



CENTRAL FLORIDA DISASTER MEDICAL
COALITION (CFDMC)
RESPONSE PLAN

UPDATE APPROVED BY CFDMC BOARD
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TABLE OF CONTENTS

1.0	Introduction	4
1.1	Purpose of Plan	4
1.2	Scope.....	4
1.3	Situation and assumptions	5
1.4	Administrative support	5
2.	Concept of Operations	6
2.1	Introduction	6
2.2	Role of the Coalition in Events	7
2.2.1	Member Roles and Responsibilities.....	8
2.2.2	Coalition Response Organizational Structure	8
2.3	Response Operations	8
2.3.1	Stages of Incident Response	8
2.3.1.1	Incident Recognition.....	9
2.3.1.2	Activation.....	9
2.3.1.3	Notifications	9
2.3.1.4	Mobilization	10
2.3.1.5	Incident Operations	11
2.3.1.5.1	Initial CFDMC Actions	11
2.3.1.5.2	Ongoing CFDMC Actions.....	11
2.3.1.5.3	Information Sharing.....	11
2.3.1.5.4	Resource Coordination	12
2.3.1.5.5	Patient Tracking	12
2.3.1.6	Demobilization.....	12
2.3.1.7	Recovery/ Return to Pre-Disaster State.....	12
2.4	Continuity of Operations.....	13
3.	Appendices/Annexes.....	13
3.1	Contact information	13
3.2	HVA.....	13

3.3 Coalition Position Descriptions	13
3.4 Report and Status Forms	13
3.5. Scenario Specific Annexes	13
3.5.1 Infectious Disease	13
3.5.2 Behavioral Health	14
3.5.3 Alternative Care Site	14
3.5.4 Burn Annex.....	14
3.5.5 Family Reunification/Family Assistance Center	14
3.5.6 Regional Trauma Coordination plan	14
3.5.7 Pediatric Surge	15
3.5.8 Mass Fatality.....	15
3.5.9 Crisis Standards of Care	15
3.5.10 Radiation Surge.....	15
3.5.11 Continuity of Healthcare Service Delivery Plan	15
3.5.12 Supply Chain Mitigation Strategy	16
3.6 MISSION Ready Packages	16
3.6.1 Regional Medical Assistance Team.....	16
3.6.2 Family Assistance Center response Team	19
3.6.3 Disaster Behavioral Health Response	20
3.6.4 Hospital Minimum Readiness Equipment	21
3.6.5 Region 5 MCI-ACS Response Caches	22
3.6.6 Incident Management Team (IMT)	23
3.6.7 Regional Trauma Coordination center	24
3.6.8 Regional Ebola Cache.....	25
4.0 Reference Links	26

1.0 INTRODUCTION

1.1 PURPOSE OF PLAN

The mission of the Central Florida Disaster Medical Coalition (CFDMC or the Coalition) is to develop and promote healthcare emergency preparedness and response capabilities in the Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5) including Brevard, Indian River, Lake, Orange, Osceola, Martin, St. Lucie, Seminole, and Volusia Counties. 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 response. CFDMC does this through facilitation with hospitals, emergency management, Emergency Medical Services (EMS), public health, and other key partners to work collaboratively to build, strengthen, and sustain a healthcare preparedness and response system in the region, based on the capabilities, objectives and activities in the Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP).

The purpose of this plan is to provide general guidelines for a regional response to natural and manmade events that endanger the patients, visitors, staff, and family members of medical healthcare facilities in Central Florida.

1.2 SCOPE

CFDMC is designated as the RDSTF Region 5 lead health and medical (ESF8) organization. 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. Coalition members are described in the CFDMC Preparedness plan. This plan references existing regional and local plans, including the State of Florida Comprehensive Emergency Management Plan (CEMP), the RDSTF5 Operating Guide, the Tactical Interoperable Communications Plan (TIC Plan), and the county CEMPs. This plan does not supersede the authorities or any plans of the participating entities.

CFDMC has supported healthcare organizations such as hospitals and medical examiners in the development of a Mutual Aid Agreements (MAA). Each county has signed a statewide MAA. CFDMC has an equipment management policy which outlines expected mutual aid provisions upon receipt of equipment purchased by the Coalition. The Coalition supported the medical examiners in the development of a regional MOU (Memorandum of Understanding). Florida Hospital Association (FHA) is working with coalitions across Florida to develop a coalition-level agreement.

