Central Florida Disaster Medical Coalition

Operations Plan

Attestation:

Approved by CFDMC Board on June 21, 2022

_____

Eric Alberts

2022 CFDMC Board Chair

TABLE OF CONTENTS

RECORD OF CHANGES & DISTRIBUTION

Changes	Distribution
Original plan created 6/18/19	**Sent out for 30 day member review, approved by Board and posted to website**
Plan updated 6/15/21	**Sent out for 30 day member review, approved by Board and posted to website**
Annual update May 2022	**Sent out for 30 day member review** **Approved by Board 6/21/22** **Posted to website 6/30/22**

INTRODUCTION

As directed by the Office of the Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities, Capability 2, Objective 2-Develop a Health Care Coalition Preparedness Plan: "Health care organizations, their jurisdiction(s), and the ESF-8 lead agency shall plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events." This is the CFDMC operations/response plan.

PURPOSE

The mission of the CFDMC is to develop and promote healthcare emergency preparedness and response capabilities in the Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5). CFDMC does this through facilitation with healthcare organizations and other key partners to work collaboratively to build, strengthen, and sustain a healthcare preparedness and response system in the region. The overarching goal is to assist Emergency Management and Emergency Support Function 8 (ESF8) with the National Preparedness Goals mission areas: Prevention, Protection, Mitigation, Response, and Recovery as it relates to healthcare disaster operations. The purpose of this plan is to outline the preparedness activities of the CFDMC.

This plan applies to the CFDMC and its nine counties and does not supersede the authorities or any plans of the participating entities.

SCOPE

The CFDMC is designated as the Region 5 lead health and medical (ESF8) agency. The CFDMC response plan emphasizes strategies and tactics that promote communications, information sharing, resource coordination, and operational response and recovery planning with CFDMC members and other stakeholders. This plan references existing regional and local plans, including:

RDSTF 5 Operating Guide 3-24-21

Tactical Interoperable Communications Plan (TIC Plan)

Orange County CEMP, ESF8 Annex and Seminole County CEMP ESF8 Annex (Note: The Coalition has asked if HCCs are referenced in the State CEMP/ESF8 Annex and continues to work with the other counties to include the Coalition in their plans).

The CFDMC developed its response plan to include core CFDMC members, along with additional CFDMC members, so that, at a minimum, hospitals, EMS, emergency management organizations, skilled nursing and long term care facilities, and public health agencies are represented.

The CFDMC Operations (Response) Plan defines current capabilities and outlines plans to further develop and refine these capabilities, including the following required medical surge elements:

- CFDMC has developed event specific annexes, such as the Pediatric Annex and the Infectious Disease Annex (See Annexes and links). The Region 5 MCI Trauma Coordination Plan was developed to ensure coordination of trauma patients if an emergency overwhelms regional capacity or specialty care including trauma, burn, and pediatric capability (see Annexes and links).
- Each year the Coalition and the acute care hospitals, including trauma centers and pediatric hospitals, participate in a medical surge exercise. Additionally, the Coalition supports the regional trauma advisory board in its efforts to minimize injury and improve outcomes of trauma related injuries.
- Strategies for patient tracking - A committee was formed to explore possible solutions and several models have been tested. The Coalition and its members analyze all communications platforms, including patient tracking, to make decisions on how best to close gaps. This year the Coalition will implement new software purchased through the Florida Hospital Association to close this gap.
- During an event, the Coalition shares the ESS data on bed availability by type. This is also practiced during the surge exercise.
- Processes for joint decision making and engagement between the HCC and stakeholders to avoid crisis conditions based on proactive decisions about resource utilization - The region has identified a regional incident management team but has not yet developed the processes' resource allocation.
- Medical Examiners Offices in the region still have access to the State DOH Contracted Florida Emergency Mortuary Operations Response System (FEMORS) team and resources if requested through ESF8 to assist.

CURRENT CFDMC RESPONSE CAPABILITIES:

CFDMC's current operational and response capabilities include the following.

Information Sharing: The Coalition has redundant communication capabilities with its members, including more than nineteen hundred individuals representing almost 700 organizations. During blue skies, the Coalition uses Constant Contact to share information on meetings, plans, trainings and exercises with its members. During exercises and grey skies, the Coalition accesses state and local systems to gather information to share with its partner agencies. During exercises and grey skies, the Coalition uses the Everbridge health alert network to share information with members. In an event, members receive a wealth of information from multiple mechanisms, including the news media and local emergency management. The Coalition's role in information sharing is to monitor communications from local and State ESF8 and share information with member organizations that is not provided via other partners, such as regional status. For example, the CFDMC generated regional situation reports that include highlights from discipline specific coordinating calls. This report offers quick access to relevant information from the local, state, and federal resources.

Resource Coordination: The process for redistribution of available resources in the event of a medical surge event is outlined below.

- If a Coalition member organization needs assistance during a disaster response (staff, equipment, supplies, or other resources), the member organization submits a request to the County Emergency Operations Center (EOC). It is the county's responsibility to try to fulfill the individual's request.

- If the County EOC is unable to fulfill the request, the County submits requests to the State EOC through WebEOC. Once a request has been received by the State EOC from a county, it is initially processed by the County Liaison Desk under the direction of the Operations Support Branch, who verifies the information. From there, it is assigned to the proper branch for tasking to the appropriate ESF. If the ESF can meet the

provisions of the request, resource information is forwarded to the county EOC. If the ESF cannot provide the requested resources, it is then forwarded to the Logistics Section who will work with either private vendors or through the Emergency Management Assistance Compact (EMAC) to secure the resources. If the resources are identified from private sources, the vendor information is given to the county Emergency Operations Center.

- The Coalition monitors all resource requests and attempts to find needed resources from within the region.

If a resource requested is readily available locally through the Coalition or other member organizations, the Coalition will notify the State ESF8 desk and the local requestor of the available local resources. If so directed by the State ESF8 desk, the Coalition will put the requesting organization in touch with the organization providing the resource to arrange transfer of the resource.

Support of Local Emergency Operations Centers: The Coalition staff are available to provide support of local EOC/ESF8 operations upon request. The Coalition will work with county EOCs to identify appropriate response roles for Coalition staff.

