



Regional Alternate Care Site Logistics Plan

Approved by CFDMC Board

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Executive Summary

Over the past 10 to 15 years, the U.S. has experienced disasters such as Hurricane Katrina, Hurricane Sandy, the H1N1 pandemic, the Pulse Nightclub incident, the COVID-19 pandemic, and other large-scale emergencies. It has become clear that medical surge is a major issue that must be addressed during such emergencies.

The Pulse Nightclub incident in Orlando was one of the largest mass shooting incidents on U.S. soil and one of the deadliest attacks since 9/11, killing 49 people and injuring 53 others. Forty-four victims were taken to the nearby trauma center and 15 individuals with non-critical injuries were taken to other nearby hospitals.

During Hurricane Matthew, the Coalition's Regional Medical Assistance Team deployed an Alternate Care Site (ACS) to Halifax Health in Daytona Beach, to decompress their emergency department as they dealt with the medical surge they were experiencing due to the closure of neighboring hospitals in their catchment area.

Additionally, a 3- bed ACS has been established by the Coalition for the last several years to support the Orlando Fire Department in their response to the Electric Daisy Carnival. This ACS has acted as a shock absorber, reducing the number of transports to the local Emergency Departments and protecting the community EMS system through dramatic call reduction.

The Central Florida Disaster Medical Coalition has been designated as the RDSTF Region 5 ESF-8 committee. 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.

I. Introduction

Local healthcare systems across Florida are extremely busy on a daily basis. In a disaster situation the health care system in a community can become overwhelmed with a large number of critical and non-critical patients. One of the steps local communities must take to prepare for the medical response to a disaster or catastrophic mass casualty event is the development of an Alternate Care Site (ACS) plan. ACSs are established to manage less-critical patients. This allows hospitals to focus on the treatment of critical patients.

The Central Florida Disaster Medical Coalition has established a number of caches of medical equipment/supplies across Region 5. These supplies are located at fixed sites as well as mobile units in trailers for Mass Casualty Incidents (MCI) and ACS operations.

II. Purpose

The purpose of the Central Florida Disaster Medical Coalition Alternate Care Site (ACS) Regional Logistics Plan is to outline processes and responsibilities for maintenance, requests for, deployment of, and rehabilitation of ACS equipment caches in Region 5.

III. Regional ACS Equipment Caches

A. Responsibilities

Central Florida Disaster Medical Coalition

The Central Florida Disaster Medical Coalition is responsible for the overall coordination of ACS equipment caches in Region 5. CFDMC responsibilities include:

- Regional planning
- Training
- Exercises
- Gap based project funding process to enable Coalition members to build preparedness and response capabilities.
- Review of this plan annually with all CFDMC member organizations and stakeholders.
- Facilitating ACS equipment cache inventories and reporting status to all CFDMC member organizations and stakeholders.

ACS Equipment Cache Custodial Agencies

Custodial agencies are responsible for readiness of ACS equipment in their possession. This includes maintenance, deployment, and rehabilitation of inventory following an activation, including trailers. ACS equipment caches must be deployed within four hours of an activation order. Some agencies can deploy equipment in minutes during no-notice incidents. If the organization managing the cache cannot transport it to the requesting agency, the requesting agency will enter a separate mission for transportation of the asset. Agencies agree to provide resources and/or support to other CFDMC partners during large scale planned events or disasters. Custodial agencies responsibilities include:

- Ensure ACS equipment caches are maintained in a constant state of readiness.
- Ensure the agency has policies and staffing available to deploy ACS equipment caches within four hours of activation. Most equipment, especially the MCI caches, can be deployed in much shorter time frames. Four hours is a reasonable worst case scenario of deployment time for planning purposes.
- Rehabilitate necessary equipment and/or supplies after deployment of regional ACS equipment.
- Incorporate regional ACS equipment plans into agency policies, plans, and procedures.
- Participate in ACS planning, training, and exercises.
- Maintain active membership with the CFDMC.

Agencies with regional ACS equipment purchased with grants including: UASI; SHSGP; ASPR; MMRS; Health Care Coalition funding, etc., will execute a Memorandum of Understanding (MOU) with the CFDMC.

B. Memorandum of Understanding

Pre-planning is the key to a successful activation and operation of an ACS. As part of the planning process, Memorandums of Understanding (MOU) and other agreements should be in place before the need for an ACS arises. Many of the ACS/MCI caches have been in place for years without an MOU. The CFDMC expects that agencies that manage equipment purchased through grant funding abide by the CFDMC Equipment Management Policy (see Appendix A).



