



Preparedness Plan

Attestation:

Approved by CFDMC Board on June 21, 2022

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2022 CFDMC Board Chair

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RECORD OF CHANGES & DISTRIBUTION

Changes	Distribution
Original plan drafted April 2018	Distributed to CFDMC Members for comment in April 2018
Submitted to Board for approval on 6/16/18	Posted to Website on 6/29/18
Annual update approved by Board on 6/18/19	Updated plan posted to website on 6/20/19
Annual update drafted May 2020	Distributed to CFDMC Members for comment in May 2020
Annual update approved by board on 6/16/20	Updated plan posted to website on 6/30/20
Annual update based on HVA/JRA updates	Draft sent to members in May 2021 Approved by Board 6/15/21 Posted to website 6/16/21
Annual update based on HVA/JRA updates	Draft sent to members for 30 day review 5/22 Approved by Board 6/21/22 Posted to website 6/30/22

1.0 Introduction

1.1 Purpose

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

1.2 Scope

This plan applies to the CFDMC and its nine counties and does not supersede the authorities or any plans of the participating entities. This plan achieves the capability as defined in the 2017-2022 Health Care Preparedness and Response Capabilities, Capability 1, Objective 3: Develop a Health Care Coalition Preparedness Plan.

1.3 Administrative Support

The original plan was submitted to the working group for their review and distributed to the membership for a 30-day review period for comments (April 1-30, 2018). Upon receipt of comments, the plan was updated and submitted to the working group for final acceptance by May 30, 2018. This plan had minor updates in June 2019 and was reviewed and approved by the Board on June 18, 2019. Additional minor changes were made in 2019, 2020, and 2021. 2022 other preparedness plans such as COOP folded into this document. The plan is a living document and will be reviewed after exercises and real-world incidents and updated as needed. Any new gaps should be identified and strategies to mitigate those gaps addressed in this plan

2.0 Coalition Overview

2.1 Introduction/Role/Purpose of Coalition

The mission of the CFDMC is to develop and promote healthcare emergency preparedness and response capabilities in the region. The major goals of the CFDMC include the following:

- Facilitate information sharing among participating CFDMC members and jurisdictional authorities to promote common situational awareness;
- Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among CFDMC members and support the request and receipt of assistance from local, state, and federal authorities;
- Facilitate the interface between the CFDMC and appropriate jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge; and
- Build and/or strengthen local health capacity and capabilities prior to, during, and after a disaster or emergency.

2.2 Coalition Boundaries

The CFDMC serves the East Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5), and includes the following nine counties: Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia.

Individuals and organizations working collaboratively across a spectrum of disciplines to develop and maintain disaster health and medical capabilities will help to clarify roles, responsibilities, and assumptions about response and recovery. Collaboration will help facilitate interoperability while leveraging existing capacity inherent throughout organizations and communities across the region. At the same time, collaboration will minimize redundant work and other inefficiencies and maximize resources. The CFDMC works closely with the ESF-8 lead agencies within the region.

2.3 Coalition Members

A coalition should include a diverse membership to ensure a successful whole community response. If segments of the community are unprepared or not engaged, there is greater risk that the healthcare delivery system will be overwhelmed. The value of the CFDMC as a coalition is the resources represented in the collective capacity of its members. This

broad membership allows the Coalition to influence a higher level of disaster health and medical capability throughout organizations and communities across the region.

The CFDMC has members from the following types of agencies and facilities:

Acute Care Hospitals	Hospital Associations
Ambulance Services	Hospital Systems
Assisted Living Facilities	Kidney Centers
Aviation	Laboratories
Behavioral Health Agencies	Medical Doctors
Council on Aging	Medical Examiners
County Health Departments	Medical Reserve Corp
Crisis Response Teams	Municipalities
Department of Children and Families	Nursing Services
Education	Outpatient Healthcare Providers
Emergency Management	Pharmacies
Emergency Medical Services (EMS)	Rehabilitation Services
Environmental Services	Skilled Nursing Homes
Fire Departments/Fire Rescues	Surgery Centers
Funeral Homes	Universities
Home Health	Vendors
Hospice	Non-Governmental Organizations

Highlighted agencies are core members (The Coalition’s contract with DOH specifies core members as acute care hospitals, EMS, emergency management, and county health departments).

A complete membership list as of April 30, 2022, shows 2,130 Members Representing 748 Organizations; updates are available at <http://www.centralfladisaster.org/about> (click on Our Members button). This list is updated monthly. CFDMC also classifies members using the ASPR member classifications.

The CFDMC also recognizes the 17 provider types in the following list identified in the CMS rule. Future recruitment will target those providers and/or counties under-represented in the membership.

1. Hospitals

2. Critical Access Hospitals (CAHs)
3. Rural Health Clinics (RHCs) & FQHCs
4. Long-Term Care Facilities (Skilled Nursing Facilities (SNF))
5. Home Health Agencies (HHAs)
6. Ambulatory Surgical Centers (ASCs)
7. Hospice
8. Inpatient Psychiatric Residential Treatment Facilities (PRTFs)
9. Programs of All-Inclusive Care for the Elderly (PACE)
10. Transplant Centers
11. Religious Nonmedical Health Care Institutions (RNHCIs)
12. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
13. Clinics, Rehab. Agencies, & Public Health Agencies as Providers of Outpatient Physical Therapy & Speech Language Pathology Services Comprehensive
14. Outpatient Rehabilitation Facilities (CORFs)
15. Community Mental Health Centers (CMHCs)
16. Organ Procurement Organizations (OPOs)
17. End-Stage Renal Disease (ESRD) Facilities

2.4 Commitment to Participate

The Board of Directors meets at a minimum at least quarterly, either face-to-face or virtually. A face-to-face meeting or virtual is held at least quarterly for all members, with one of the meetings held as a day-long conference. Board of Directors who are absent for more than one-quarter of the meetings or for three (3) consecutive meetings during a term of appointment may be replaced upon a majority vote of the Executive Committee Members and the Board Chair. Board of Directors who must miss a meeting may delegate an alternate to participate on their behalf and must provide written notice to the Executive Committee delegating their voting privileges to the designee.