Additionally, the Coalition can host conference calls or webinars for resource coordination with the members to discuss the issues and possible resolutions.

REGIONAL RESPONSE TEAMS/ASSETS:

The Coalition supports and/or maintains the following response teams and response assets, available to local jurisdictions upon request:

The Central Florida Disaster Medical Team (CFDMT) is a Regional Medical Assistance Team (RMAT), a group of volunteer responders whose purpose is to stabilize, treat, and transfer, as appropriate, patients during a disaster or during a community-sponsored event such as air shows, marathons, and concerts. The CFDMT consists of trained /credentialed command staff, physicians, physician assistants, nurses, emergency medical technicians, paramedics, and administrative and logistics personnel. Mission types include set-up and operation of alternate care sites and responder rehabilitation. During 2020 and 2021, the CFDMT provided an Incident Management Team (IMT) to assist state operations during the pandemic.

<table>
<tr><td>1.</td><td colspan="3">MRP - CFDMC REGIONAL MEDICAL ASSISTANCE TEAM</td></tr>
<tr><td>a.</td><td>Task and Purpose:

Provide Medical Surge Care</td><td>b.</td><td>Mission:

To stabilize, treat, and transfer as appropriate, up to 150 patients per 24-hour operational period, or operate an aeromedical staging facility or other medical missions as required.</td></tr>
<tr><td>c.</td><td>ESFs: 6, 8</td><td>d.</td><td>Limitations:

-Not self-sustaining</td></tr>
<tr><td>e.</td><td>Personnel:

Command staff provided by Coalition membership, 6-10 personnel, all other personnel assigned from local agencies or affiliated or unaffiliated volunteer resources.

Personnel needed from sources outside base Coalition Command and Control:

3 Physicians/PA

9 Nurses

12 Medical Support staff (EMT, PM Med Tech)

8 Non-Medical Support Staff (Admin, Logistics)</td><td>f.</td><td>Equipment: See attached equipment list</td></tr>
<tr><td>g.</td><td>Required Support:

-Site Security

-Sanitation (Porta-john & Hand Washing)</td><td>h.</td><td>Works With:

-Local EMS

-Local EM</td></tr>
</table>

	-Potable water and authority to discharge grey water or grey water disposal capability -Medical resupply based upon patient acuity and volume -Fuel and camp space including billeting and rations must be provided 1-26' rental box truck 1-additional 65-75KW 3 phase generator		-Local Hospitals -Local Fire Department
i.	N-Hour Sequence: Dispatch of Equipment Package within 12-24 hours of mission assignment. Facility reaches initial operational capability 3 hours after arrival on scene with minimum of 10 personnel.	j.	Special Instructions: Sustainable, based upon rotation and volume of Volunteer staffing provided by local agencies and unaffiliated volunteer credentialing.

k. Cost Per Day: $2,800/Day Personnel: $2,400/Day Equipment: $400/Day Total: Dependent on Event

Breakdown of charges for personnel and equipment:

Position	Each	Rate/hr	Total/hr	8 hr avg
MD	2	50	100	800
CMD/Med/Logs	2	40	80	640
PA/NP/RN/PMD	4	30	120	960
Stipend for medical professionals				2400
Equip	**Each**	**per/day**	**Total**	
Zumro 400	2	50	100	
Beds	12	4.5	54	
LP-12	2	5	5	
AED	4	0	0	
Med Supplies		25	25	
Gator/Trnsp	2	50	100	
Prime Mover	2	15	30	
Trailers 26' & Dovetail	2	0	0	
Milleage/fuel	.45/mi	192	86	
			400	

CFDMT Equipment

Type	Nomenclature	Description	CFDMC Owned
Electrical	5KW Gasoline Generator	30 AMP, 125/250 volt Gasoline Generator	4
Communications	Midland Alan	UHF radios, Programed to EMS (MED 8-2) channels)	50
Communications	Midland Alan	Med 8-2 Repeater	1
Communications	Tripod Antenna Mast	Man Portable Tripod Antenna Mast	2
Communications	UHF Antenna	Med 8-2 Antenna	2
Electrical	Honda 5KW Gasoline Generator	30 AMP, 125/250 volt Gasoline Generator	2
HVAC	Hunter	110 volt, Diesel Tent Heater, Bullet Style	5
Medical	Aid Bag	BLS Aid Bag	16
Medical	Litter Stand	Folding litter stand for NATO Style litters, issued in pairs	20
Medical	Litter Transport Cart	NATO Style Patient transport cart for NATO style Litters	20
Medical	Litter, NATO style	Tallon II folding military style litter	100
Medical	Cott, Field Hospital	Field Hospital Cot, 350 LB cap	49
Safety	Safety Kit for Base of Operation	Includes Fire Extinguishers and Smoke/CO detectors	5
Trailer	Wells Cargo	20 foot Command	1
Admin	Chairs	Folding Chairs, Metal and/or Lifetime, on Carts	100
Admin	Tables	Folding Tables, 4', 5', 6', and 8' assorted	60
ATV	ATV, John Deere Gator	Off road, Patient Transport Vehicle	2
Electrical	Whisper Watt Diesel Generator	70 KVA, trailer mounted Gen set (65KW) /w power Distribution center	1
Hygiene	Shower Unit	6 or 12 head field Shower Unit	1
Hygiene	Sink Unit, Western Shelter	3 individual handwashing sinks in a single unit	1
Hygiene	Sink Unit, Western Shelter	single individual handwashing sink unit	1
Trailer	Bray	26' Flat Bed	1
Trailer	Triple Crown	16' Flat bed	1
Truck	F250	Pickup	1
Truck	F550	Flat Bed /w Transfer tank	1
Truck	F350	Cargo Box (Uhaul)	1
Truck	F350	Flat Bed /w Transfer tank	1
HVAC	York 5 ton	208 volt, 3 phase, 50 AMP	4
Sleeping	Personnel Support Kit (PSK) 16	16 each, military style cots and 16 each Sleeping bags rated 40 degrees	4

Regional Family Assistance Center Team can, at the request of a local jurisdiction, quickly set up and initially operate a Family Assistance Center (FAC).