A regional alternate care site response capability is a Coalition priority. CFDMC provides needed medical surge equipment to support regional capabilities through grant funding. We expect funding to continue to be available to support this equipment over the next few years.

Custodial agencies are responsible to ensure ACS equipment caches are maintained in a constant state of readiness. Day to day funding for equipment, supplies, and staff will be from the custodial agency's normal budget.

IV. Concept of Operations

A. Plan Activation

Regional ACS equipment can be activated following an incident or put on standby for a potential incident or special event. Activation of the plan is typically by Incident Commanders in the field or from activated Emergency Operations Centers. The authority to request resources is contained in agency policies, plans and procedures and outside the scope of this plan.

Triggers for partial or full activation of this plan include:

- The incident is of such magnitude that it is a foregone conclusion that medical surge will be a significant problem for hospitals, and that alternate care sites will need to be established.
- The incident involves contaminated patients that not only need to be assessed and treated, but also decontaminated prior to being admitted to a hospital.
- The closest hospital, or even closest *several* hospitals, are being surged beyond their capacity, and internal surge plans implementation will not take care of the problem.

- An incident is of such magnitude that the establishment of an ACS on-site or near the incident is preferable to transporting large numbers of Green-tagged patients.
- The incident is a pandemic or other situation that is impacting multiple communities, negating significant help from other jurisdictions.
- The incident is a mass casualty incident that meets predetermined Mass Casualty Incident (MCI) Plan criteria for ACS implementation.
- Normal facilities are no longer operational due to the incident (such as a hurricane strike that closes multiple hospital facilities), necessitating alternate locations for treatment.

Authority to activate this plan:

- Hospital Managers or Administrators may request this plan be activated when they identify an event or a situation which overburdens or exceeds the capacity of their facility to operate efficiently and effectively.
- Fire Rescue or Emergency Medical Service agencies may request this plan be activated when they identify an event or a situation which overburdens or exceeds the capacity of their agency to operate efficiently and effectively.
- Public Health Officials may activate this plan when the presence of chemical, biological, radiological, or other agents are detected or when there is evidence of emerging infectious diseases or biological agents.
- County Emergency Management Directors may request this plan be activated when they identify an event or a situation which overburdens or exceeds the capacity in their jurisdiction to operate efficiently and effectively.



The Coalition has encouraged county ESF8 to add the regional ACS logistics plan and how to activate it in county level plans.

B. Requesting ACS Cache / Notifications

Partial or full activation of this plan will follow the process outlined below:

- The requesting agency will submit a request to the local ESF-8.
- If the local ESF-8 cannot fulfill the request, the local ESF-8 will submit a mission request to the State ESF-8, noting that the Coalition may have equipment available to meet this need.
- The Coalition Watch Officer monitors local requests to the State ESF-8 during activations and if the request is one that the Coalition can fulfil, the Coalition Watch Officer secures approval from the Coalition Executive Committee to accept and fulfil the request. Upon approval by the Executive Committee, the Coalition Watch Officer will notify the state that the Coalition can accept and fulfill the mission.
- The Coalition Watch Officer will follow-up with the local ESF-8 and the requesting agency.

In a no-notice event, member agencies may coordinate resource requests directly with the Coalition, but must enter a mission request into the SERT WebEOC as soon as possible following the request. Requests to the Coalition may be made to the Coalition Watch Officer, Matt Meyers at 407/908-0142 or projects@centralfladisaster.org, or Lynne Drawdy at 407/928-1288 or info@centralfladisaster.org.

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 that multiple requests come in for the same item, the first request would be filled, and the other 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.

This plan does not supersede or modify notification requirements outlined in other policies, plans or procedures.

C. Deployment of Regional ACS Equipment Caches

Custodial agencies are responsible to ensure ACS equipment caches are maintained in a constant state of readiness. This includes on-duty staff who are available to deploy ACS equipment caches 24 hours per day within four hours of activation

Agencies requesting regional ACS equipment are responsible for providing key information to the CFDMC and custodial agencies:

- Nature of the incident including any potential hazards/safety concerns.
- Type and kind of resources requested.
- Anticipated length of time resources will be needed at the incident scene.
- Location for ACS equipment to be delivered.
- Point of contact and telephone number for incident staff who can answer any questions by the custodial agency.

