



Coalition Meeting Agenda

Thursday, December 13, 2018 - 9 am to Noon

Bill Posey Conference Center, 2555 Judge Fran Jamieson Way, Viera, Florida 32940

or via webinar/conference call at:

<https://global.gotomeeting.com/meeting/join/684815309>

Use your microphone and speakers (VoIP) - a headset is recommended. Or call in using your telephone.

United States: +1 (626) 521-0015, Access Code/Meeting ID: 684-815-309

All lines are muted – press *6 to unmute and mute

NOTE: This meeting will be recorded

Time	Topic
9:00 – 9:10 am	Welcome & Introductions – Dr. Karen van Caulil, CFDMC Board Chair If on webinar/conference call, please confirm your attendance by emailing: info@centralfladisaster.org
9:10 – 11:30 am	Hurricane Michael Response – Lessons Learned Guests: <ul style="list-style-type: none">• Ann Hill, Emerald Coast Coalition: Health Care Coalition Response (40 minutes)• Samantha Cooksey, DOH Bureau of Preparedness and Response: State ESF8 Operations (20 minutes) Break (15 Minutes) Region 5 Responders: <ul style="list-style-type: none">• David Crowe, Region 5 Emergency Response Advisor: Healthcare System Response (20 minutes)• Jason Klein, Nemours: Use of Telemedicine (10 minutes)• Patricia Boswell, DOH-Volusia Administrator: ESF8 (10 minutes)• Maria Stahl, DOH-Brevard Administrator: ESF8 (10 minutes)• Donna Walsh, DOH—Seminole Administrator: ES8 (10 minutes) Recognition of Region 5 Responders
11:30 – 11:40 am	October 1 Emergency Department Lockdown Eric Alberts, Orlando Health Emergency Preparedness Manager
11:40 – 11:50 am	Florida Week at Center for Domestic Preparedness Tom Tidwell, Resident Training, East Region Training Coordinator, Center for Domestic Preparedness, Federal Emergency Management Agency (FEMA)
11:50 am - Noon	Wrap-up – Dr. van Caulil <ul style="list-style-type: none">• Call for 2018 Coalition Leader and Coalition Member Award Nominations• Other Announcements• 2019 Meeting Schedule (posted on website - next meeting March 21)• Meeting Evaluation (e-survey following meeting)



December 13, 2018 Coalition Meeting Minutes

Welcome & Introductions: Dr. Karen van Caulil, 2018 CFDMC Board Chair, welcomed those present and asked those in the room to introduce themselves. She reminded webinar participants to confirm participation by emailing info@centralfladisaster.org. Due to technical difficulties, the meeting was not recorded.

Hurricane Michael Response – Lessons Learned: Dr. van Caulil advised that the Emerald Coast Coalition representative was ill and unable to report. We will seek and share that information with members. Samantha Cooksey, DOH Bureau of Preparedness and Response provided lessons learned from State ESF8 Operations (see attached presentation). David Crowe, Region 5 Emergency Response Advisor, provided lessons learned from the healthcare system response (see attached presentation). Jason Klein from Nemours provided an overview of the use of telemedicine in response (see attached presentation). Patricia Boswell, DOH-Volusia Administrator, and Maria Stahl, DOH-Brevard Administrator, shared the lessons learned from their experience responding at the EOCs and county health departments in impacted areas. Dr. van Caulil advised that all of the lessons learned from Region 5 responders have been captured and will be themed and shared with the state and coalition members. Dr. van Caulil thanked the many individuals from Region 5 who responded to this event, and asked that they stand to be recognized.

October 1 Emergency Department Lockdown - Eric Alberts, Orlando Health Emergency Preparedness Manager: Eric Alberts provided a brief overview of a code silver event on October 1 at the Level I trauma center, which caused the emergency department to be locked down. He stated that as this is an ongoing criminal investigation, he is unable to share additional details. Lessons learned included diverting trauma patients to Arnold Palmer Children's Hospital, the traffic congestion caused by this type of event, and the need to quickly relocate patients. Use of radios by law enforcement within the hospital was an issue. Staff also needed behavioral health services and they have created a critical incident stress management (CISM) team.

Florida Week at Center for Domestic Preparedness - Melanie Black: Melanie provided an overview of the courses that will be provided during this week (see attached presentation). All costs are covered by the Center (including transportation, lodging, meals and training). Melanie provided handouts on the courses and recommended early registration as these courses fill up quickly. Those who have attended this event in the past highly recommend this training.

Wrap-up – Dr. van Caulil: Dr. van Caulil asked if there were any other announcements. Lynne Drawdy stated that the Coalition will partner with Region 5 emergency management to offer the 2019 Great Tornado Drill on January 16. A flyer will be sent out to members with registration information. Dr. van Caulil stated that the 2019 meeting schedule has been posted to the website, and the next meeting will be March 21. She apologized to webinar participants for the technical difficulties and discussed plans to correct these prior to the next meeting. She asked all participants to provide feedback via the electronic survey that will be sent out following the meeting. Dr. van Caulil thanked all for participating, and wished all a Safe and Happy Holiday season.



Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

Thursday, December 13, 2018

Note: Meeting is being recorded



Dr. Karen van Caulil, 2018 CFDMC Chair

Introductions

For Those on Webinar, Please Confirm Attendance
by Emailing: info@centralfladisaster.org

Hurricane Michael Response

Lessons Learned

- ▶ Ann Hill, Emerald Coast Health Care Coalition
- ▶ Samantha Cooksey, State ESF8 Operations
- ▶ David Crowe, R5 Emergency Response Advisor
- ▶ Jason Klein, Nemours
- ▶ Patricia Boswell, DOH–Volusia Administrator
- ▶ Maria Stahl, DOH–Brevard Administrator
- ▶ Donna Walsh, DOH–Seminole Administrator
- ▶ Recognition of all Region 5 Responders



October 1 ED Shut-Down, Eric Alberts, Orlando Health



Tom Tidwell

Florida week 2019
center for domestic preparedness,
Anniston, al
March 31–April 6, 2019