	MRP – REGION 5 FAMILY ASSISTANCE CENTER RESPONSE TEAM		
a.	Task and Purpose: A response team that can, at the request of a local jurisdiction, quickly set up and initially operate a Family Assistance Center	b.	Mission: Set up and operate a Family Assistance Center until the local jurisdiction is capable of maintaining operation.
c.	ESFs: ESF8 ESF16	d.	Limitations: Personnel have been identified to lead the sections within an FAC but additional staff would need to be added to maintain operations. For example, Florida Crisis Response Team members to provide individual and group crisis counseling.
e.	Personnel/Positions: Region 5 Family Assistance Center Response Team Members (see organizational chart in plan and team roster).	f.	Equipment: N/A
g.	Required Support: Coalition funded project (multi-year)	h.	Works With: Region 5 Emergency Managers Region 5 Incident Management Team Florida Crisis Response Team Local, state and national law enforcement
i.	N-Hour Sequence: 6-8 hours	j.	Special Instructions: Local jurisdictions will pre-identify or work with team to locate the appropriate location for an FAC.
k.	Cost Per Day: TBD Personnel: Volunteers Equipment: none Total: Travel and lodging are the only anticipated costs and will depend upon the mission.		

Disaster Behavioral Health (DBH): The Coalition maintains DBH liaisons able to assist local and regional ESF8 in determining and meeting the disaster behavioral health needs of an event. The Coalition partners with and provides members to the Florida Crisis Response Team for DBH strike teams.

<table>
<tr><td></td><td colspan="3">MRP - REGION 5 BEHAVIORAL HEALTH RESPONSE TEAM</td></tr>
<tr><td>a.</td><td>Task and Purpose: A response team that can, at the request of a local jurisdiction, quickly mitigate the adverse effects of disaster-related trauma by promoting and restoring psychological well-being and daily life functioning of affected individuals and communities.</td><td>b.</td><td>Mission: A proportional behavioral health response, addressing the unique behavioral health needs of children, implemented according to the impact of emergencies on the community.</td></tr>
<tr><td>c.</td><td>ESFs:
ESF8
ESF16</td><td>d.</td><td>Limitations:
Personnel have been identified to lead but additional assets may be needed. For example, Florida Crisis Response Team members to provide individual and group crisis counseling.</td></tr>
<tr><td>e.</td><td>Personnel/Positions:
The CFDMC will, at a minimum, maintain at least three disaster behavioral health subject matter experts to provide guidance and support for behavioral health response during an event.</td><td>f.</td><td>Equipment: None needed.</td></tr>
<tr><td>g.</td><td>Required Support:
Coalition supported project (multi-year)</td><td>h.</td><td>Works With:
Region 5 Emergency Managers
Region 5 Incident Management Team
Florida Crisis Response Team
Local, state and national law enforcement</td></tr>
<tr><td>i.</td><td>N-Hour Sequence: 6-8 hours</td><td>j.</td><td>Special Instructions: None</td></tr>
<tr><td>k.</td><td colspan="3">Cost Per Day: TBD Personnel: Volunteers Equipment: none Total: Travel and lodging are the only anticipated costs and will depend upon the mission.</td></tr>
</table>

The Coalition has purchased and distributed equipment across the region, including mass casualty caches at individual hospitals and in each county, and alternate care site caches throughout the region.

	MRP - REGION 5 HOSPITAL MINIMUM READINESS EQUIPMENT (NOTE: minimum standards have been identified for PPE, decon. EID and mass fatality at each hospital.		
a.	Task and Purpose: Ensure that all hospitals within the region are prepared to respond to mass casualty events.	b.	Mission: Keep all hospitals within Region 5 at minimum readiness standards (see attached standards).
c.	ESFs: ESF8	d.	Limitations: Stay within project funding limitations
e.	Personnel/Positions: Hospital Personnel	f.	Equipment: See CFDMC Minimum Equipment list. Equipment is documented in Royal 4.
g.	Required Support: Coalition funded project to keep hospitals at minimum readiness standards Hospital Equipment Committee	h.	Works With: Central Florida Disaster Medical Coalition
i.	N-Hour Sequence: Immediate	j.	Special Instructions: Dependent on continued grant funding to outfit new hospitals and replace expiring equipment.
k.	Cost Per Day: Personnel: N/A (Hospitals and other members provide personnel) Equipment: Equipment is based upon hospital size (see CFDMC Minimum Equipment list). Small Hosp./FSED - $55,000, Medium size hospitals - $90,000 and Large hospitals - $110,000 package cost (Coalition funds equipment; see CFDMC Equipment Policy.) Total: Any equipment not returned in working order, replacement/Rehab costs.		

The Coalition has purchased and distributed mass casualty and alternative care site cashes to ensure that mass casualty and alternate care site caches are staged throughout the region to support the initial response to a mass casualty event. The MCI and ACS caches in most areas can support 100 green and yellow patients; in Orange County there is a 500 MCI cache and a 250 ACS cache.

	MRP – REGION 5 MCI-ACS RESPONSE CACHE		
a.	Task and Purpose: Ensure that mass casualty and alternate care site caches are staged throughout the region to support the initial response to a mass casualty event.	b.	Mission: Standardized equipment and supplies are available to support mass casualty events. The MCI and ACS caches in most areas can support 100 green and yellow patients; in Orange County there is a 500 MCI cache and a 250 ACS cache.
c.	ESFs: ESF8 ESF4	d.	Limitations: A cache gap was closed in FY 20-21 when an MCI cache was delivered to Martin County Fire Rescue to support the southern part of the region.
e.	Personnel/Positions: Emergency response and hospital personnel Equipment only	f.	Equipment: Equipment is documented in IRMS. The MCI caches include advanced and basic life support equipment. The ACS caches include ALS and BLS equipment along with shelters. Both caches have storage and transportation.
g.	Required Support: Caches have been built out over time using multiple funding streams. Response / hospital agencies are designated to maintain caches.	h.	Works With: Emergency Management EMS Agencies Hospitals
i.	N-Hour Sequence: 6-8 hours	j.	Special Instructions: See CFDMC regional alternate care site logistics plan. Requestor will be responsible for resupplying cache. The cache is available upon request to State ESF8 for deployment outside the region.
k.	Cost Per Day: TBD Personnel: N/A (personnel are provided by emergency response / hospitals) Equipment: Total package equipment (see CFDMC MCI Trailer Equipment list) for a total cost including trailer is $76,677 (Coalition funds equipment; see CFDMC Equipment Policy) Total: Reimbursement for any equipment not returned in working order.		