1.3 SITUATION AND ASSUMPTIONS

The CFDMC Preparedness Plan provides background, governance and member information. The CFDMC Hazard and Vulnerabilities Assessment (HVA) is updated annually and identifies regional risks and gaps to be addressed. These can be found at: [RESOURCES | cfdmc \(centralfladisaaster.org\)](https://centralfladisaaster.org/resources/cfdmc).

The following are base assumptions for CFDMC and its members:

- A member organization or the community as a whole can be affected by an internal or external emergency situation that has impacted operations up to and including the need for a facility to evacuate.
- Impacted facilities have activated their emergency operations plan and staffing of their facility operations center.
- Local resources will be used first, and then State resources, followed by a Federal request as needed, however State and Federal resources may not be available for 72-96 hours. State, and possibly Federal, resources may be staged closer to an impact area to avoid delays.
- The increased number of area residents and staff needing medical help may burden and/or overcome the health and medical infrastructure. This increase in demand may require a regional response and/or subsequent city, county, state, and/or federal level of assistance.
- Facilities will communicate their medical needs and non-medical needs to the jurisdictional emergency operations center. In the State of Florida agencies communicate their needs through ESF8 at the county Emergency Operations Center (EOC). CFDMC personnel monitor all requests and try to identify local and regional assets to meet that need.
- Healthcare organizations will report status on situational awareness but are assumed to be able to handle the incident on their own as much as possible before asking for assistance.
- Healthcare organizations will take internal steps to increase patient capacity and implement surge plans before requesting outside assistance.
- Processes and procedures outlined in the response plan are designed to support and not supplant individual healthcare organization emergency response efforts.
- The CFDMC will promote integration with public sector response efforts.
- Except in unusual circumstances, individual private healthcare organizations retain their respective decision-making sovereignty during emergencies.

1.4 ADMINISTRATIVE SUPPORT

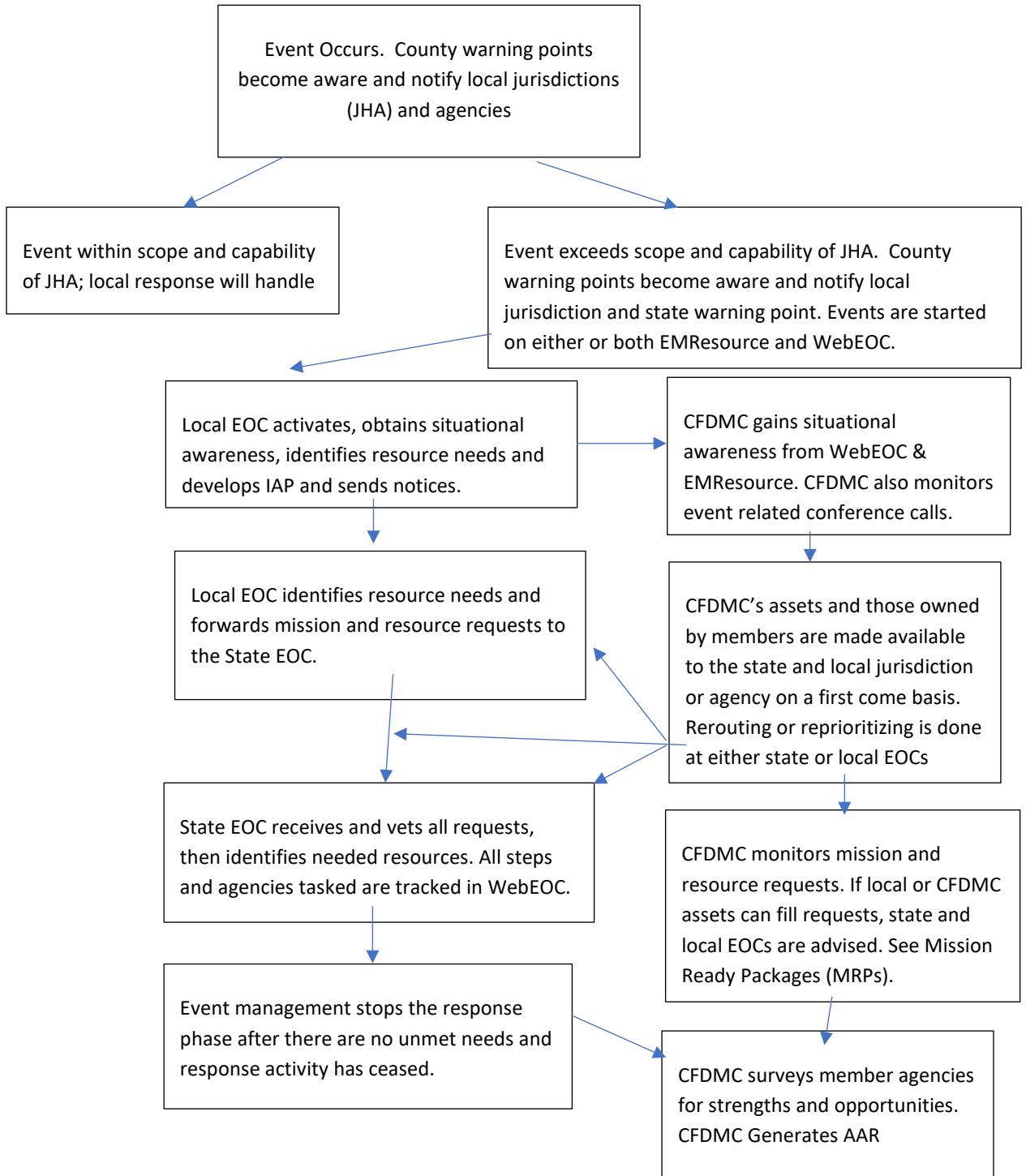
The original CFDMC response plan was provided to all members for review and input and approved by the CFDMC Board on June 18, 2019. The CFDMC facilitates an annual review of the response plan, including any gaps identified during exercises and real-world events, by April 15, and the draft update is sent to all members for a 30-day review and comment period. The CFDMC Board approves the plan updates; the Board includes at least two members from each of the core member groups – hospitals, EMS, emergency management and public health. The final update is sent out to all members and posted on the website.