PUBLIC HEALTH EMERGENCY
RESPONSE SPECIFIC TRAINING AND EXERCISE
Exclusively FOR DOH, HCC AND EM PARTNERS

Center for
Domestic
Preparedness



FEMA



Dr. van Caulil:

- ▶ **Call for 2018 Coalition Leader and Coalition Member Award Nominations**
- ▶ **Other Announcements**
- ▶ **2019 Meeting Schedule on Website (Next Meeting March 21 in Viera)**
- ▶ **Meeting Evaluation (e-survey following meeting)**

STATE ESF8 RESPONSE HURRICANE MICHAEL

OPPORTUNITIES AND LESSONS LEARNED

SAMANTHA COOKSEY | STATE ESF8 PLANNING & OPERATIONS SECTION MANAGER
FLORIDA DEPARTMENT OF HEALTH | BUREAU OF PREPAREDNESS & RESPONSE



PRESENTATION OBJECTIVES

- Review the health care system impact of Hurricane Michael
- Highlight the state response activities and deployed capabilities
- Discuss opportunities and successes of the health and medical response

HEALTHCARE SYSTEM IMPACT

- Michael directly impacted all acute care hospitals within the area including the only trauma center within 100 miles.
- 77% of in-patient acute care hospital beds were taken offline in the most impacted counties
- 74 health care facilities evacuated
- 57 health care facilities were damaged
- 110 health care facilities lost power
- One month after the storm 26 health care facilities comprising of 2,065 patient beds remained out of service as a result of the storm

STATE ESF8 RESPONSE ACTIVITIES

- Provided EMS transports for 6,280 patients for healthcare facility evacuations and interfacility transfers.
- Supported 16 special needs shelters which at peak census provided care to 420 special needs clients.
- Conducted 797 medical well checks using a community paramedic model based on life safety reports of citizens with medical needs.
- Supported 504 missions for resource support from impacted areas.
- Augmented 6 hospital emergency departments with medical personnel.
- Conducted 260 post-impact health care facility assessments.
- Mobilized 331 DOH employees for field deployments.
- Activated 152 DOH employees for state-level response activities in support of the State Emergency Operations Center.

RESOURCES MOBILIZED

- (457) ambulances, (5) ambulance buses, (125) Paratransit Vehicles, 2 Aero-medical Helicopters for patient movement operations.
- (1) International Medical Corps (IMC) ED Decompression Team, (1) IMC Hospital Augmentation Team, (1) IMC Medical Task Force for hospital augmentation and field clinics.
- (3) Disaster Medical Assistance Teams (DMAT) and (3) DMAT Strike Teams for hospital augmentation and field clinics.
- (6) Mobile Pharmacies for temporary pharmacy services.
- (7) IMC Nurse Strike Teams, (73) DOH nurses (1,252) cots, (1,760) bottles of oxygen, and (712) oxygen supply kits for special needs shelters.
- (1) Florida Emergency Mortuary Operations Team for fatality management.
- (1) IMC Nurse Strike Team for vaccination clinics, (8) Environmental Health Teams for public health activities.

OPPORTUNITIES

- Increase emphasis on **healthcare system recovery**, especially in rural areas.
 - Access to care vs obligations of private businesses
 - Provision of long-term temporary facilities
 - Unexpected impacts to private ambulance companies and limited ability to surge for inter-facility transfers
 - Impacts to healthcare workforce
- Increase focus and coordination **discharge planning**.
 - Remove artificial barriers and better coordinate processes used for general population shelters, special needs shelters and healthcare to better leverage expertise and resources
 - Develop more written resources for hospital social workers regarding patient discharge during disasters
 - Long-range planning beyond 60 to 90 days

OPPORTUNITIES

- Special needs and patient **tracking system**
 - Develop an electronic system that incorporates existing indexes of “special needs” and “medical patients” that can be utilized for admission into emergency facilities and track them during emergency through discharge.
 - Must be function between counties and not hospital-centric.
- Better **responder support** systems for safety, housing, feeding and fuel among health and medical responders.
 - Recent responses have demonstrated fewer resources are “self-sufficient” and require more support in the field for a rapid response.
 - Developing responder support kits for austere conditions

SUCCESSSES

- Efforts to **diversify resource pools** for medical surge were largely successful
 - Integration of International Medical Corps, private EMS providers, corporate healthcare partners and federally qualified health centers expanded state-level response capabilities.
 - Increased utilization of private ambulance companies (7) for patient evacuations
 - Continue efforts to identify new and non-traditional response partners
- Integration of **special needs activities and health care system** support
 - Expanded patient movement capabilities to support home based special needs clients
 - Coordinated discharge planning efforts

SUCCESSSES

- Coordination with healthcare facilities at a **corporate level**
 - Provided a single point of coordination that served four hospitals in the impacted area, which included two impacted facilities and two primary support facilities.
 - Continuity of communications at the operational and policy levels
 - Provided a route for communications when communications infrastructure was out
 - Provided systematic mechanism for problem solving
- Implemented a **life-safety reporting** system when communications were limited
 - Received over 7,000 reports
 - Coordinated among Health, Fire, Law Enforcement and Sheltering functions
 - Cross-checked with shelter registries, hospital admissions, search and rescue operations, and fatalities
 - Conducted nearly 800 medical well checks as a result
 - Future integration with local public safety dispatch centers



QUESTIONS?



