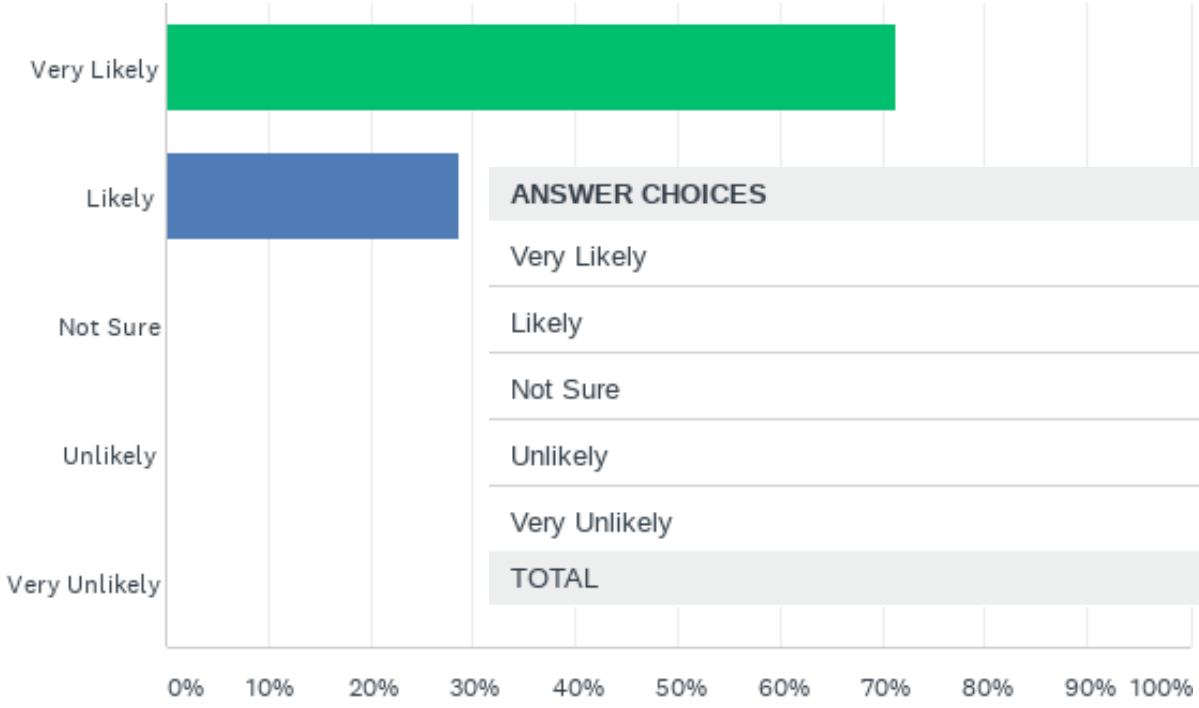
Likeliness to attend future coalition meetings: 100% Engagement Rate (75% Top Box)



ANSWER CHOICES	RESPONSES	
Very Likely	75.00%	6
Likely	25.00%	2
Not Sure	0.00%	0
Unlikely	0.00%	0
Very Unlikely	0.00%	0
TOTAL		8

Powered by SurveyMonkey

Likeliness to recommend joining the coalition to others: 100% Engagement Rate (71% Top Box)



ANSWER CHOICES	RESPONSES	
Very Likely	71.43%	5
Likely	28.57%	2
Not Sure	0.00%	0
Unlikely	0.00%	0
Very Unlikely	0.00%	0
TOTAL		7

Comments

Most Valuable:

- Hearing updates and enjoyed the presentation of self care
- Stress reduction ideas
- Updates and info
- All the info is valuable. Enjoyed the self help presentation.
- Recognition of Dave Freeman

Improvement Opportunities:

- As you have been doing, continue to explain what each agenda item is/means as some of us do not have emergency services background or experience.
- Meeting was closed and was knocked off right when they started with honoring. Missed the ending.
- Send calendar invite to members and include agenda
- SME presenters in addition to the great information received.