Changes during this plan update include revising the plan to align to the ASPR response template, addressing elements identified in the CFDMC contract, and updates from the after action report from the 2022 hurricanes, including the need for access to ICS training (this is being addressed through adding additional ICS trainings) and improving event communications (this is being addressed through standardizing the use of EMResource across the region).

2. CONCEPT OF OPERATIONS

2.1 INTRODUCTION

The process outlined below describes the basic flow of a response to disaster and emergency situations with the steps and the activities that may need to be accomplished. Not all steps and activities will apply to all hazards.



2.2 ROLE OF THE COALITION IN EVENTS

CFDMC's primary response capabilities are supporting our member agencies in their response via situational awareness/Information sharing and resource coordination.

Information Sharing: The Coalition has redundant communication capabilities with its members, including more than 2,000 members in almost 800 organizations. During blue skies, the Coalition uses Constant Contact, social media and the website 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 and EMResource to share information with response partners. 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 other sources and share information with member organizations that is not provided via other partners, such as regional status. During a regional event, CFDMC generates regional situation reports that offer timely and 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 a mission request 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 Member agencies: The Coalition staff are available to provide support for 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.

Other support activities, such as supporting evacuation activities and shelter-in-place activities, are managed through Preparedness projects. For example, the Coalition facilitated a regional assessment for the evacuation equipment needs, with a strategy to build regional evacuation equipment caches.

Bed reporting metrics are identified in the Agency for Healthcare Administration Health Facility Reporting Status System (AHCA HFRS). Time-sensitive performance metrics are included in the mission ready packages and are being developed as part of the EMResource operational protocols, including an emphasis on linking EMResource to hospital electronic medical records for real-time bed availability data.

2.2.1 MEMBER ROLES AND RESPONSIBILITIES

Hospitals: All hospitals within the region have MCI plans and the Coalition facilitates an annual MCI medical surge exercise. All hospitals have received a minimum hospital readiness package based on hospital size, including Personal Protective Equipment (PPE) and decontamination equipment. In accepting equipment, hospitals agree to the Coalition’s coordination and resource support requirements. See Hospital Mission Ready Package for additional details.

Emergency Medical Services (EMS): EMS agencies include public and private services for medical care and transportation. EMS agencies within the region and across Florida have robust mutual aid agreements and strike teams. The Coalition coordinates with EMS agencies through EMResource which includes indicators and triggers for MCIs.

Emergency Management: City and County emergency management offices provide event management within their jurisdictions. The Coalition coordinates with EM offices through monitoring of WebEOC.