Health and Medical Facilities Response to Hurricane Michael

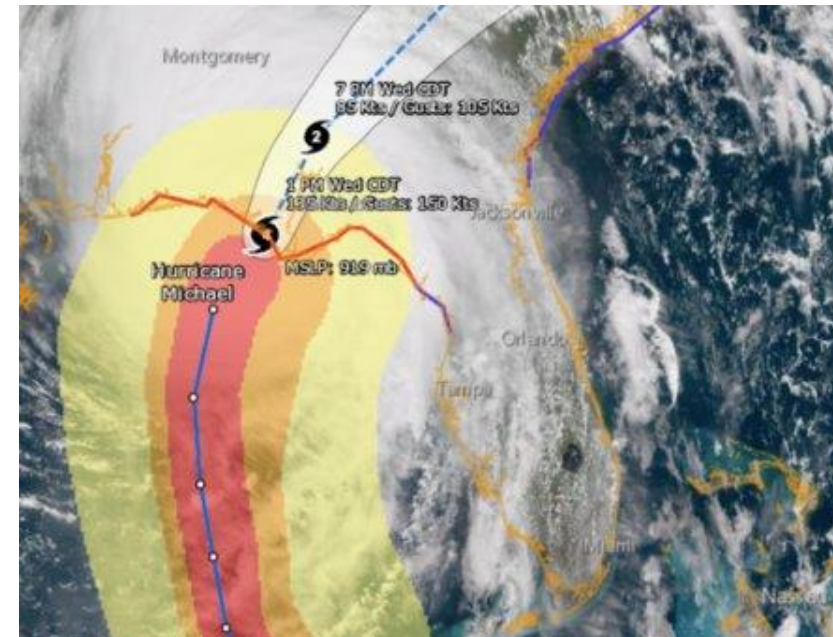
David Crowe

Region 5 Regional Emergency Response Advisor

Florida Department of Health

In Anticipation of the Storm...

- Hospital preparations
 - Hospitals discharged all patients reasonably possible
 - Elective surgeries were cancelled
-
- ALFs and SNFs preparations
 - Some residents evacuated to other facilities



Oct 10 – Hurricane Michael Makes Landfall



The Area is Hit Hard...



...Including Dialysis Centers

Does Your Facility Have a Plan?

- Have You Included:
 - Water
 - Power
 - Transportation



...and Nursing Homes...



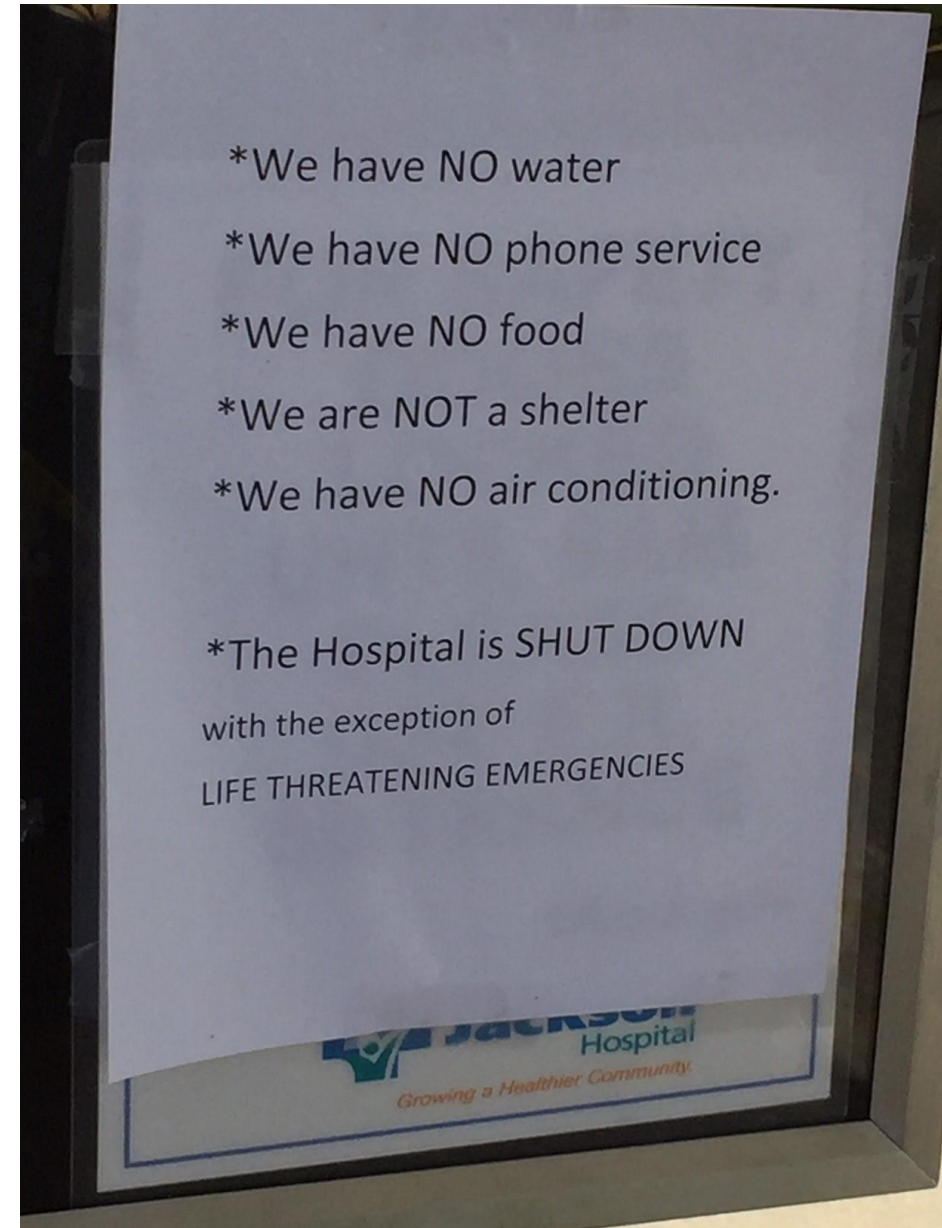
What Does Your Plan Say?

- Evacuate or Shelter in Place?
 - Where are you going?
- Plans for
 - Power
 - Water
 - Sanitary Facilities
 - Food
 - A/C

...and Medical Centers

What's in Your Plan?

- Have You Considered Alternatives?
 - Loss of Power, Water, Sewer, NG
 - Where Can You Evacuate to?
 - Can You Keep the ER Open?