The Coalition supports the regional Incident Management Team (IMT) to be able to respond to anywhere in the region or state to assist local Incident Command with the management of an emergency event.

	Region 5 Incident Management Team (IMT)		
a.	Task and Purpose: Ensure EOC coordination and control during large scale, multi-county events	b.	Mission: Region 5 Incident Management Team, with multiple members fully trained in all positions, ready to deploy upon activation.
c.	ESFs: All	d.	Limitations: Ability to train and exercise on a regular basis.
e.	Personnel: See attached list (scalable dependent upon event needs)	f.	Equipment: Basic EOC equipment (the Coalition and the region has mobile EOC capability)
g.	Required Support:	h.	Works With: State and local ESFs
i.	N-Hour Sequence: 4-hours	j.	Special Instructions:
k.	Cost Per Day: Dependent on personnel requested Personnel: For the IMTs, these are outlined by position type below - these are costs per day, per position for a twelve-hour shift, including all wraparound such as travel, per diem, etc. Incident Commander - $2,000.00/per day General Command Staff - $1,250.00/per position/per day Unit Leaders - $1,170.00/per position/per day Site Coordinators - $1,170.00/per position/per day Clinical Educators - $1,170.00/per position/per day For general team deployments (such as ACS, medical surge) we use the federal GS levels below and at an hourly rate, with travel reimbursement separate. Team Leader GS13 - $50.61 / hour MD GS 12 - $42.83 / hour ARNP/PA – GS 11 - $30.05 / hour RN / Paramedic / Logistician – GS 9 - $24.89 / hour Equipment: N/A Total: Based on deployment		

Brief summary of each individual member's resources and responsibilities.

Acute Care Hospitals- All area hospitals have been supplied by the Coalition with minimum PPE and Decon equipment. Hospitals provide urgent care to the population.

Assisted Living Facilities/Nursing Homes – NHs and ALFs help provide care to population segments to allow hospitals to surge.

Kidney Centers - Perform life sustaining services that would otherwise require hospital care.

Laboratories – Disease and infection identification

Behavioral Health Agencies – Mental health, crisis, and grief counselling

Medical Doctors – Primary care providers

Medical Examiners – Cause of death and fatality management

County Health Departments – Public health and sheltering people with special needs

Medical Reserve Corp – Volunteer staffing

Pharmacies – medication distribution

Emergency Management – Event Management

Emergency Medical Services (EMS) - Private and public services for medical care and transportation.

Fire Departments/Fire Rescues – Life and property safety

Universities – Education and training

Funeral Homes – Fatality management

Vendors – Supplies resources and supply chain

Integration with appropriate ESF8 lead agencies.

The Coalition works with county emergency managers and ESF8 leads to ensure that the Coalition is integrated into county CEMP/ESF8. The Coalition is represented on the Region 5 Incident Management Team.

Emergency activation thresholds and processes.

The Coalition staff activate whenever the state EOC is activated or for any event in the region that is larger than a single county. Coalition activation depends on incident type and is detailed in the various

appendices (see attached). The Coalition is available to support local jurisdictions, single county events, or facility specific events, if requested.

Alert and notification procedures.

The Coalition's role in information sharing is to monitor communications from local and State ESF8 and share information with member organizations that is not provided via other partners, such as regional status. During exercises and grey skies, the Coalition uses the Everbridge health alert network to share information with members. Essential Elements of Information (EEIs) have been identified and a pilot project has been initiated region wide. It is believed the new system will close communication gaps and aid in bed reporting, resource allocations, patient distribution and tracking.

Communication and information technology (IT) platforms and redundancies for information sharing - The Coalition has multiple redundant communications platforms including Everbridge, CFDMC website, Constant Contact, cell phones, radio systems, and email.

SUPPORT AND MUTUAL AID AGREEMENTS:

The Coalition has supported healthcare organizations such as hospitals and medical examiners in the development of a Mutual Aid Agreement (MAA). Each county has signed a statewide MAA. Although we have been unsuccessful in getting formal MAAs, we have informal mechanisms – hospital equipment policy is agreed to upon receipt of equipment. Medical Examiners Offices in the region still have access to the State DOH Contracted Florida Emergency Mortuary Operations Response System (FEMORS) team and resources if requested through ESF8 to assist. Therefore, the agreements are not critical as long as the State supports/funds the FEMORS team.

EVACUATION AND RELOCATION PROCESSES.

The Coalition hosts an annual Coalition Surge Test exercise to help hospitals refine evacuation plans. The Coalition is currently working on a regional evacuation equipment assessment.

Policies and processes for the allocation of scarce resources and crisis standards of care, including steps to prevent crisis standards of care without compromising quality of care (e.g., conserve supplies, substitute for available resources, adapt practices, etc.) - The region has identified a regional Incident Management Team and will participate in a statewide effort to identify crisis standards of care guidelines and guidelines for the allocation of scarce resources.

COORDINATION.

CFDMC coordinates the development of its response plan by involving core members and other HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, nursing homes, and public health agencies are represented. In coordination with its members, the CFDMC reviews and updates its response plan yearly, and after exercises and real-world events. The review includes identifying gaps in the response plan and working with HCC members to define strategies and tactics to address the gaps. In addition, the CFDMC reviews and recommends updates to the state and/or local ESF8 response plan regularly. The HCC response plan can be presented in various formats, including the placement of information described above in a supporting annex.

All Coalition plans are vetted for member input and review and are posted to the Coalition website. Plans are updated and gaps are addressed regularly. The Coalition provides feedback and review upon request to all member agencies for their emergency plans. After vetting, the plans are posted to the CFDMC website. Utilize Information Sharing Procedures and Platforms - Effective response coordination relies on information sharing to establish a common operating picture. Information sharing is the ability to share real-time information related to the emergency, the current state of the health care delivery system, and situational awareness across the various response organizations and levels of government (federal, state, local). The HCC's development of information sharing procedures and use of interoperable and redundant platforms is critical to successful response.