Powered by SurveyMonkey

Coalition Meeting Agenda

Thursday, September 16, 2021 - 9 am to 11 am

https://global.gotomeeting.com/meeting/join/684815309
Use speakers or call in at 1 (626) 521-0015, Access Code: 684-815-309, Meeting ID:684-815-309

NOTE: This meeting will be recorded

Time	Topic
9:00 – 9:05 am	**Welcome & Announcements – Eric Alberts, 2020-2021 Board Chair** **Please confirm your attendance by putting your name and organization name in the chat function, or by emailing your name and organization to** info@centralfladisaster.org
9:05- 9:15 am	**CFDMC Updates**
9:15 - 10:15 am	**Seven Deadly Sins of Emergency Management:** **Craig Fugate, Former FEMA Administrator and Florida Division of Emergency Management Director, and current Indian River State College Consultant**
10:15 - 10:45	**COVD Updates** • **EID Collaborative** • **Coalition** • **Hospitals** • **Emergency Management** • **Public Health** • **EMS** • **Nursing Homes** • **Others**
11:45 am - Noon	**Wrap-up – Eric Alberts** • **Other Announcements** • **Next Meeting: Annual Conference - December 17 (additional trainings on December 16)** • **Meeting Evaluation (e-survey following meeting)**

9-16-21 CFDMC Member Meeting

Participants: See participant list.

The meeting was called to order at 9:02 a.m.

Welcome & Announcement:

Eric Alberts, CFDMC Board Chair, welcomed everyone and asked that those participating via webinar put their name and organization into 'Chat' or if participating by phone, send an email to info.centralfladisaster.org with their name and organization. Eric went over meeting etiquette (see attached Power Point slide).

CFDMC Updates:

Lynne Drawdy, Executive Director, shared that the Coalition is in year five of a five-year contract with the State of Florida and the new cycle will begin July 2022. The Annual Conference will be December 16 (pre-conference training) and December 17 (conference) and will be held virtually this year.

Seven Deadly Sins, Presented by Craig Fugate:

Craig described his past experience and responsibilities, serving as the FEMA Director under President Obama, as the Florida Division of Emergency Management Director, and currently as a consultant at Indian River State College. He stated that members can reach out to him or Joan Rivera for assistance. Craig indicated that organizations build systems to respond to events and if the need is exceeded, they bring in more mutual aid. This reinforces the ICS system. He shared information on the Seven Deadly Sins (see Power Point slide) and described disease outbreaks such as the Zika virus and response to it. Over time, these become a normalized response and are built into the system. The same with COVID. We need to answer the questions...What will you do if the situation gets bigger? Who might need to be new players that need to be brought in? There is a need to plan for high consequence events that break the system. Plan for what 'could' happen and push exercises to force agencies to do what they have never done before. Annexes to plans are created for individuals who are not in the plan such as the disabled, children, the elderly and even pets. Plans are written for what is easy and then others are put in annexes. We need to change that concept. Plans should be written for those who live in the communities. We should stress the system during exercises and not just do 'check the box' exercises, not what they have always done. We should build problem-solving into exercises. FEMA utilized planning against a 1926 hurricane with staggering numbers and a limiting factor that they could not get to the area fast enough because of road and transportation issues. This identified the need to include the public. The first person on the scene is generally from the public/a by-stander and not an emergency responder. Don't treat the public as a liability but as part of the team. Get the private sector involved to take the load off of government. It is important to change behaviors to get a different outcome. Craig suggesting changing the term from victims to survivors. This helps get people dealing with post-traumatic stress and a sense of loss or control back into decision-making to improve outcomes. We need to build a system they have a say in. Don't make them fit our model. Communication is important including social media. It has to be in their language and through the way they get their information/news. Provide it in a less authoritative way, avoid jargon, say where we have uncertainty, give information so they can make informed decisions, communicate on their terms, think about the communities He stated that speed is key to changing outcomes. Don't wait for assessments. Craig shared this emergency management mantra: **Think big, go big, go fast, be smart about it!** He discussed COVID and planning appropriately for PPE, etc. He shared organizations should plan for what they need and not what they can order/get. He stated that as events get bigger, we need to plan to mitigate future risks and not just deal with what we have in the past. It is important to get people to prepare for disasters and be involved.. For example, using the public to check on neighbors. We need to see the public as a resource (not just volunteer groups) and give them actionable information. Craig indicated Indian River State College is piloting a Thunderbolt Academy, a weeklong intensive exercise that will test critical thinking skills. Lynne stated that the flyer for opportunity has been sent out to CFDMC members. Eric thanked Craig for his presentation and asked if any participants had questions. John Corfield said