Bay Medical Center - Evacuation of Patients



Bay Medical Center - Damage to Buildings



Bay Medical Center - Keeping the ER Open



ESF-8 State Health and Medical Missions

- ESF8 activated 20 Ambulance Strike Teams and the FEMA ambulance contract for a total of **400 Advanced Life Support (ASL) ambulances**, and **125 para-transit vehicles**, and **4 multi-patient Ambu Buses** to assist with rescue operations, health care facility evacuations, and local EMS augmentation. Strike teams actively evacuated patients from damaged health care facilities to receiving hospitals out of the impacted area.
- **Federal Disaster Medical Assistance Teams Onsite**
 - Gulf Coast Regional Medical Center
 - Sacred Heart - Bay Medical Center
 - Fort Walton Beach Medical Center
 - Calhoun-Liberty Hospital (DMAT Strike Team)

Post-Storm Status - Maximum Number of Facilities

- Hospitals Evacuated - 9
- Hospitals Reporting Damage (FHA) - 11
- Hospitals With Unmet Needs - 4
- Hospitals w/NO Power - 1
- Hospitals on Generator – Full Power - 8
- Hospitals on Generator – Partial Power - 4

- Healthcare Facilities Closed / Evacuated (non-hospital) - 42
- Healthcare Facilities Reporting Damage (FHA) - 26
- Healthcare Facilities With Unmet Needs - 12
- Healthcare Facilities (non-hospital) w/NO Power - 13
- Healthcare Facilities (non-hospital) on Generator – Full Power - 24
- Healthcare Facilities (non-hospital) on Generator – Partial Power - 23

QUESTIONS??



Nemours CareConnect

Before, During and After Natural Disasters

Jason Klein, MBA., CHEP, CHSP
Environmental Safety Manager / Emergency Manager
Quality & Safety

Nemours. Children's Health System

Nemours at a Glance

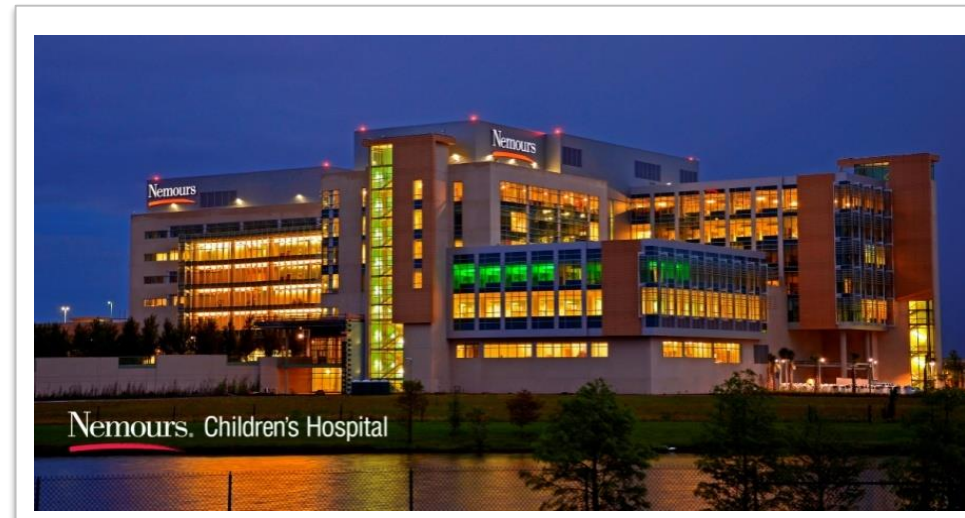
Nemours.org

- Enduring legacy of Alfred I. duPont
- Patient care by the numbers:

410,000	Patients/1.3 million annual encounters
3,800	Trainees annually
1,600	Residents, fellows & students
724	Employed physicians
228	Researchers
80	Pediatric care locations in five states
42	Specialties and subspecialties
40	Employed hospitalists
19	Collaborating hospitals