The Coalition has redundant communication capabilities with its members and has demonstrated its effectiveness during real world incidents, including the Covid-19 pandemic. During blue skies, the Coalition uses Constant Contact to share information on meetings, plans, trainings and exercises with its members. During exercises and grey skies, the Coalition uses the Everbridge health alert network to share information with members. The Coalition also accesses state and county systems such as ESS and EMresource.

Develop Information Sharing Procedures - Individual HCC members should be able to easily access and collect timely, relevant, and actionable information about their own organizations and share it with the HCC, other members, and additional stakeholders according to established procedures and predefined triggers and in accordance with applicable laws and regulations. HCC information sharing procedures, as documented in the HCC response plan, should share appropriate information with response agencies who have a need to know.

Information is sought across multiple disciplines through various methods in order to share with our partner agencies. State and federal internet postings, updates, or guidance are sought after from posting to websites and the state's WebEOC event management system. Webinars and coordinating conference calls are attended and notes taken to be included in the situation report to consolidate information from various sources on a daily basis. The Department of Health oversees the Merlin disease reporting system. This includes case volume, positivity rates, case outcomes and other public health data. Regional reports and numbers are pulled by the Coalition from the state dashboards and shared to provide a regional view. As stated previously, the Coalition has begun a pilot project to further enhance information sharing.

TRIGGERS THAT ACTIVATE ALERT AND NOTIFICATION PROCESSES.

The Coalition staff activate whenever the state EOC is activated or for any event in the region that is larger than a single county. The Coalition has redundant communication capabilities with its members, including more than

nineteen hundred individuals representing almost 700 organizations. During blue skies, the Coalition uses Constant Contact to share information on meetings, plans, trainings and exercises with its members. During exercises and grey skies, the Coalition uses the Everbridge health alert network to share information with members. In an event, members receive a wealth of information from multiple mechanisms, including the news media and local emergency management. The Coalition's role in information sharing is to monitor communications from local and State ESF8 and share information with member organizations that is not provided via other partners, such as regional status.

CFDMC uses the state's process to validate health care organization status and requests during an emergency, including in situations where reports are received outside of HCC communications systems and platforms (e.g., media reports, no report when expected, rumors of distress, etc.) Hospitals use the state mandated ESS system for reporting and any anomalies would be looked into by the local ESF8 and AHCA. The Coalition receives regular reports automatically generated by the system and shares this with key emergency management officials in the region.

Each acute care and residential care facility have a process for functioning without electronic health records (EHRs) and document issues related to interoperability.

CFDMC routinely provides updates and alerts from CISA to all members as received. CISA leads the Nation's strategic and unified work to strengthen the security, resilience, and workforce of the cyber ecosystem to protect critical services.

The Coalition routinely works with AHCA, DOH, and other local and state agencies to ensure legal and privacy issues are addressed. Coalition information is usually kept nameless without agency identification.

COMMUNICATIONS:

Utilize Communications Systems and Platforms - The HCC has primary and redundant communication systems and platforms capable of sending EEIs to maintain situational awareness (email via Constant Contact and Everbridge).

ESSENTIAL ELEMENTS OF INFORMATION:

CFDMC has defined the EEIs that HCC members should report to the HCC, and coordinate with other HCC members and with federal, state, local, and tribal response partners during an emergency (e.g., number of patients, severity and types of illnesses or injuries, operating status, resource needs and requests, bed availability). A platform has been identified for information sharing. The Coalition communications work group identified the below EEIs for the region. The platform for sharing is being installed across the region.

The Coalition formed a committee and identified essential elements of information for all health and response partners. Below are those EEIs for hospitals, EMS and nursing homes:

Hospital notice, low-notice, no-notice module			
Please note: If there is no data to report in a field or if the field doesn't apply, please leave it blank.			
FIELD	NOTES	ANSWER SELECTION	DEFINITION
state	Required	State name	State where Hospital/Facility is located
ccn	Required	CMS Certification Number	CMS Certification Number
npi	Optional	National Provider Identifier	National Provider Identifier (optional)
reporting_for_date	Required	Date of collection mm/dd/yyyy	Date for which the recorded data was collected
hospital_name	Required	Name of Hospital	Name of Hospital
hospital_county	Required	County name	County where Hospital is located
street_address	Required	Street Address	Address where hospital is located
zip_code	Required	Zip code	Zip Code where Hospital is located
hospital_patient_treatment_status	Required	open, closed, open-limited, unknown	Option which BEST represents the status of the facility as it relates to treating patients: Open: business as usual Closed: facility is not open for patients Open-Limited: defined as patient care services impacted to include one or more of the following: -ED Only, -Partial care in select units, -Select specialty services on-hold, -Security Lock-down -Other Unknown: Set as default choice. Indicates not reported

Hospital - Continued			
FIELD	NOTES	ANSWER SELECTION	DEFINITION
hospital_census_total	Required	# number only	Current patient census for total number of inpatients in the facility.
all_hospital_beds	Required	# number only	Total number of all staffed inpatient and outpatient beds in hospital, including all overflow and surge/expansion beds used for inpatients or for outpatients (includes all Intensive Care Unit (ICU) beds)
hospital_inpatient_beds	Required	# number only	Total number of all staffed inpatient beds in hospital, including overflow and surge/expansion beds used for inpatients (includes all ICU beds)
hospital_inpatient_bed_occupancy	Required	# number only	Total number of staffed inpatient beds that are occupied
hospital_inpatient_bed_available	Optional	# number only	Total number of inpatient beds that are unoccupied and available for patients
icu_beds	Required	# number only	Total number of staffed inpatient ICU beds
icu_bed_occupancy	Required	# number only	Total number of staffed inpatient ICU beds that are occupied
icu_beds_available	Optional	# number only	Total number of ICU beds that are unoccupied and available for patients