Craig's was the best presentation he has ever heard, and it should be required listening. He mentioned not having a whole community approach outlined in the Seven Sins. John asked for recommendations on how to create those relationships. Craig shared the need to push exercises that break government capabilities and that volunteer organizations are key to response. Exercises have to push beyond government resources. We should embrace the chaos. Melanie Motiska thanked Craig for his presentation. She said the Florida Health Care Association is responsible for long term care and asked about current methods in evaluating emergency planning for them. Craig suggested having these organizations develop mutual aid planning. He stated that a critical issues with long-term care are power outages and planning should include transfer switches. Eric thanked Craig again for his presentation, and Lynne thanked Joan from Indian River State College for facilitating this. A future meeting will be scheduled at Indian River State College.

COVID Updates:

- EID Collaborative: - Lynne advised that Dr. Hsu was unavailable today and reported that the Emerging Infectious Disease Collaborative met in July and focused their attention on COVID response and mitigation. A survey was sent to physicians in the region regarding their willingness to provide COVID vaccines and barriers to this. We received a good response, and the group will review these and send out a follow-up to those that responded. The group also created a vaccination campaign strategy and shared tips and resources with members to increase the vaccination rates. Another area of focus is mental wellness and resiliency, and they are working with D. Jim Schultz to develop a program.
- Coalition: Lynne said the Coalition's role in response is situational awareness and resources. The Coalition has been sending weekly situation reports to members and providing daily Teletrack numbers from HHS, as well as holding calls with hospitals. The Coalition monitors local ESF8 requests to the State and offers any available resources. Hospitals stated that morgue capacity was the biggest need, and the Coalition purchased 14 portable morgues which have been sent out to the hospitals. These are reusable and will be a long-term asset for the region. The Coalition also purchased a cache of ventilators for the hospitals.
- Hospitals: Christina Proulx shared they are seeing numbers slowly decrease. She thanked the Coalition for their support. John from UF Health Leesburg shared that they appreciate the Coalition as they had run into issues and have utilized the portable morgues. He indicated they are seeing a very slow decline in COVID patients.
- Emergency Management: No issues were raised.
- Public Health:- No issues were raised.
- EMS: No issues were raised.
- Nursing Homes: No issues were raised.

Wrap-up:

Other Announcements: Reggie Kornegay said that he wanted to make everyone aware that the VA had set up a mobile ICU hospital as a unique asset and as part of the COVID surge. They are in the process of decommissioning it and asked if anyone wanted to come by over the next couple of days to look at the system before they take it down. He shared photos of the unit. A question was asked about the availability of negative air pressure. Reggie indicated that the unit is self-sustaining, it provides its own power and purified water, it can be broken into wings for negative air pressure, etc. After tomorrow it will be sent back to regional storage in the Ft. Lauderdale area. He shared that it takes 5-7 days to set up and is approximately 145' x 40' in size and includes an incident command post. It has a coinciding morgue that goes with the unit and is designed to be a stand-alone unit.

Next Meeting: The next meeting is the Annual Conference which will be held virtually on December 16 (preconference training) and December 17 (Conference).

Meeting Evaluation: Eric stated that an electronic survey for today's meeting will be sent out to participants.

The meeting adjourned at 10:20 a.m.