Wilmington, Delaware



Orlando, Florida

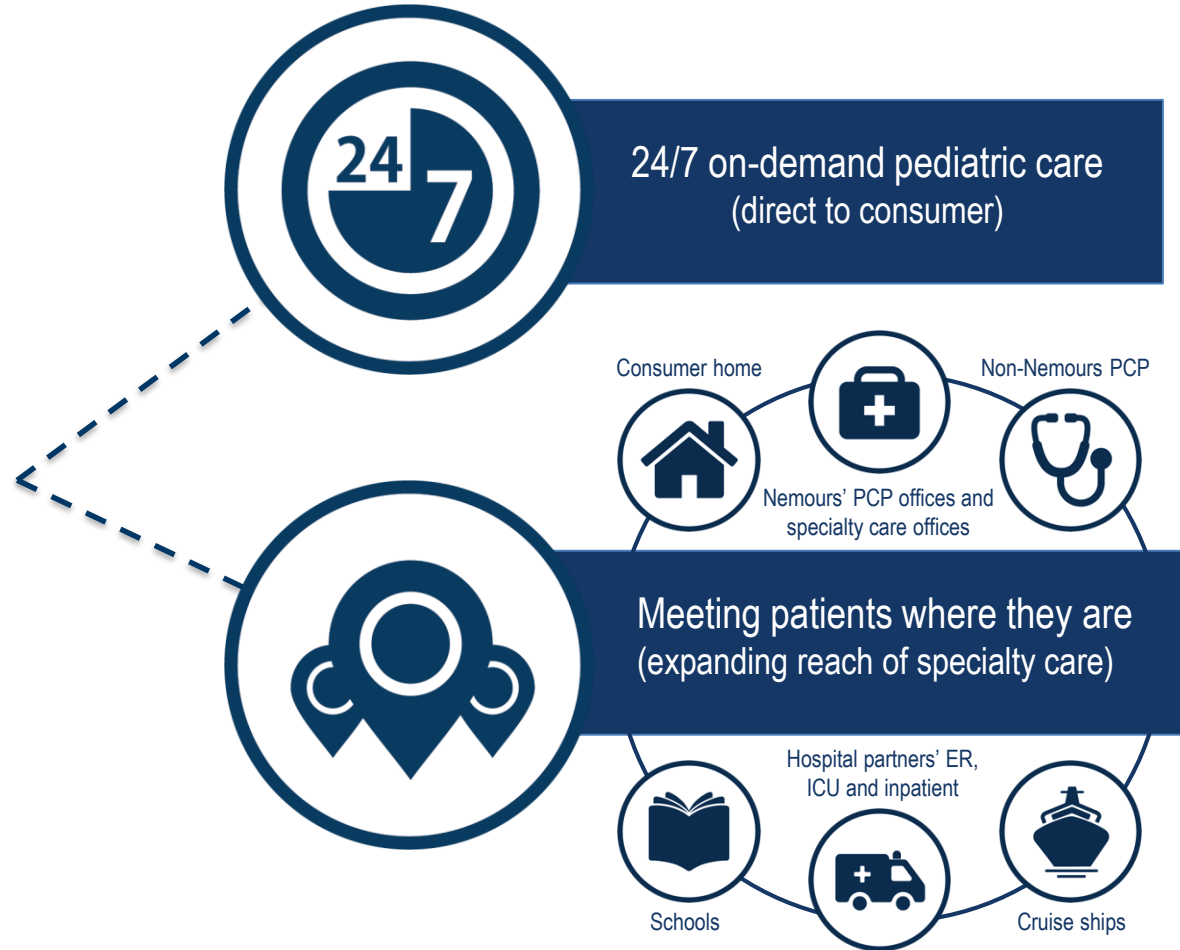
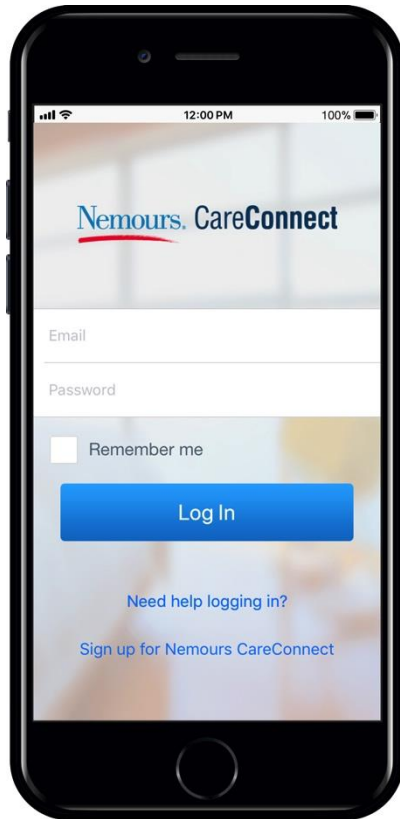


**“Help me receive exactly the care I need and want,
how and when I need and want it .”**

Child and Family Experience	
QUALITY AND SAFETY	Error Free; Zero Defects; Perfect Care
DELIVERY	No Delays
COST	Achieve Greatest Value at Lowest Cost
PEOPLE	100 Percent Engagement

Nemours CareConnect

Making care more convenient and keeping care local



Nemours CareConnect

24/7 On-demand Care – when and where the consumer wants it




- Nemours employed pediatricians
- Wait times **under 5 minutes**
- Offered in **7 states**
(FL, GA ,DE, NJ, PA, MD and now AL)
- **Real-time insurance eligibility** with select payers
- Satisfier during hurricanes and snow storms – trusted community resource
- Integrated at-home devices – **Tytocare**



Source: Nemours Children's Health System, Telemedicine in America, Parents Use of Virtual Visits, 2017

Nemours CareConnect

[Pediatric visits 24/7 when your child needs care](#)



CareConnect is available 24/7 for pediatric visits during Hurricane Michael

Your family's health and safety is always our top priority. Hurricane Michael is forecast to bring heavy rain, strong winds, potential flooding and isolated tornadoes. During the storm, you can safely access healthcare for your children from wherever you are with CareConnect.

If your child needs medical care, connect with Nemours pediatricians 24/7. All you need is an internet connection and a mobile device, tablet, or computer.

In case of emergency, please call 911.


[Have a Visit](#)

Disaster Preparedness

- Public awareness & communications to impacted regions via social media and email blasts
- 2018 - Webinar with 67 FL county Emergency Management Personnel demonstrating the CareConnect Platform and discussions of usage in shelters during disasters resulting in creation of the flyer attached.
- Disaster specific coupon that waives the cost of the online visit
- 24/7 Direct to Consumer – responded to the State of Medical Emergency Order during hurricanes Irma, Maria and Michael to expand virtual urgent care services to all children in FL, GA, USVI, PR, & TX (Harvey)
 - Hurricane Evacuees, Disaster Relief Center at Orlando International Airport
 - Offered equipment deployment to Puerto Rico
 - 3 PSN Shelters in Orange County

Never let storms get between you and a doctor.

Nemours is here for parents too.
Adult medical care and Behavioral Healthcare are also available to families through our partner, Online Care Group.




Download our Nemours CareConnect app and get live, online medical care.

↓ Visit the App Store or Google Play to download*.

📄 Visit [NemoursCareConnect.com](https://nemourscareconnect.com).

📱 Text "Nemours" to 833-200-0525 to receive a link to download the free app*.

The Nemours pediatric care you trust—online anywhere you are.



- allergies
- abdominal pain
- cold & flu symptoms
- cuts
- fever
- rashes

Things to Know

Emergency lines may be busy when you call, so we ask for your patience. We're dedicated to helping as many families as we can.

Pharmacy _____

Coupon _____

Nemours. CareConnect

For more info, contact us at nemourscareconnect@nemours.org.

*Standard data and text rates will apply.