Hospital - Continued			
FIELD	NOTES	ANSWER SELECTION	DEFINITION
structural_damage	Required	no damage, affected, minor, major, destroyed	THIS IS NOT A SUBSTITUTE FOR INSURANCE ASSESSMENT No Damage: the facility sustained no damage Affected: facility with minimal damage to the exterior and/or contents of the facility Minor: encompasses a wide range of damage that does not affect the structural integrity of the facility Major: facility has sustained significant structural damage and requires extensive repairs Destroyed: the facility is a total loss, or damaged to such an extent that repair is not feasible
evacuation_type	Required	normal operations, full evacuation, partial evacuation, shelter-in-place, unknown	Select the option which best represents the evacuation type of the facility: Normal operations: facility did not evacuate or shelter-in-place (unaffected) Full evacuation: Facility full evacuation of all patients Partial evacuation: select patients evacuated to other facilities (note: decompression by discharge is not included in partial evacuation) Shelter-in-place: facility did not evacuate patients and is weathering the storm
evacuation_status	Required	not applicable, planning, departure in progress, departure complete	Select the option which best represents the evacuation status of the facility

Hospital - Continued			
FIELD	NOTES	ANSWER SELECTION	DEFINITION
reentry_status	Required	not applicable, planning, reentry in progress, reentry complete	Select the option which best represents the re-entry status of the facility:
power_status	Required	commercial, generator, mixed, no power, unknown	type of power is the facility using? · Commercial power · Generator power · Mixed commercial / generator power · No power · Unknown
generator_fuel_status	Required	# hours	How many hours of fuel the facility has forgenerator in hours only
generator_fuel_type	Required	diesel, gasoline	Type of fuel the hospital generator needs for operation
hvac_generator_status	Required	yes, no, unknown	Is the facility's HVAC system on generator backup?
normal_water_supply	Required	yes, no, unknown	Is the facility on its usual water supply? Consider default to unknown
dialysis_reliable_water_supply	Required	yes, no, not applicable	Do you have a water source to dialyze patients?
sewer_status	Required	yes, no, unknown	Are sewer systems functioning (e.g., are toilets flushing)?

Hospital - Continued			
FIELD	NOTES	ANSWER SELECTION	DEFINITION
immediate_needs	Required	yes, no	Does the facility have ANY immediate needs impacting its ability to receive or care for patients to the capacity needed that is not being met by the normal resource request process? Please contact your local / state Emergency Manager or ESF8 contact to complete a resource request.
For Federal Use Only			
impacted_facility	optional	yes, no	Select Yes if there are concerns about the facility's ability to receive and safely provide care for patients. Only for ASPR GIS COP HCF editing. This will be selected based on reports from the state via the agency rep.
impacted_facility_notes	optional	free text (limit 100characters)	If Yes selected, please describe. Only for ASPR GIS COP HCF editing. This will be selected based on reports from the state via the agency rep.
Total number of ventilators, including converted machines		Number only	
Total number of ventilators available		Number only	
Staffing status		Narrative	
Personal Protective Equipment status		Narrative	

EMS, low-notice, no-notice module			
Please note: If there is no data to report in a field or if the field doesn't apply, please leave it blank.			
FIELD	NOTES	ANSWER SELECTION	DEFINITION
General status of the EMS agency	From MOCC	open, closed, open-limited, unknown	
Total number of staffed Critical Care Transport ambulances	From MOCC	Number only	
Total number of staffed ALS ambulances	From MOCC	Number only	
Total number of staffed BLS ambulances	From MOCC	Number only	
Total number of paratransit vehicles	From MOCC	Number only	
Total number of staffed air medical transport assets	From MOCC	Number only	
Additional resource availability, such as ambulance buses and non-medical transport vehicles, as applicable	From MOCC	Narrative	

Nursing home notice, low-notice, no-notice module			
Please note: If there is no data to report in a field or if the field doesn't apply, please leave it blank.			
FIELD	NOTES	ANSWER SELECTION	DEFINITION
state	Required	State name	State where nursing home/Facility is located
ccn	Required	CMS Certification Number	CMS Certification Number
npi	Optional	National Provider Identifier	National Provider Identifier (optional)
reporting_for_date	Required	Date of collection mm/dd/yyyy	Date for which the recorded data was collected
nursing home_name	Required	Name of nursing home	Name of nursing home
nursing home_county	Required	County name	County where nursing home is located
street_address	Required	Street Address	Address where nursing home is located
zip_code	Required	Zip code	Zip Code where nursing home is located

Nursing home - Continued			
FIELD	NOTES	ANSWER SELECTION	DEFINITION
nursing home_patient_treatment_status	Required	open, closed, open-limited, unknown	Option which BEST represents the status of the facility as it relates to treating patients: Open: business as usual Closed: facility is not open for patients / residents Open-Limited: defined as patient care services impacted to include one or more of the following: -Partial care in select units, -Security Lock-down -Other Unknown: Set as default choice. Indicates not reported
nursing home_census_total	Required	# number only	Current patient census for total number of inpatients in the facility.
all_nursing home_beds	Required	# number only	Total number of all staffed inpatient beds in nursing home, including all overflow and surge/expansion beds used for inpatients
nursing home_inpatient_beds	Required	# number only	Total number of all staffed inpatient beds in nursing home, including overflow and surge/expansion beds used for inpatients
nursing home_inpatient_bed_occupancy	Required	# number only	Total number of staffed inpatient beds that are occupied

Nursing home - Continued			
FIELD	NOTES	ANSWER SELECTION	DEFINITION
nursing home_inpatient_bed_available	Optional	# number only	Total number of inpatient beds that are unoccupied and available for patients
structural_damage	Required	no damage, affected, minor, major, destroyed	THIS IS NOT A SUBSTITUTE FOR INSURANCE ASSESSMENT No Damage: the facility sustained no damage Affected: facility with minimal damage to the exterior and/or contents of the facility Minor: encompasses a wide range of damage that does not affect the structural integrity of the facility Major: facility has sustained significant structural damage and requires extensive repairs Destroyed: the facility is a total loss, or damaged to such an extent that repair is not feasible
evacuation_type	Required	normal operations, full evacuation, partial evacuation, shelter-in-place, unknown	Select the option which best represents the evacuation type of the facility: Normal operations: facility did not evacuate or shelter-in-place (unaffected) Full evacuation: Facility full evacuation of all patients Partial evacuation: select patients evacuated to other facilities (note: decompression by discharge is not included in partial evacuation) Shelter-in-place: facility did not evacuate patients and is weathering the storm