Public Health: In eight of the nine counties within the region, the county health department is the county ESF8 lead. In Orange County, the EMS Office of the Medical Director is the ESF8 lead. The Coalition coordinates with ESF8 through monitoring of WebEOC. In addition, county health departments provide staffing for special needs shelters.

Coalition members also include all CMS provider types and other stakeholders.

2.2.2 COALITION RESPONSE ORGANIZATIONAL STRUCTURE

The Coalition has only two full-time personnel, the Executive Director and the Project Manager. The Executive Director takes the lead on assessing and providing regional situational awareness, and the Project Manager takes the lead on monitoring resource requests. Each is trained in both functions and can provide back-up to the other.

2.3 RESPONSE OPERATIONS

2.3.1 STAGES OF INCIDENT RESPONSE

The stages of any event include incident recognition, activation, response operations, demobilization and recovery.

2.3.1.1 INCIDENT RECOGNITION

There are a variety of ways in which CFDMC may become aware of an event, including:

- Notification through a county alert system
- Notification through event management software (such as WebEOC, EMResource, the Florida Health Alert Network, etc.)
- Notification from a member agency
- Notification from a state or federal partner
- Notification from open sources (such as the media)

2.3.1.2 ACTIVATION

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 annexes in 3.0. The Coalition is also available to support a local jurisdiction or single county events if requested.

2.3.1.3 NOTIFICATIONS

CFDMC facilitated a workgroup of subject matter experts who defined the essential elements of information (EIs) that are needed and/or reported by CFDMC members during an event (e.g., number of patients, severity and types of illnesses or injuries, operating status, resource needs and requests, bed availability, etc.). EMResource is used to capture and share information across the region.

Below are the EIs identified by the Region 5 Communication Workgroup (note: definitions of the EIs are included in EMResource):

- Audible Alert
- Trauma Alert
- HazMat Alert
- MCI Alert
- Patient Tracking
- Decedent Tracking
- BOLO
- Two-way communication
- Event Notice
- Real Time Data
- PC or Mobile
- Use for real World and Exercise
- Patient report
- state
- ccn
- npi
- reporting_for_date

- hospital_name
- hospital_county
- street_address
- zip_code
- hospital_patient_treatment_status
- hospital_census_total
- all_hospital_beds
- hospital_inpatient_beds
- hospital_inpatient_bed_occupancy
- hospital_inpatient_beds_available
- icu_beds
- icu_bed_occupancy
- icu_beds_available
- structural_damage
- evacuation_type
- evacuation_status
- reentry_status
- power_status
- generator_fuel_status
- generator_fuel_type
- hvac_generator_status
- normal_water_supply
- dialysis_reliable_water_supply
- sewer_status
- immediate_needs

EMResource provides region-wide visibility and interoperability across a multi-jurisdictional, multi-agency support and response environment and allows users the option to link incidents in a tree format, enabling consolidated reporting. EMResource includes 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

Other redundant communications platforms include Everbridge, the CFDMC website, Constant Contact, cell phones, radio systems, email and social media (Facebook and LinkedIn).

2.3.1.4 MOBILIZATION

Coalition staff operate predominately through a virtual environment. Upon activation, the Executive Director takes the lead in gathering information and providing situation reports, and the Projects Manager takes the lead in

monitoring resource requests and coordinating those that can be filled with Coalition or member resources. Both can perform in either role as needed.

2.3.1.5 INCIDENT OPERATIONS

The Coalition members are the responders, with Coalition equipment, supplies, staff, and specialty teams available to support upon request. The coalition has purchased equipment for its member agencies and established caches of equipment. If the Coalition can identify an asset in need, it will notify the state EOC of such capacity. The Coalition has formed volunteer response teams that are available at the request of a local jurisdiction or the state, including a regional medical assistance response team, a regional trauma coordination center team, a family assistance center response team and behavioral health response. Additional details on the Coalition response teams and assets, including mission, limitations, equipment, personnel, time to deploy, and costs, are available in the Mission Ready Packages in Section 3.6.

2.3.1.5.1 INITIAL CFDMC ACTIONS

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 nine counties in the region use the same event management system as the state (WebEOC) and the Coalition has viewable rights to all events and resource requests. EMResource is also monitored for hospital status, ER saturation, and other applicable statuses.

2.3.1.5.2 ONGOING CFDMC ACTIONS

The Coalition monitors WebEOC and EMResource 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.