Challenges and Barriers

- Network connectivity
 - Ports needed to allow live streaming audio and video traffic on the schools networks were closed
 - Worked with vendor who maintained the firewall to resolve the issue
- Cellular signal was not reliable in the shelter setting
 - During a disaster cell connectivity tends to be overwhelmed



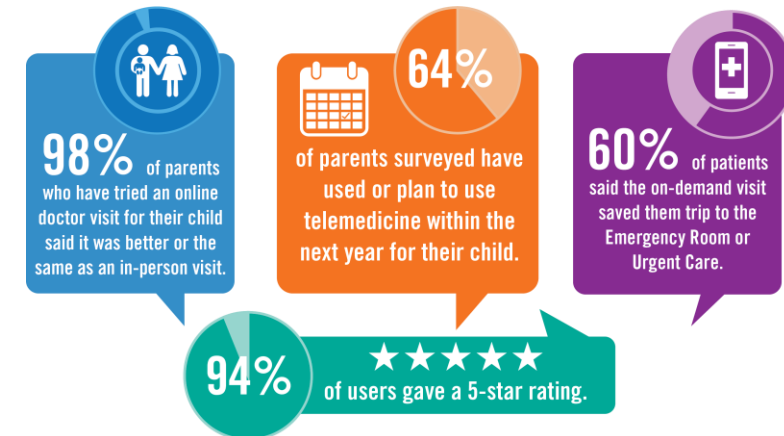
Research

Pediatric Telemedicine: Response to a Natural Disaster

- Accepted by American Academy of Pediatrics & presented during the 2018 AAP Conference
- Objectives:
 - To examine how a pediatric-specific synchronous 24/7 direct-to-consumer telemedicine program responded during a natural disaster
 - To examine the chief complaints reported during the storm, the frequency with which consumers accessed the pediatric platform, and evaluate patient satisfaction, in contrast with the standard operation of the service
- Materials and Methodology:
 - During Hurricane Irma, Nemours CareConnect (NCC) offered free audio-visual telehealth visits from September 8th, 2017 to September 16th, 2017.
 - Through social networking, NCC offered a coupon code, IRMA, to access NCC free of charge during the storm.
 - Real-time care was provided through interactive, high-definition audio and visual communication without the use of peripheral devices

Lessons Learned

- Anticipate an increase in calls the day before the storm and the day after the storm
- Establish a telemedicine program with providers and staff who are strategically located in different geographic regions
- Anticipate that unusual barriers may exist to providing care such as inaccessible pharmacies
- Patients remained highly satisfied despite longer wait and visit times during emergency situations
- Increase in wait time during the hurricane did not change provider satisfaction ratings
- Patients were more satisfied with the platform during the hurricane as compared to standard operation. At the end of every visit, the patient gets an opportunity to rate the physician and their experience.



Proactive Readiness

- Telemedicine should be considered and incorporated into local, regional, and national disaster preparedness plans as alternatives for patients who may not have access to their medical homes
- Plan ahead when designing natural disaster preparedness plans to anticipate an upsurge in volume particularly on the day before the storm and the day immediately after the storm
- Create a list of back-up providers and support staff to be available
- Locate providers in different geographic locations when possible
- Disseminate information regionally several days in advance regarding availability of pharmacies, urgent care centers, and local hospitals

Conclusion

- During Hurricane Irma, NCC offered accessible and efficient care to families throughout Florida
- NCC provided families with a reliable option for medical care when few other options were available
- Results demonstrate a pattern of use relative to the storm path that may be informative to telehealth administrators as they strive to measure need for staffing and infrastructure prior to an approaching weather event
- Incorporation of pediatric telemedicine into disaster preparedness plans may prove beneficial
- Further research is needed on the integration of telemedicine into disaster preparedness plans on a local, state, and national level to ensure maximum support to the families in need

Awards & Recognition

Nemours CareConnect has been recognized for the following awards:



2018 President's Award for
Health Delivery, Quality and
Transformation

American Well®
2017 Achievement
Award

DIGITAL
EDGE50
AWARDS
◀ 2017 ▶
HONOREE



2016
Innovation of the Year

BECKER'S
HEALTH IT
& CIO REVIEW

Top Apps to Know 2015
& 2016



Thank you!

*Jason Klein, MBA, CHEP, CHSP
Environmental Safety Manager / Emergency Manager
Quality & Safety
Email: Jason.Klein@Nemours.org*

References:

www.nemourscareconnect.com

<https://www.nemours.org/services/pediatric-online-doctor-visit.html>

FLORIDA WEEK 2019
CENTER FOR DOMESTIC PREPAREDNESS,
ANNISTON, AL
MARCH 31-APRIL 6, 2019

**PUBLIC HEALTH EMERGENCY
RESPONSE SPECIFIC TRAINING AND EXERCISE
EXCLUSIVELY FOR DOH, HCC AND EM PARTNERS**

Center for
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FEMA

FLORIDA WEEK 2019 AT THE CENTER FOR DOMESTIC PREPAREDNESS

When: Sunday, March 31 through Saturday, April 6, 2019

Where: FEMA's Center for Domestic Preparedness, Anniston, AL

Who: Open to all emergency response partners in Florida;
140 seats total

How: Online application on the CDP website, FEMA student ID and
Promo Code for Florida Week 2019 course

Why: Excellent training opportunity to assist partners in meeting
preparedness goals

Center for Domestic Preparedness



FEMA

QUESTIONS? CONTACT:

- **TRAINING, EDUCATION AND EXERCISE SECTION**

FLORIDA DEPARTMENT OF HEALTH, BUREAU OF PREPAREDNESS AND RESPONSE

PHMP.TRAINEX@FLHEALTH.GOV 850-617-1541

WEBSITE: [HTTP://WWW.FLORIDAHEALTH.GOV/PROGRAMS-AND-SERVICES/EMERGENCY-PREPAREDNESS-AND-RESPONSE/TRAINING-EXERCISE/INDEX.HTML](http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/training-exercise/index.html)

- **TOM TIDWELL, EAST REGION TRAINING COORDINATOR**

CENTER FOR DOMESTIC PREPAREDNESS, FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)

WORK: 256-847-2082

THOMAS.TIDWELL@FEMA.DHS.GOV 1-866-213-9546

WEBSITE: [HTTPS://CDP.DHS.GOV](https://cdp.dhs.gov)



Florida Week 2019

Center for Domestic Preparedness, Anniston, AL
March 31 thru April 6, 2019

Center for
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Preparedness



FEMA

Florida Week at the Center for Domestic Preparedness (CDP)

March 31- April 6, 2019

The Florida Department of Health, Bureau of Preparedness and Response is pleased to announce confirmation of the second *Florida Week at the Center for Domestic Preparedness*.