9-16-21 CFDMC Meeting Attendees

Name	Organization	Member Type
Amanda Freeman	AdventHealth	Hospital
Anita Smiley	Good Samaritan	Nursing Home
April Hultz	Halifax Health	Hospital
Avi Bryan	Seminole 911	Jurisdictional partner
Avis Jenkins	Nurses and More	Home Health
Beth Harbold	Family First Homecare - Orlando	Home Health
Beverly Cook	CFDMC	HCC
Bob McPartlan	DCF	Jurisdictional partner
Brenna Young	AdventHealth	Hospital
Carol Wegener-Vitani	DOH-Martin	Public Health
Carole Brown	Orlando Health	Hospital
Christen Stewart	NeuroRestorative in Avalon Park and Central Par	ALF
Christina Proulx	Cleveland Clinic	Hospital
Clint Sperber	DOH-St. Lucie	Public Health
Corey Zawadzki	Community Health Centers	FQHC
Craig Fugate	Indian River State College	Consultant
Dallas Spruill	DOH St. Lucie	Public Health
David Crowe	DOH Region 5 RERA	Public Health
David Ladomirak	Osceola Emergency Management	Emergency Management
Daysi Merino	Merino Assisted Living Facility	ALF
Deborah Collinge	DOH-Orange	Public Health
Donna Walsh	FDOH-Seminole	Public Health
Edward Bradley	DOH-Martin	Public Health
Eric Alberts	Orlando Health	Hospital
Eric Teifenhalder	City of North Port	Emergency Management
Franklin Riddle	Tampa Bay Health and Medical Coalition	HCC
Garret Scott	Osceola Emergency Management	Emergency Management
Georgianne Cherry	DOH-Osceola & Lake	Public Health
Gianna Van Winkle	CHC Association	Association
Helen Rose	HSAG:The Florida ESRD Network	Diaylsis
Helene Wetherington	Volusia Emergency Management	Emergency Management
Hunter Zager	Tampa Bay Health and Medical Coalition	HCC
Jan Miller	Halifax Health Hospice	Hospice
Jason Franklin	Reedy Creek Fire/EMS	EMS
Jemima Douge	Poison Control Center	Poison Control
Joan Rivera	Indian River State College	University
Joanne Fenty	DOH-St. Lucie	Public Health
Jodie Gregory	Orlando Health	Hospital/Air Flite
John Corfield	Orlando Health	Hospital
John Maze	UF Leesburg	Hospital
John Wilgis	FHA	Association

Jose Valcourt	Westminster	Nursing Home
Justin Everhardt	AdventHealth	Hospital
Karen Street	DOH-Brevard	Public Health
Kathleen Lyons	DOH-Brevard	Public Health
Kelley Jenkins	Lawnwood	Hospital
Leigh Wilsey	Region 3 HCC	HCC
Leland Greek	Deland	EMS
Lindsey Bayer	District 5/24 Medical Examiner	Medical Examiner
Lydia Williams	Region 5 Planner	Public Health
Lynda W. G. Mason	Northland	Behavioral Health
Lynne Drawdy	CFDMC	HCC
Maggie De'Angelo	AdventHealth	Hospital
Mally Chruski	DOH-St. Lucie	Public Health
Marci Carter	Rural Healthcare Inc.m Azalea Health	FQHC
Matt Meyers	CFDMC	HCC
Matthew Winter	AdventHealth	Hospital
Megan Milanese	Lake County Emergency Management	Emergency Management
Melanie Motiska	FHCA	Association
Michelle Hasty	Family First Homecare - Orlando	Home Health
Michelle Self	Veteran's Health Administration	Federal Partner
Missy Montgomery	AdventHealth	Hospital
Nancy Handwerg	Universal Health Services	Behavioral Health
Nancy Woloshin	DOH-Brevard	Public Health
Nick Clifton	DOH-St. Lucie	Public Health
Rachel Reid	Orlando Health	Hospital
Rachel Shaull	Amedisys	Home Health
Rebecca Hale	Halifax	Hospital
Reginald Kornegay	VA Medical Center	Hospital
Robin Hinson	Osceola Emergency Management	Emergency Management
Sheri Blanton	Orange/Osceola ME	Medical Examiner
Stefanie Myers	DOH-St. Lucie	Public Health
Tiffany Murry	Family First Homecare - Orlando	Home Health
Todd Stalbaum	Orange County EMS	EMS
Tom Cisco	Volusia Emergency Management	Emergency Management
Unknown	Atlantic Care	Home Health
Valerie Risher	Region 5 Special Needs Shelter	Public Health
Valerie Zolman	Cornerstone Hospice	Hospice
Wayne Smith	Davita	Dialysis

Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

September 16, 2021 9 am to 11 am

Note: Meeting is being recorded

Webinar Etiquette

- Please place your phone on mute when not speaking
- Don't place your phone on hold
- Use either computer audio and mic, or phone, not both – this can cause feedback noise
- Use the chat feature to raise issues or ask questions
- During presentations we may need to mute all lines. You can unmute yourself by clicking the microphone icon

Eric Alberts, 2021 CFDMC Chair

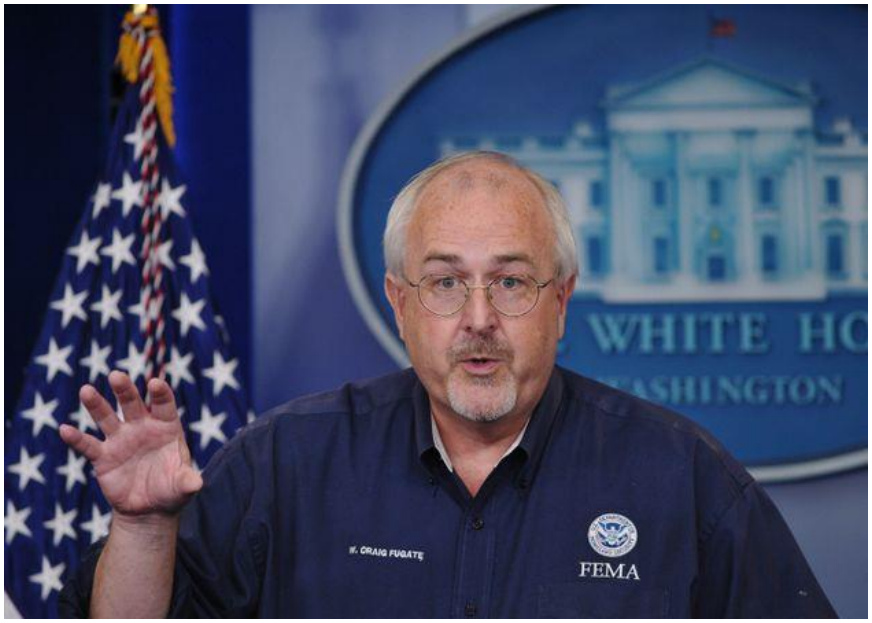
- Welcome & Announcements
- For those on webinar, please submit your name and organization in chat. If on phone email name and organization to info@centralfladisaster.org

Coalition Updates

Lynne Drawdy, Executive Director

- Year 5 of 5 Year Contract
- New Multi-Year Contract by July 2022
- Burn Annex & Tabletop
- Planning Annual Conference – Virtual
  12/16 Trainings and 12/17/21 Conference

Seven Deadly Sins of EM



Craig Fugate
Former FEMA Director
Former FDEM Director
Indian River State College Consultant
See attached presentation

COVID Updates

- EID Collaborative
- Coalition
- Hospitals
- Emergency Management
- Public Health
- EMS
- Nursing Homes
- Others

- **Questions?**
- **Other Member Announcements**
- **Next Meeting: December 17 Virtual Coalition Conference (December 16 Pre-Conference Trainings)**
  - **Meeting Evaluation (e-survey following meeting)**

Emergency Management

When the organization chart of Government fails

SEIU

FEMA

Why Emergency Management?