2.3.1.5.3 INFORMATION SHARING

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 other response partners and share information with member organizations that is not readily available, such as regional status. For example, the CFDMC generated regional situation reports during the COVID response that included regional data, links to resources, and highlights from discipline specific coordinating calls. CFDMC has recently engaged the social media platforms LinkedIn and Facebook to further its communication reach.

2.3.1.5.4 RESOURCE COORDINATION

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 first at the county level and then at the 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.

Resource management includes logging, tracking, and vetting resource requests across the region 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.

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. In March 2019, the Coalition distributed a supply chain integrity assessment to hospitals and nursing homes. The data was aggregated and used to identify gaps and mitigation strategies. In 2021, the Coalition drafted the Health Care Coalition Supply Chain Mitigation plan as an annex to our response plan. This plan is updated annually or following any large-scale event, such as COVID.

2.3.1.5.5 PATIENT TRACKING

A comprehensive patient tracking system does not currently exist within the region or state. The Agency for Healthcare Administration (AHCA) implemented the Health Facility Reporting Status (HRFS) system to capture bed availability. AHCA has also established the E-PLUS system that can identify individuals who have gone to a healthcare facility. The American Red Cross can also provide additional assistance in locating individuals.

2.3.1.6 DEMOBILIZATION

The Coalition’s equipment management policy requires that response equipment purchased by the Coalition be made available to other partners as outlined below. The policy also requires that the requesting agency ensure that the equipment is returned to the Coalition or member agency in good condition, or replace equipment as needed.

After all significant events and exercises the Coalition queries its members and produces an after-action report and then works to close any identified regional gaps.

2.3.1.7 RECOVERY/ RETURN TO PRE-DISASTER STATE

The Coalition supports local jurisdictions in the transition to recovery through sharing appropriate recovery information with its members.

2.4 CONTINUITY OF OPERATIONS

The CFDMC has a Continuity of Operations Plan (COOP) which establishes policy and guidance to ensure the execution of the mission-essential functions for the CFDMC in the event that an emergency threatens or incapacitates operations. The CFDMC COOP is an annex to the response plan. The Coalition provides members with access to free training to develop COOPs.

3. APPENDICES/ANNEXES

3.1 CONTACT INFORMATION

Contact information for Coalition personnel and a list of Coalition Members can be found at: [Central Florida Disaster Medical Coalition | ABOUT \(centralfladisaster.org\)](#)

3.2 HVA

The regional Hazards & Vulnerability Assessment (HVA) can be found at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#)

3.3 COALITION POSITION DESCRIPTIONS

Executive Director: takes the lead in assessing and providing situational awareness, including researching regional data, participating in local, regional, state and federal calls, and developing and distributing situational reports to members or convening calls with member organizations.

Project Manager: takes the lead in monitoring WebEOC mission requests from local EOCs to the state EOC and providing information on Coalition resources or other member resources to meet these requests.

3.4 REPORT AND STATUS FORMS

CFDMC utilizes ICS report and status forms as appropriate.

3.5. SCENARIO SPECIFIC ANNEXES

CFDMC has worked with subject matter expert workgroups to develop and maintain detailed response plans for scenario specific event response as described below.

3.5.1 INFECTIOUS DISEASE

High consequence infectious diseases (HCIDs) include hemorrhagic fever viruses (Ebola, Marburg, etc.) and other highly contagious diseases (such as 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 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). The Infectious

Disease Annex was developed by the Emerging Infectious Disease Collaborative workgroup. The Infectious Disease Annex and other resources can be found at: [INFECTIOUS DISEASE | cfdmc \(centralfladisaster.org\)](#).

3.5.2 BEHAVIORAL HEALTH

Disasters may have severe emotional impact on survivors, their families, and responders and cause substantial destabilization of patients with existing behavioral health issues. CFDMC has worked with hospitals and outpatient care providers, including behavioral health professionals, to identify a regional approach to assess and address the needs of the community. Behavioral health organizations are valuable CFDMC members and can provide needed support to survivors, responders, and people with pre-existing behavioral health concerns. CFDMC worked with subject matter experts to develop the Disaster Behavioral Health Plan. The plan can be found at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#)

3.5.3 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, 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. The plan can be found at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#)

3.5.4 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 hospitals and the regional burn center and engaging a broad array of regional and national stakeholders depending on the scope of the incident. The regional surge burn annex identifies the key roles of state and local responders, and those of the American Burn Association (ABA) and ASPR during a burn mass casualty incident. See the Burn Annex at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#)

3.5.5 FAMILY REUNIFICATION/FAMILY ASSISTANCE CENTER

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 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 Coalition is also working with hospitals to provide resources such as a hospital family plan template, and to exercise these plans. See the FAC Plan at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#).