In partnership with the Federal Emergency Management Agency (FEMA), this dedicated week offers an invaluable opportunity to public health, health care coalition and emergency response partners of Florida at the CDP's state-of-the-art national training facility. Up to 140 students may attend identified courses during this week-long training and culminating "capstone" exercise in a no-fault environment, gaining skill in public health emergency response and sharing experiences and knowledge. The CDP is the only training hospital in the U.S. dedicated solely to preparing health care, public health and emergency response professionals for mass-casualty incidents related to terrorism or natural disasters.

Florida Week 2019 will host three courses for participants to choose from. The deadline to apply is January 31, 2019.

HCL MGT-901 Health Care Leadership and Administrative Decision-Making

60 Students, 32 Contact Hours **To apply, click here: [PROMO CODE 187HCL](#)**

Healthcare Leadership and Administrative Decision-Making is a four-day course that addresses disaster preparedness at the facility and system level. This course focuses on preparing healthcare leaders to make critical decisions in all-hazards disaster emergency preparedness activities. Responders learn essential disaster-planning response and recovery functions through lecture and discussions that are then applied in a tabletop exercise and a two-day functional exercise.

Some of the vital skill sets provided in this training include clarifying healthcare response roles and responsibilities, employing healthcare incident command to manage events and crucial decision-making health care leaders face during an event. *Includes the Integrated Capstone Event (ICE), a culminating, all-hazard, mass casualty incident exercise.*

Target audience Hospital executives and administration; Mid-level management; Patient service groups; Emergency Department staff; Physical Plant Operations Group; Security / Law Enforcement; Emergency Medical Services; Public Health Group and Ancillary health care provider groups

Prerequisites and Requirements To be eligible for the course, the student must successfully complete the following FEMA online courses:

- AWR-160, WMD/Terrorism Awareness for Emergency Responders
- IS-100.c, Introduction to Incident Command System for Healthcare/Hospitals



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- IS-200.HCa, Applying ICS to Healthcare Organizations
- IS-700.a, National Incident Management System, an Introduction
- IS-800.B, National Response Framework, an Introduction
- Recommended completion of ICS-300, Intermediate ICS for Expanding Incidents

EMO PER-267 Emergency Medical Operations for CBRNE Incidents

40 Students, 32 Contact Hours **To apply, click here: PROMO CODE 182EMO**

Emergency Medical Operations for CBRNE Incidents (EMO) is a four-day course that prepares responders to effectively respond to a CBRNE or Mass Casualty Incident (MCI). The EMO course provides classroom lectures, extensive hands-on training, and culminates with a hands-on practical exercise that allows responders to implement the emergency response knowledge and skills learned during the course. Some, but not all, of the critical skill sets learned during this training include Incident Command System principles, START and JUMP START and donning and doffing of PPE. In addition, the training includes tracking and transport operations in support of a mass casualty incident. *Includes the Integrated Capstone Event (ICE), a culminating, all-hazard, mass casualty incident exercise.*

Target audience Emergency Medical Services, Health Care, Public Health, Emergency Medical Technicians, Paramedics, and Hospital Staff, including Physicians and Nurses. **Responder applicants must be state-licensed Paramedics, EMTs, or Emergency Care Providers**

Prerequisites and Requirements To be eligible for the course, the student must successfully complete the following FEMA online courses:

- AWR-160, WMD/Terrorism Awareness for Emergency Responders
- IS-100.c, Introduction to Incident Command System for Healthcare/Hospitals or any of the available ICS-100 series
- IS-200.HCa, Applying ICS to Healthcare Organizations or any ICS-200 series
- IS-700.a, National Incident Management System, an Introduction
- Participants must be able to lift 50 pounds, wear personal protective equipment, and meet the CDP medical criteria

HERT PER-902 Hospital Emergency Response Training for Mass Casualty Incidents, includes HERT-B Basic Train-the-Trainer

40 Students, 24 Contact Hours **To apply, click here: PROMO CODE 184HERT**
and HERT-B, 8 Contact Hours

Hospital Emergency Response Training for Mass Casualty Incidents (HERT) course addresses healthcare response at the operations level for the facility and its personnel. This three-day course prepares healthcare responders to utilize the Hospital Incident Command System — integrating into the community emergency response network while operating an Emergency Treatment Area as hospital first



Florida Week 2019

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March 31 thru April 6, 2019

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responders during a mass casualty incident involving patient contamination. The healthcare responders will determine and use appropriate personal protective equipment and conduct triage followed by decontamination of ambulatory and non-ambulatory patients as members of a Hospital Emergency Response Team.

Some, but not all, of the critical skill sets learned during this training include building a Hospital Emergency Response Team, use of hospital incident command and medical response to variety of illnesses and injuries during and after an incident. Participants will receive both classroom and hands on training to select and use appropriate PPE and support medical operations in a mass casualty incident response. *Includes the Integrated Capstone Event (ICE), a culminating, all-hazard, mass casualty incident training exercise on day five.*

Target Audience Hospital Emergency Response Team members; Physicians, nurses, administrators, security personnel, environmental staff; Emergency Medical Services, Plant Operations Staff, Ancillary hospital staff

Prerequisites and Requirements To be eligible for the course, the student must successfully complete the following FEMA online courses:

- AWR-160, WMD/Terrorism Awareness for Emergency Responders
- IS-100.c, Introduction to Incident Command System for Healthcare/Hospitals
- IS-200.HCa, Applying ICS to Healthcare Organizations
- IS-700.a, National Incident Management System, an Introduction.
- It is recommended to have successfully completed operations-level CBRNE (chemical, biological, radiological, nuclear and explosive) or hazardous-materials training as specified in 29 CFR 1910.120(q)(6)(ii), at a minimum.

Application and attendance at *Florida Week 2019* is at **no cost whatsoever** to approved local, state, private or volunteer response team members, or to their agencies/organizations. The CDP Travel office arranges each student's airfare, ground transportation, on-site accommodations and meals to ensure a positive, seamless experience. Please see the CDP's [Travel Information](#) webpage for additional details and the [CDP Student Handbook](#).