- Government builds system to manage emergencies around key agencies
  - 911 – call and help arrives
- Disasters exceed the capabilities of these systems to meet needs.
  - 911 – call and there is no answer
- Government Agencies that normally don’t work together in emergencies often must work together to solve problems in disasters

The 7 Deadly Sins of Emergency Management

- We plan for what we are capable of responding to
- We plan for our communities by placing the too hard to do in an annex (elderly, disabled, children, pets)
- We exercise to success
- We think our emergency response system can scale up from emergency response to disasters
- We build our emergency management team around Government, leaving out volunteer organizations, the private sector, and the public.
- We treat the public as a liability
- We price risk too low to change behavior, as a result, we continue to grow risk.

How I Think About Disasters

- Survivor Centric
- The Public is a Resource
  - Communications with the Public must be on their terms : Social Media
- Community Centric, Not Government Centric
  - Private Sector part of the Team
- MoM: Maximum of Maximums
  - Plan for Real , not Easy

How I Think About Disasters

- Government Must Focus on Security, Safety , and Stabilization
  - Speed is key to stabilization
  - If you wait for assessments, you will be too late
  - Respond like it's bad, you can always adjust
- Think Big, Go Big, Go Fast, Be Smart About It

Preparing to Respond

- Natural Hazards not Natural Disasters
- The past is not preparing us for future risk
- Building codes and land use planning help reduce future risk
- The Climate has changed, we haven’t

Responsibilities of the Public

- Prepare for disaster
- After a disaster strikes, check on your Neighbors
- Government needs to see the Public as a resource

Contact Information

- Twitter: @WCraigFugate
- Facebook: Craig Fugate Consulting LLC
- LinkedIn: Craig Fugate
- Email: craig@craigfugate.com

Summary of December 17, 2021, CFDMC Annual Conference
"Getting Ahead of the Disaster"

Welcome…Eric Alberts, CFDMC Board Chair: Eric welcomed those present, reviewed the agenda, recognized the conference planning team members, Executive Committee members, Board members and announced the new Board members (see attached presentation).

CFDMC Updates: Lynne Drawdy, Executive Director: Lynne recognized all the Coalition members and their accomplishments in 2021, and previewed highlights for 2022 see attached presentation).

COVID-19 A Review of 2021 vs. 2020, What's Next
Dr. Vincent Hsu, CFDMC Board Member, Hospital Epidemiologist and Executive Director for Infection Prevention, AdventHealth-Orlando: Dr. Hsu presented virtually, and his presentation can be found at: https://vimeo.com/657856337

AC Burke, CFDMC Consultant: A. C. provided an update on the FHA grant projects (see attached presentation).

Virtual Exhibit Presented by Conference Sponsor, Hotzone USA

Participants selected one of the four breakout sessions below:

- **Regional Trauma Coordination Center Plan:**
  Dr. Peter Pappas, Dr. Tracy Bilski & Eric Alberts
- **Conducting an HVA:**
  Rachel Reid
- **Strategies to Confront Pandemic Stress and Burnout on the Frontline (Responder Resiliency)**
  James M. Shultz, MS PhD
- **Central Florida Hazardous Weather**
  Melissa Watson

Panel Discussion: Best Practices in Continuity of Operations with Focus on Communication, Staffing and Infrastructure
John Corfield, Alan Harris, Dr. Raul Pin
(see attached presentations)

Panel Discussion: Using Technology to Predict and Plan for Disasters
Moderator: Ken Peach, MBA FACHE KM, Executive Director, Health Council of East Central Florida
Ken Peach moderated the session and provided a scenario. Panelists Sara Belligoni and Jeff Benavides presented on using technology (see attached presentations)

Closing Session: Eric Alberts presented the CFDMC Member of the Year Award and Leader of the Year Award, announced the slogan winner and the new CFDMC slogan, and awarded prizes to those who responded first to each of three questions. He provided updates and reminders, and thanked all for participating (see attached presentation).

BONUS SESSION - Tabletop Exercise:

Matt Meyers and Lydia Williams facilitated a weather related scenario tabletop. An AAR and the situation manual were distributed to participants.