Once activated, custodial agencies will transport ACS equipment to the location designated by the requesting agency. If the organization managing the cache cannot transport it to the requesting agency, the requesting agency will enter a separate mission for transportation of the asset. Custodial agencies should determine from the requesting agency if staff assistance at the incident will be requested.

D. Rehabilitation of Regional ACS Equipment Caches



Following the activation or deployment of regional ACS equipment, custodial agencies are responsible for obtaining the necessary equipment and supplies to return inventory to pre-defined levels. Requesting agencies are responsible for replacing all regional ACS equipment and supplies expended during the incident. Requesting

agencies are responsible for repairing any damage to trailers or regional ACS equipment.

When regional ACS equipment has been returned to the custodial agency, a complete inventory of ACS equipment will be conducted within 24 hours and provided to the CFDMC.

V. Regional ACS Logistics Plan Maintenance

The Central Florida Regional Disaster Coalition is responsible for the maintenance of this plan. Many potential factors could require an update of the plan, including:

- changes in ACS equipment caches
- change in primary custodial agencies
- changes in agency contact information
- lessons learned from exercises or activation of this plan

The plan will be reviewed annually and revised as necessary. Revisions of this plan fall into two categories:

1. Time sensitive revisions that are distributed to all plan holders.
2. Non-time sensitive revisions that are distributed on an annual basis.

Any partial or full activation of this plan will require a review of the plan within 30 days following activation and revision of the plan as necessary based on lessons learned.

VI. Authorities & References

A. Federal

Federal emergency management authorities and references include:

- Public Law 93-288, as amended, 42 U.S.C. 5121, et seq., the Robert T. Stafford Disaster Relief Act and Emergency Assistance Act, provides authority for response and recovery assistance under the Federal Response Plan. This legislation empowers the President to direct any federal agency to utilize its authorities and resources in support of state and local assistance efforts.
- Public Law 81-920, The “Federal Civil Defense Act of 1950;” and
- Executive Order 11795, dated July 11, 1974, as amended by Executive Order 11910, dated April 13, 1976.
- National Incident Management System
- National Response Framework

B. State of Florida

- State of Florida Comprehensive Emergency Management Plan

- State of Florida Unified Logistics Plan

The State of Florida emergency management laws are established in Chapter 252, F.S., Emergency Management Act. Other State authorities and references include:

Florida Statutes

- Chapter 23, F.S., Florida Mutual Aid Act
- Chapter 154, F.S., Public Health Facilities
- Chapter 245, F.S., Disposition of Dead Bodies
- Chapter 381, F.S., Public Health
- Chapter 395, F.S., Hospital Licensing and Regulation
- Chapter 401, F.S., Medical Telecommunications and Transportation
- Chapter 870, F.S., Riots, Affrays, Routs, and Unlawful Assemblies
- Chapter 943, F.S., Domestic Security

C. County

- Brevard County Comprehensive Emergency Management Plan
- Indian River County Comprehensive Emergency Management Plan
- Lake County Comprehensive Emergency Management Plan
- Martin County Comprehensive Emergency Management Plan
- Orange County Comprehensive Emergency Management Plan
- Osceola County Comprehensive Emergency Management Plan
- Seminole County Comprehensive Emergency Management Plan
- St. Lucie County Comprehensive Emergency Management Plan
- Volusia County Comprehensive Emergency Management Plan

D. Other

- RDSTF 5 Medical Surge Plan
- CFDMC Resource Coordination Plan, December 2015
- Florida Department of Health Alternate Care Site Local Plan Development Guide
- Florida Department of Health Alternate Care Site Operations Guide

Appendix A: CFDMC Equipment Management Policy

This policy outlines how the Coalition and its members document and manage equipment. This includes equipment purchased by the Coalition for healthcare partners, and equipment owned by the Coalition.

Definitions: The Coalition has designated three types of equipment:

- Expendable (items costing less than \$50). These items are not tracked by the coalition but are monitored through the Board review of the monthly's Treasurer's report and through the line item expenditure documentation submitted to the state as a contract deliverable.
- Durable (items costing more than \$100). These items are documented in state inventory management system (IRMS).
- Non-Expendable (items costing more than \$1,000). These items are documented in IRMS.