As an Authorized Provider (AP) by numerous accreditation organizations, students can earn Continuing Education credits in the form of Contact Hours, CE, CME or CNE units, an important service for student's professional development and occupational requirements. Please see the CDP's [Continuing Education](#) webpage for a matrix of course names, CE credits and the associated accrediting organization.

Florida Contact: Sue James, Program Manager, Training, Education & Exercise Section
Bureau of Preparedness and Response, Florida Department of Health
susan.james@flhealth.gov 850-617-1519 office, 850-509-5290 cell

INSTRUCTIONS FOR APPLYING TO ATTEND FLORIDA WEEK 2019

- First, you **must** have a FEMA SID number **before** you can apply for the class.

(To obtain a FEMA SID number, go to: <https://cdp.dhs.gov/femasid/> and click "Register for FEMA SID" or click "Forgot FEMA SID?" to retrieve your FEMA SID.)

- Visit the CDP home page at <https://cdp.dhs.gov/>, log in, and click on the "Apply for Training" tab.
- Enter the course **PROMO CODE** for the class you are applying for:

Health Care Leadership and Administrative Decision-Making

PROMO CODE 187HCL

(HCL MGT-902, also referenced as 19R-0187 HCL, and 19R-0188 ICE)

Emergency Medical Operations for CBRNE Incidents

PROMO CODE 182EMO

(EMO PER-267, also referenced as 19R-0182 EMO, and 19R-0183 ICE)

**Hospital Emergency Response Training for Mass Casualty Incidents,
includes HERT-B Basic Train-the-Trainer**

PROMO CODE 184HERT

(HERT PER-902, also referenced as 19R-0184 HERT, 19R-185 HERT-B TtT, and 19R-0186 ICE)

You must enter the promo code **exactly** as it appears here to successfully apply.

- Complete all the required fields on the application page. **NOTE:** Some required fields for this promo code may be prefilled by the training provider and cannot be changed by the applicant.

IMPORTANT: Under "JURISDICTION" on the application, select "**Statewide/Territorial**" only. This applies to all applicants for Florida Week.

- A supervisor's email address is required for this application. Your supervisor will receive an email concerning your training request and **must approve the request via link provided in the email.**

Your supervisor will have **10 business days to approve** your application or it will be returned to you.

- Make sure the email address you provide is the best address to ensure a prompt response.
 - Let your supervisor know he/she will be receiving an email requiring approval for training.
5. Click the “Review and Submit Application Now” button. Click the affirmation checkbox and digitally sign the application by entering your name and password for your FEMA SID account.
 6. Click the “Submit Application Now” button.
 7. You will be redirected to the CDP Student Portal to provide any additional information required to attend training at the CDP.

You can also confirm your application by checking the “Your Student Portal” tab at the top of the home page once you’ve logged in. Any additional information for your travel, training, etc. will be posted here.

Please contact us if you have any questions or difficulty applying for the offered courses; we are happy to assist you.

Training, Education and Exercise Section

PHMP.TrainEX@flhealth.gov

Sue James

Project Manager, Training, Education and Exercise Section

850-509-5290

Susan.James@flhealth.gov

CFDMC Meeting Sign-In Sheet

December 13, 2018

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
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Lisa Pozione	MHS	lisa.pozione@maricopahealth.org	772-559-8130
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Karen vanLaan	FLHCC	Karen@flhcc.org	407 425 9500
STEPHEN SPENCER SALVADOR GARCIA	VILLA HEALTH & REHAB GRUNDO HEALTH	STEPHEN.SPENCER@GREYSTONEHEALTH.COM SALVADOR.GARCIA@GRUNDOHEALTH.COM	386 215 4861 407 765-8502
ANA M. NIEVES	DOH-BREVARD	ana.nieves@flhealth.gov	321-690-6488
JASON KLEIN	MEMORAS CHILDRENS	jason.klein@memoras.org	(407) 289-7572

CFDMC Meeting Sign-In Sheet

December 13, 2018

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Lydia Williams	DOH St. Lucie	Lydia.Williams@FLhealth.gov	772-873 4911
Sonya Crosby	DOH Sec / me	Sonya.Crosby@FLhealth.gov	772 521-6104
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Dave Freeman	CFMC	dave@cfmcfla.org	321-231-3880
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Karen Street	DOH Brevard	Karen.Street@FLhealth.gov	321.634-3598

CFDMC Meeting Sign-In Sheet

December 13, 2018

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Susan Nichols	Comm. Health Centers	s.nichols@chcfl.org	407-765-4156
DAVID CROWE	DOH	david.crowe@flhealth.gov	321-689-9464
Lynnda Dubbin	CFDMC Board	chaplain24@gmail.com	407-272-5699
Matt Meyers	DOH	Matt.Meyers@flhealth.gov	407/908-5203
Lynne Dravsky	CFDMC	info@centralfla-disaster.org	407/928-1200

12-13-18 Webinar Participants:

Frank Denoff II, CSCS, Ability Rehabilitation
Sherry Decuba, Treasure Coast Community Health
Julie Carter, FL Hospital New Smyrna
Deborah Collinge, DOH-Orange
Molly Ferguson, Community Health Center, Winter Garden
Carol Wegener, DOH Martin
Jemina Desir, Tampa General Hospital
Dr. Tracie Bilski, Osceola Regional Medical Center
Jenifer Seifert, Restore Outpatient
Vianca McClusky DOH Osceola
Bob McPartlan, DCF
Steve Wolfberg, Martin Health
Kevin Owens, Greystone
Natalie Chavez, CERT
B Steverson
Eric Whitwam
Victoria Ramos
Kalib Grissom
Suzy Garcia
William Ritten, DOH
Dr. Traci Bilski, Osceola Regional
Paula Bass, Florida Hospital
Samantha Cooksey, DOH BPR
Loretta Goggin, DOH
Gustav Vilchez, Emergency Management
Sheri Blanton, Region 9 Medical Examiner
Todd Reinhold, DOH