3.5.6 REGIONAL TRAUMA COORDINATION PLAN

The goal of the Region 5 Trauma Coordination Center 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 was developed by the Region 5 Trauma Advisory Board Clinical Leadership and Preparedness Committees to respond to a catastrophic event that produces a large number of trauma casualties. 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 ESF8 activities, bringing the medical aspect into emergency operations centers (EOCs) to guide the appropriate movement of patients along the care continuum. See the Regional Trauma Coordination Center Plan at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#)

3.5.7 PEDIATRIC SURGE

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 Region 5 in order to protect children and to provide appropriate pediatric medical care during a disaster. The plan was developed by the Pediatric Workgroup. See the Pediatric Surge Annex at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#)

3.5.8 MASS FATALITY

The CFDMC worked with the region's medical examiners and other stakeholders to develop a regional mass fatality plan. This plan includes information on how CFDMC and member organizations manage a mass fatality event within the region. See the Mass Fatality Annex at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#)

3.5.9 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. The guidelines were developed by a multi-disciplinary subject matter expert workgroup. See these guidelines at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#)

3.5.10 RADIATION SURGE

The Radiation Surge Annex provides guidance to support a coordinated healthcare response to a radiation emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of CFDMC member facilities. The annex outlines specific incident response, treatment, and response protocol necessary to properly plan for, manage, and care for patients during a radiological emergency. The Radiation Annex was developed by a subject matter expert workgroup and included other coalitions across the state. See the Radiation Surge Annex at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#)

3.5.11 CONTINUITY OF HEALTHCARE SERVICE DELIVERY PLAN

The healthcare delivery system is defined as the network of healthcare facilities and persons who carry out the tasks of providing healthcare services to the public. This includes hospitals and health systems, public health, EMS providers, long-term care providers, behavioral and mental health providers, specialty service providers (dialysis, pediatrics, urgent care, district Medical Examiners, funeral directors, etc.), support service providers (laboratories, pharmacies, blood banks, poison control, etc.), primary care providers, community health providers, and other healthcare and response stakeholders. This plan outlines how the Coalition supports these members in ensuring continuity of healthcare service delivery in an event. See the Continuity of Healthcare Service Delivery Plan at: [RESOURCES | cfdmc \(centralfladisaster.org\)](#)

3.5.12 SUPPLY CHAIN MITIGATION STRATEGY

The Region 5 healthcare supply chain involves the flow of numerous product types from manufacturer to patient and requires the participation of various stakeholders who work in concert to achieve the goal of meeting patient care needs. The Coalition assessed supply chain gaps and worked with members to outline a strategy to mitigate these gaps. The Supply Chain Mitigation Strategy can be found at: [RESOURCES | cfdmc \(centralfladisaster.org\)](https://www.cfdmc.org/resources)

3.6 MISSION READY PACKAGES

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

3.6.1 REGIONAL MEDICAL ASSISTANCE TEAM

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. The team regularly exercises by providing medical first aid/alternate care site services during community events, such as airshows and marathons. During 2020 and 2021, the CFDMT provided an Incident Management Team (IMT) to assist state operations during the pandemic.

1.	MRP - CFDMC Regional Medical Assistance Team		
a.	Task and Purpose: Provide Medical Surge Care	b.	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.
c.	ESFs: 6, 8	d.	Limitations: -Not self-sustaining
e.	Personnel: Command staff provided by Coalition membership, 6-10 personnel, all other personnel assigned from local agencies or affiliated or unaffiliated volunteer resources.	f.	Equipment: ~6000 square feet of Air-conditioned space (5-Zumro 860s, 3-Zumro Quads, 2-Zumro 400s) 4-towed trailers (2-26' and 2-20')