Equipment Purchased by Coalition for Healthcare Partners:

Equipment purchased by the Coalition under the ASPR grant for healthcare partners must be specified in a project approved by the Coalition Board in an annual work plan and approved by the Florida Department of Health (FDOH) contract manager and program lead as part of the Coalition's annual budget. For example, the Coalition has a hospital equipment project overseen by a hospital equipment committee which includes identification of minimum readiness equipment by hospital size, funding designated to ensure that hospitals within the region maintain minimum readiness standards, and a process for vetting special equipment projects submitted by hospitals should funds be available.

Any durable and non-expendable equipment purchased from the ASPR grant by the Coalition, beginning July 1, 2017, will be documented and tracked using IRMS. Once the equipment is purchased and delivered, it becomes the property of the healthcare partner to whom it is distributed. The healthcare partner must maintain the equipment in response readiness for a minimum of six years from the date of purchase or the expiration date of the equipment, whichever is earliest. If equipment is used or broken, the hospital must replace the equipment to maintain readiness capabilities. Any change in equipment status within these time periods must be reported to the Coalition, who is responsible for updating IRMS. This applies to equipment purchased with state grant funds prior to the creation of the Coalition. At the end of these time periods, the healthcare partner may dispose of any equipment that is no longer needed. The healthcare partner must notify the Coalition so IRMS can be updated and will offer to return the equipment to the Coalition at no cost. If the Coalition does not accept the return of the equipment, the healthcare partner may dispose of the equipment using its internal protocols.

It is the expectation of the Coalition that response equipment purchased by the Coalition will be made available to other partners as outlined in the Coalition Resource Coordination Plan (see attached). It is the expectation of the Coalition that response equipment purchased by the Coalition will be utilized in periodic training, including internal training by the healthcare partner and external training with the Coalition.

By accepting equipment from the Coalition, hospitals agree to abide by the equipment management policy.

Equipment Owned by the Coalition:

Response equipment purchased by the Coalition from the ASPR grant, effective July 1, 2017, must be specified in a project approved by the Coalition Board in an annual work plan and approved by the FDOH contract manager and program lead as part of the Coalition's annual budget. For example, equipment purchased for the regional medical assistance team. All response equipment owned by the Coalition will be documented and tracked using IRMS. The Coalition conducts an annual inventory of this equipment to ensure that the equipment is maintained in response readiness for a minimum of six years from the date of purchase or the expiration date of the equipment, whichever is earlier. At the end of these time periods, the Coalition may dispose of any equipment that is no longer useable and will update IRMS. During a response, the Coalition will respond to requests for equipment as outlined in the Coalition Resource Coordination Plan (see attached).

In blue skies, healthcare partners requesting temporary use of non-expendable equipment owned by the Coalition must submit a request to the coalition and must ensure that the equipment is returned to the Coalition in good condition or replace equipment that is not returned in good condition.

Administrative equipment purchased by the Coalition will be documented on an administrative equipment inventory log and the Coalition will conduct an annual inventory of this equipment.

Attachment A: Brevard County Resource Inventory

Brevard County ACS Equipment Custodial Agencies:

Agency	Equipment Description	Location	Primary Contact	Normal Hours Phone Number	After Hours Phone Number
Brevard County Fire Rescue	MCI Trailer (100 Patients)	Brevard Fire Rescue HQ 1040 Florida Ave # 203A, Rockledge, FL 32955	Chief Orlando Dominguez	321-633-2056	Brevard County Dispatch 321-264-5100
Canaveral Fire Rescue	MCI Trailer (100 Patients)	Station 53 8970 Columbia Rd, Cape Canaveral, FL 32920	Chief Christopher Quinn	321-783-4424	Brevard County Dispatch 321-264-5100
Canaveral Fire Rescue	ACS Trailer (100 Patients)	Canaveral Fire Rescue 8970 Columbia Rd Cape Canaveral	Chief Christopher Quinn	321-783-4424	Brevard County Dispatch 321-264-5100

Attachment B: Indian River County Resource Inventory

Indian River County ACS Equipment Custodial Agencies:

Agency	Equipment Description	Location	Primary Contact	Normal Hours Phone Number	After Hours Phone Number
Will be supported by the Martin County MCI cache					

Attachment C: Lake County Resource Inventory

Lake County ACS Equipment Custodial Agencies:

Agency	Equipment Description	Location	Primary Contact	Normal Hours Phone Number	After Hours Phone Number
Lake County EMS	ACS Trailer (100 Patients)	Lake EMS Support Services 2345 S. 14th St Leesburg, FL 34748	John Simpson	352-326-0535	352-516-1536 cell
Lake County Fire Rescue	MCI Trailer (100 Patients)	Lake County Fire Station 76 8819 County Road 48 Yalaha, FL 34797	Jeff Lord	(352) 324-0161	352-343-9458

Attachment D: Martin County Resource Inventory

Martin County ACS Equipment Custodial Agencies:

Agency	Equipment Description	Location	Primary Contact	Normal Hours Phone Number	After Hours Phone Number
MCI cache will be delivered by 6/30/20					

Attachment E: Orange County Resource Inventory

Orange County ACS Equipment Custodial Agencies:

Agency	Equipment Description	Location	Primary Contact	Normal Hours Phone Number	After Hours/Cell Phone Number
AdventHealth Orlando	ACS Trailer (100 patients)	601 E Rollins St, Orlando, FL 3280	Paula Bass	407-398-2845	407-398-2845
Orange County Office of EMS Medical Director	ACS Trailer(s) (500 patients)**	2002-A East Michigan Street Orlando, Florida 32806	Dan Niederman (Todd Stalbaum)	407-836-6515	407-408-5005
Orange County Fire Rescue	MCI Trailer (250 Patients)	Orange County Fire Rescue 6590 Amory Ct, Winter Park, FL 32792	Dave Hollenbach	407-254-9024	407-254-9024
Orlando Health	ACS Trailer (100 patients)	52 W Underwood St, Orlando, FL 32806	Eric Alberts	407-304-6283	407-304-6283

** Orange County Office of the EMS Medical Director has a very large inventory of medical resources that can be packaged and deployed as a the Region 5 standard ACS cache or as single resources. Contact Dan Niederman for further details.

Attachment F: Osceola County Resource Inventory

Osceola County ACS Equipment Custodial Agencies:

Agency	Equipment Description	Location	Primary Contact	Normal Hours Phone Number	After Hours Phone Number
Osceola County EM	ACS Trailer (100 Patients)	2586 Partin Settlement Road Kissimmee, FL 34744	EM Director Stephen Watts	407-742-9000	407-742-9000
Osceola County Fire Rescue	MCI Trailer (100 Patients)	Station 43 1664 Broad St, Kissimmee, FL 34746	Chief Michael Capranica	407-742-6997	407-738-7059 cell
AdventHealth Celebration	ACS Trailer (100 Patients)	400 Celebration Pl, Kissimmee, FL 34747	Paula Bass	407-398-2845	407-398-2845

Attachment G: Seminole County Resource Inventory

Seminole County ACS Equipment Custodial Agencies:

Agency	Equipment Description	Location	Primary Contact	Normal Hours Phone Number	After Hours/Cell Phone Number
AdventHealth Altamonte	ACS Trailer (100 Patients)	601 E Altamonte Dr, Altamonte Springs, FL 32701	Paula Bass	407-398-2845	407-398-2845
Seminole County EM	ACS Trailer (100 Patients)	Seminole County EOC 150 Eslinger Way Sanford, FL 32773	Stephen Learner	407-665-5121	407-665-0000
Seminole County Fire Rescue	MCI Trailer (100 Patients)	Seminole County Fire Training Center 201 Valentine Way Longwood, FL 32750	Theresa Krebs	407-665-5009	407-988-9851 cell

Attachment H: St. Lucie County Resource Inventory

St. Lucie County ACS Equipment Custodial Agencies:

Agency	Equipment Description	Location	Primary Contact	Normal Hours Phone Number	After Hours Phone Number
Will be supported by the Martin MCI cache					

Attachment I: Volusia County Resource Inventory

Volusia County ACS Equipment Custodial Agencies:

Agency	Equipment Description	Location	Primary Contact	Normal Hours Phone Number	After Hours Phone Number
AdventHealth Deland	ACS Trailer (100 Patients)	701 W Plymouth Ave, DeLand, FL 32720	Steve Viola	386-943-4810	386-943-4810
Halifax Health	ACS Trailer (100 Patients) <i>(Not Deployable)</i>	303 N Clyde Morris Blvd, Daytona Beach, FL 32114	Ashley Fisher	386-425-4292	407-454-0730
Volusia County Fire Rescue	2 small MCI trailers (50 Patients)	One on each side of the county	Karl Froling	386-736-5110	386-736-5110