Nursing home - Continued			
FIELD	NOTES	ANSWER SELECTION	DEFINITION
evacuation_status	Required	not applicable, planning, departure in progress, departure complete	Select the option which best represents the evacuation status of the facility
reentry_status	Required	not applicable, planning, reentry in progress, reentry complete	Select the option which best represents the re-entry status of the facility:
power_status	Required	commercial, generator, mixed, no power, unknown	type of power is the facility using? · Commercial power · Generator power · Mixed commercial / generator power · No power · Unknown
generator_fuel_status	Required	# hours	How many hours of fuel the facility has forgenerator in hours only
generator_fuel_type	Required	diesel, gasoline	Type of fuel the nursing home generator needs for operation
hvac_generator_status	Required	yes, no, unknown	Is the facility's HVAC system on generator backup?
normal_water_supply	Required	yes, no, unknown	Is the facility on its usual water supply? Consider default to unknown
dialysis_reliable_water_supply	Required	yes, no, not applicable	Do you have a water source to dialyze patients?
sewer_status	Required	yes, no, unknown	Are sewer systems functioning (e.g., are toilets flushing)?
immediate_needs	Required	yes, no	Does the facility have ANY immediate needs impacting its ability to receive or care for patients to the capacity needed that is not being met by the normal resource request process? Please contact your local / state Emergency Manager or ESF8 contact to complete a resource request.

PILOT PROGRAM

CFDMC is partnering with Florida Hospital Association to pilot a new communications platform that will provide incident management software, bed and patient tracking systems and naming conventions. This will provide a regional solution that will provide:

Common Operating Picture. Enterprise-wide visibility and interoperability across a multi-jurisdictional, multi-agency support and response environment. Allows users the option to link incidents in a tree format, enabling consolidated reporting to one, overall "Parent" incident to provide a structured view of any incident.

Incident management tools and capabilities through an integrated Incident Command System / National Incident Management System (ICS/NIMS) or Hospital Incident Command System / National Incident Management System (HICS/NIMS). Supports the management of multiple simultaneous incidents, events, and exercises.

Mapping Functionality. The new pilot communications platform will provide an integrated GIS map view of data with the ability to integrate with or import from external sources of GIS data via File Transfer Protocol (FTP) or Application Programming Interface (API) integration.

Resource management. The Coalition will be able to track, request and allocate resources utilizing the new communications platform we will pilot during 2021. Users will be able to organize, search, and select resources using current NIMS typing standards.

Infrastructure Management. Identify and track critical infrastructure facilities and structures. Organize, search, and select resources using the current National Infrastructure Protection Plan (NIPP) taxonomy.

Hazard Vulnerability Assessment (HVA). Electronic comprehensive, color coded HVA to assess and document the risk and impact of natural, technological, human, and hazardous events for individual hospitals or hospital groups. **The new pilot communications platform will** allow for evaluation of at-risk facilities for an entire area or region.

Mission Tasking. Mission Tasking function that incorporates requests, assignments, taskings and displays status.

Document Management tools and capabilities, fully Microsoft Office compatible, for agencies, organizations, facilities, and incidents.

Action Requests to poll and compile results for Essential Elements of Information, resource status, overall status, or ask basic questions of the user base.

Alerting and Communications capabilities to send individual and group notifications and messages within and outside the system, including:

- Incident/Event Alerts – notifies users of new incidents
- Resource Request Alerts – notifies resource owners that their resource has been requested
- Mission Assignment Alerts – notifies users that a mission is being requested of them
- Action Request Alerts – notifies users that a response is requested

Reporting and Compliance Documentation. CORreport's reporting tools and flexible reporting interface enable standard ICS forms, Incident Action Plans, After-Action Reports and other compliance documentation to be automatically generated, saving 80 hours per incident or exercise.

CFDMC also uses WebEOC and ESS to share information during emergencies and planned events.

COORDINATE RESPONSE STRATEGY, RESOURCES, AND COMMUNICATIONS:

CFDMC coordinates its response strategies, track its members' resource availability, and needs, and clearly communicates this information to all HCC members, other stakeholders, and the ESF8 lead agency.

CFDMC monitors the state WebEOC for all mission requests during an event. CFDMC generates regional situation reports that include highlights from discipline specific coordinating calls. This report offers quick access to relevant information from the local, state, and federal resources.

In an event, the Coalition can provide assets it controls to agencies in need after they have gone through the state defined process that is managed at the county level and then state level. In the event of multiple requests for the same asset, the Coalition will fill requests on a first come, first served basis. In the event multiple requests come in for the same item, the first request would be filled, and subsequent requests would be routed to the state to identify additional assets. It is the Coalition's responsibility to offer assistance, the management of resources requests and allocations rests with local and state authorities. At no time would the Coalition redirect or change the deployment of assets. State, territorial, county, or local officials would be responsible for any such modification of destination or other deployment specifics.

IDENTIFY AND COORDINATE RESOURCE NEEDS DURING AN EMERGENCY:

CFDMC and all of its members, particularly emergency management organizations and public health agencies, have visibility into member resources and resource needs (e.g., personnel, teams, facilities, equipment, and supplies) to meet the community's clinical care needs during an emergency. Outlined below are the general principles when coordinating resource needs during emergencies. All 9 counties in the Coalition use the same event management system as the state (WebEOC) and the Coalition has viewable rights to all events and resource requests. The Coalition monitors WebEOC during all major events. In accordance with state laws and plans notification of county ESF8 leads for situational awareness and resource requests, each county EM/ESF8 has a process the Coalition will support, as requested, but will not duplicate. The Coalition monitors all situational reports and resource requests to remain aware of operational status.

RESOURCE MANAGEMENT

Resource management include logging, tracking, and vetting resource requests across the HCC and in coordination with the ESF8 lead agency. This is done at the county level ESF8. The state uses WebEOC to track all mission requests. The Coalition monitors all resource requests and attempts to find needed resources from within the region.

The state of Florida utilizes ESS software system to monitor bed availability by type. This information is shared with the Coalition and the Coalition then shares this with its member agencies.