	<p>Personnel needed from sources outside base Coalition Command and Control:</p> <p>3 Physicians/PA</p> <p>9 Nurses</p> <p>12 Medical Support staff (EMT, PM Med Tech)</p> <p>8 Non-Medical Support Staff (Admin, Logistics)</p>	<p>5-Diesel trucks (1-F250, 3-F350, 1-F550)</p> <p>1-75KW diesel generator</p> <p>2-12KW diesel Kubota generators</p> <p>20-Temp beds (ICU treatment beds)</p> <p>40-Westcott Medical Cots</p> <p>40-Slumber Jack folding cots</p> <p>20-NATO Litters /w litter stands</p> <p>6-NATO Litter Carriers</p> <p>2-John Deere Patient Transport Vehicles on trailers</p> <p>2-Lifepak 12s Defibrillator/Monitors</p> <p>4-Propack Monitors</p> <p>14-Patient treatment supply carts</p> <p>8-5 ton portable AC units</p> <p>5-2.5 ton portable AC units</p> <p>12-Portable suction machines</p> <p>2-On demand hot water heaters</p> <p>4-3 gang portable sink units</p> <p>-Power Distribution equipment for entire facility</p> <p>-Limited Refrigerator and freezer storage</p>
<p>g.</p>	<p>Required Support:</p> <ul style="list-style-type: none"> -Site Security -Sanitation (Porta-john & Hand Washing) -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 	<p>h.</p> <p>Works With:</p> <ul style="list-style-type: none"> -Local EMS -Local EM -Local Hospitals -Local Fire Department

	1-26' rental box truck 1-additional 65-75KW 3 phase generator																																																																																		
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.	<p>Cost Per Day: \$2,800/Day Personnel: \$2,400/Day Equipment: \$400/Day Total: Dependent on Event</p> <p>Breakdown of charges for personnel and equipment:</p> <table border="1"> <thead> <tr> <th>Position</th> <th>Each</th> <th>Rate/hr</th> <th>Total/hr</th> <th>8 hr avg</th> </tr> </thead> <tbody> <tr> <td>MD</td> <td>2</td> <td>50</td> <td>100</td> <td>800</td> </tr> <tr> <td>CMD/Med/Logs</td> <td>2</td> <td>40</td> <td>80</td> <td>640</td> </tr> <tr> <td>PA/NP/RN/PMD</td> <td>4</td> <td>30</td> <td>120</td> <td>960</td> </tr> <tr> <td>Stipend for medical professionals</td> <td></td> <td></td> <td></td> <td>2400</td> </tr> <tr> <th>Equip</th> <th>Each</th> <th>per/day</th> <th>Total</th> <td></td> </tr> <tr> <td>Zumro 400</td> <td>2</td> <td>50</td> <td>100</td> <td></td> </tr> <tr> <td>Beds</td> <td>12</td> <td>4.5</td> <td>54</td> <td></td> </tr> <tr> <td>LP-12</td> <td>2</td> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>AED</td> <td>4</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>Med Supplies</td> <td></td> <td>25</td> <td>25</td> <td></td> </tr> <tr> <td>Gator/Trnsp</td> <td>2</td> <td>50</td> <td>100</td> <td></td> </tr> <tr> <td>Prime Mover</td> <td>2</td> <td>15</td> <td>30</td> <td></td> </tr> <tr> <td>Trailers 26' & Dovetail</td> <td>2</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>Milleage/fuel</td> <td>.45/mi</td> <td>192</td> <td>86</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>400</td> <td></td> </tr> </tbody> </table>			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	
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3.6.2 FAMILY ASSISTANCE CENTER RESPONSE TEAM

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

Title: 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: Local JHA is responsible for supplies and equipment. FAC will work with logistics as needed
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: Personnel: None-Volunteers Equipment: none Total: Travel and lodging are the only anticipated costs and will depend upon the mission.

3.6.3 DISASTER BEHAVIORAL HEALTH RESPONSE

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.

Title: Region 5 Behavioral Health Response	
a.	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.
b.	Mission: A proportional behavioral health response, addressing the unique behavioral health needs of children, implemented according to the impact of emergencies on the community
c.	ESFs: ESF8 ESF16
d.	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.
e.	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.
f.	Equipment: None needed.
g.	Required Support: Coalition supported 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: None
k.	Cost Per Day: Personnel: None - Volunteers Equipment: none Total: Travel and lodging are the only anticipated costs and will depend upon the mission.

3.6.4 HOSPITAL MINIMUM READINESS EQUIPMENT

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.

	<p>Title: Region 5 Hospital Minimum Readiness Equipment (NOTE: minimum standards have been identified for PPE, decon and mass fatality at each hospital We are currently developing minimum standards for evacuation equipment and will build evacuation caches across the region.)</p>	
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: 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:
k.	<p>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 \$110,000 package cost (Coalition funds equipment; see CFDMC Equipment Policy) Total: Any equipment not returned in working order, replacement/rehab costs.</p>	

3.6.5 REGION 5 MCI-ACS RESPONSE CACHES

The Coalition has purchased, and distributed mass casualty incident (MCI) and alternative care site (ACS) caches which 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 Caches	
a.	<p>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.</p>
b.	<p>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.</p>
c.	<p>ESFs: ESF8 ESF4</p>
d.	<p>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.</p>
e.	<p>Personnel/Positions: Emergency response and hospital personnel Equipment only</p>
f.	<p>Equipment: Equipment is documented in Royal 4. 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.</p>
g.	<p>Required Support: Caches have been built out over time using multiple funding streams. Response / hospital agencies are designated to maintain caches.</p>
h.	<p>Works With: Emergency Management EMS Agencies Hospitals</p>
i.	<p>N-Hour Sequence: 6-8 hours</p>
j.	<p>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.</p>
k.	<p>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. Any equipment not returned in working order, replacement/rehab costs.</p>

3.6.6 INCIDENT MANAGEMENT TEAM (IMT)

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.	<p>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.</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <ul style="list-style-type: none"> • 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 <p>Equipment: N/A Total: Based on deployment</p>

3.6.7 REGIONAL TRAUMA COORDINATION CENTER

Region 5 Regional Trauma Coordination Center			
a.	Task and Purpose: Ensure proper load balance and appropriate transport destinations during large scale, high victim/patient volume type events.	b.	Mission: Region 5 Trauma Coordination Center, with multiple members trained in all positions, ready to deploy upon activation.
c.	ESFs: 8	d.	Limitations: Ability to train and exercise on a regular basis.
e.	Personnel: See attached list (scalable dependent upon event needs)	f.	Equipment: access to computers and the internet
g.	Required Support: any needed supplies are the responsibility of the requesting agency	h.	Works With: State and local ESFs
i.	N-Hour Sequence: 4-hours	j.	Special Instructions:
k.	Cost Per Day: none Personnel: Volunteers Based on event except for travel reimbursement.	Equipment: N/A	Total: None

3.6.8 REGIONAL EBOLA CACHE

As part of the region’s strategy to effectively respond to an HCID (high consequence infectious disease), the Coalition worked with the region’s hospitals to standardize PPE for Ebola Virus Disease, including purchasing equipment and establishing donning/doffing protocols.

Title: Region 5 Ebola Cache			
a.	<p>Task and Purpose: Coalition worked with the region’s hospitals to standardize PPE for Ebola Virus Disease, including purchasing equipment and establishing donning/doffing protocols.</p>	b.	<p>Mission: Coalition purchased and distributed to hospitals sufficient coveralls/suits to cover a three-person team, for four hours shifts, for up to five days). Each hospital also received three (3) Sentinel XL HP Bioshield Full Hood System in Duffle (to cover a three person team for one four hour shift). Coalition created a cache with 72 hoods on a trailer (to cover a three person team, for four hours shifts, for up to five days, deployable to any hospital within the region within four hours. The regional cache is currently housed at the Orlando Health warehouse.</p>
c.	<p>ESFs: ESF8 ESF4</p>	d.	<p>Limitations: none.</p>
e.	<p>Personnel/Positions: Emergency response and hospital personnel Equipment only</p>	f.	<p>Equipment: Equipment is documented in Royal 4. 72 Sentinel XL HP Bioshield Full Hood System</p>
g.	<p>Required Support: none</p>	h.	<p>Works With: Emergency Management EMS Agencies Hospitals</p>
i.	<p>N-Hour Sequence: 4-8 hours</p>	j.	<p>Special Instructions: See CFDMC Equipment Protocol, Policies and Procedures. Requestor will be responsible for resupplying cache. The cache is available upon request to State ESF8 for deployment outside the region.</p>
k.	<p>Cost Per Day: none Personnel: N/A Equipment: Full Hood System PPE (Coalition funds equipment; see CFDMC Equipment Policy) Total: Reimbursement for any equipment not returned in working order.</p>		

4.0 REFERENCE LINKS

Coalition website:

www.centralfladisaster.org

Coalition Preparedness Plan:

<https://www.centralfladisaster.org/resources>

Response Plan Annexes:

<https://www.centralfladisaster.org/resources>