SUPPLY CHAIN

CFDMC has worked with distributors to understand and communicate which health care organizations and facilities should receive prioritized deliveries of supplies and equipment (e.g., personal protective equipment [PPE]) depending on their role in the emergency. During 2019 and 2020, the Coalition distributed a supply chain integrity assessment to hospitals and nursing homes. The data were aggregated and used to identify gaps and mitigation strategies. In 2021, the Coalition drafted the Health Care Coalition Supply Chain Mitigation plan, and this was updated in 2022 (see attached).

INCIDENT ACTION PLANNING

Incident action planning occurs at the local and state levels. Incident action plans for local and state are posted to the state WebEOC and is monitored by the Coalition. Coordinated incident action planning is managed through the county EM Office. The Coalition supports the actions and directions of the jurisdiction having authority.

COMMUNICATE WITH HEALTH CARE PROVIDERS, NON-CLINICAL STAFF, PATIENTS, AND VISITORS:

During exercises and grey skies, the Coalition uses the Everbridge health alert network to share information with members. In an event, members receive a wealth of information from multiple mechanisms, including the news media and local emergency management. The Coalition's role in information sharing is to monitor communications from local and State ESF8 and share information with member organizations that is not provided via other partners, such as regional status. For example, the CFDMC generated regional situation reports that included highlights from discipline specific coordinating calls. This report offers a quick access to relevant information from the local, state, and federal resources. CFDMC has engaged the social media platforms of Linkedin, Twitter and Facebook to further its communication reach.

JOINT INFORMATION CENTERS

Local jurisdictions have in their plans the use of a Joint Information Center (JIC). These centers provide a coordinated message for multiple agencies and disciplines. CFDMC will participate as needed and requested.

Joint Information Centers are set up at the county level with representation from multiple disciplines depending on the incident type. This is also coordinated with the state Emergency Operations Center.

CFDMC RESPONSE CAPABILITIES, PLAN INTEGRATION

CFDMC has developed detailed operational plans for Infectious Diseases, Behavioral Health, Alternative Care Site, Pediatric Surge, Burn Surge, Family Assistance, Mass Fatality, Trauma Coordination and Crisis Standards of Care (see attached).

INFECTIOUS DISEASE

High consequence infectious diseases (HCIDs) include hemorrhagic fever viruses (Ebola, Marburg, etc.) and other highly contagious diseases include MERS-CoV, SARS, COVID-19 and other pandemic strains of the influenza virus. HCIDs, and other infectious diseases have the potential to significantly impact individual organization's operations, the healthcare system, and the health and safety of personnel and the general public. Many diseases could result in an epidemic and could lead to a pandemic (an epidemic that occurs on a worldwide scale).

BEHAVIORAL HEALTH

Emergencies may have severe emotional impact on survivors, their families, and responders and cause substantial destabilization of patients with existing behavioral health issues. Hospitals and outpatient care providers, including behavioral health professionals, should identify a regional approach to assess and address the needs of the community. Behavioral health organizations are valuable HCC members and can provide needed support to survivors, responders, and people with pre-existing behavioral health concerns. Healthcare Coalition members should promote a robust behavioral health response that include these specific elements.

ALTERNATIVE CARE SITE

The Coalition has leveraged funding from a variety of sources to establish a large cache of medical equipment/supplies across Region 5. This equipment has been strategically placed throughout the region with custodial agencies. Included are mass casualty trailers, ACS start-up equipment, pharmaceutical caches, and other specialized equipment. The Alternate Care Site Regional Logistics Plan outlines processes and responsibilities for maintenance, requests for, deployment of, and rehabilitation of ACS equipment caches.

BURN ANNEX

An event that exceeds the resources of a single jurisdiction will require the use of a tiered approach beginning with the local community hospital and engaging a broad array of regional and national stakeholders depending on the scope of the incident. This document identifies the key roles of state and local responders, and those of the American Burn Association (ABA) and the U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) during a BMCI.

FAMILY ASSISTANCE

An incident that causes mass fatalities and/or mass casualties will require a coordinated effort to provide aid to survivors, families, and loved ones with multi-jurisdictional and multi-agency resources.

The Central Florida Disaster Medical Coalition (CFDMC) Family Assistance Center (FAC) Response Plan addresses the recruiting and response aspects of deploying a FAC team in our region and setting up a FAC to implement the family assistance process post-incident or disaster. The response plan utilizes the Family Assistance Guidance Plan as a foundation.

TRAUMA COORDINATION

The goal of the Region 5 Trauma MCI Coordination Plan is to ensure load-balancing across healthcare facilities and systems so that the highest possible level of care can be provided to all patients who need that care before transitioning hospitals toward crisis measures. The plan is based on the concepts outlined in the ASPR Medical Operations Coordination Cells (MOCCs) initiative. The plan focuses on the delivery of healthcare services and operates as a component of the Emergency Support Function #8, Public Health and Medical Services (ESF#8) activities, bringing the medical aspect of ESF#8 into emergency operations centers (EOCs) to guide the appropriate movement of patients along the care continuum.

PEDIATRIC

The purpose of the Central Florida Disaster Medical Coalition (CFDMC) Pediatric Surge Annex is to provide a functional annex for all stakeholders involved in an emergency response within the Florida Regional Domestic Security Task Force Region 5 in order to protect children and to provide appropriate pediatric medical care during a disaster.

MASS FATALITY

The CFDMC is designated as the Region 5 lead ESF-8 agency and is responsible for facilitating a regional mass fatality plan. This plan includes information on how CFDMC and member organizations manage a mass fatality event within the region

CRISIS STANDARDS OF CARE

The purpose of the CFDMC Crisis Standard of Care (CSC) guidelines is to provide a clinical framework for emergency medical services, healthcare systems, and facilities to plan, prepare for and respond to emergencies which present in resource limited environments

APPENDICIES:

Appendix A: Infectious Disease

Appendix B: Behavioral Health

Appendix C: Alternative Care Site

Appendix D: Burn Annex

Appendix E: Family Assistance Center Response

Appendix F: Trauma Coordination

Appendix G: Pediatrics

Appendix H: Mass Fatality

Appendix I: Crisis Standards of Care

Note: The most current version of all plans may be found on the Coalition website at :

https://www.centralfladisaster.org/resources