All CFDMC members are asked to review and sign the CFDMC Charter and the Code of Conduct upon joining the Coalition. The CFDMC Charter and Code of Conduct are included in the CFDMC Board Bylaws and the Board reviews this annually. The Coalition has also posted member benefits and expectations to the website.

Approval of this plan and other items presented to the CFDMC will be handled as follows. The plan and any supporting documents will be distributed to members to allow for their input with any comments or concerns. Any input received will be reviewed by the Executive Committee and Board of Directors with appropriate approval via voting on an agenda item at a scheduled Board meeting.

2.5 Organizational Structure/Governance

The CFDMC Governance policies are updated annually and were last approved on April 20, 2021, and is scheduled for update on June 21, 2022. The current approved

governance document is located at <http://www.centralfladisaster.org/members> (click on Our Members button). The document includes the following sections:

- CFDMC Bylaws
- Charter / Code of Ethics
- Board Nominations / Elections Process
- Board Onboarding Process
- Member Recruitment and Onboarding
- Communication
- Financial Policies and Processes
- Special Projects Funding Process
- Conflict Resolutions
- Vendor Selection Process
- Independent Capacity of Contractor Attestation
- Vendor Exhibit Policy
- Public Access to Records Policy
- Document Retention & Destruction Policy
- HIPPA & Attestation
- Social Media Policy
- Travel Policy
- Employment Policies

2.6 Role of Leadership within Member Organizations

Membership in the CFDMC is open to all interested, applicable, and relevant parties. Individual members are solicited through various means. All members must complete the CFDMC Charter and Code of Ethics to join. There is no formal approval process for membership from either the Coalition or the organization; all interested parties are welcome from the designated essential partner groups and all other stakeholders. The CFDMC Executive Committee and Board of Directors include the RDSTF Health Co-Chairs, and executive leaders and clinical leaders from all core member groups and are representative of all membership groups.

2.7 Risks

It was the consensus of our partners that CFDMC use information from each county, along with additional input from all Coalition members, to develop a regional Hazard Vulnerability Analysis (HVA) and Jurisdictional Risk Analysis (JRA). CFDMC utilized PHRAT, emPOWER, SVI, THIRA, and member surveys in the analysis.

PHRAT:

CFDMC obtained a copy of each county's PHRAT as an input in preparing the regional HVA/JRA. The PHRAT Hazard Risk Indices showed the top risks across the region as:

- Cyber technical incidents (all counties included this in their top three risks)
- Large scale fires (eight included this in their top three risks)
- Water supply contamination (three counties included this in their top three risks)
- Biological disease outbreak (four counties included this in their top three risks)

The largest capability gaps identified were:

- Volunteer management (four counties ranked this as the highest gap)
- Community preparedness (three counties ranked this as the highest gap)
- Public health lab testing (one county ranked this as the highest gap)
- Medical/Material management and distribution (one county ranked this as the highest gap)

The often-identified resource readiness gaps identified by the counties were:

- Cyber technical incidents (five counties ranked this as the highest gap)
- Sewer failures (two counties ranked this as the highest gap)
- Mass population surge (one county ranked this as the highest gap)
- Hazardous materials-transportation (one county ranked this as the highest gap)

emPOWER:

Over 2.5 million Medicare beneficiaries rely on electricity-dependent medical equipment, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with long power outages, can be life-threatening for these individuals. The HHS emPOWER Map is updated monthly and displays the total number of at-risk electricity-dependent Medicare beneficiaries in a geographic area, down to the ZIP Code. In December 2021 and June 2022, the Coalition downloaded the emPOWER data for each county, and provided these to county emergency management and ESF-8 leads. We discussed how the counties use these data and the consensus was that the de-identified data provide limited data of use in planning. This was reported to and discussed during a Healthcare Coalition Task Force call and with the ASPR project officer.

SVI:

In preparing for and responding to disasters, a number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerabilities.

Annually, CFDMC pulls the CDC Social Vulnerability Index (SVI) data and shares the data with county emergency management and ESF-8 leads. CFDMC downloaded raw data available for 2018, the latest available county level assessment data. The data were downloaded and shared with county emergency management and ESF-8 on June 1, 2022.

The SVI vulnerability scores range from 0 (lowest risk) to 1 (highest risk). The SVI vulnerability scores for the nine counties in Region 5 are:

- Volusia: 0.5896 (moderate level of vulnerability)
- Lake: 0.6517 (moderate to high level of vulnerability)
- Seminole: 0.1786 (low level of vulnerability)
- Orange: 0.6909 (moderate to high level of vulnerability)
- Osceola: 0.8551 (high level of vulnerability)
- Brevard: 0.4266 (low to moderate level of vulnerability)
- Indian River: 0.4769 (low to moderate level of vulnerability)
- St. Lucie: 0.7676 (high level of vulnerability)
- Martin: 0.4416 (low to moderate level of vulnerability)

Regional THIRA:

During December 2021, the Coalition participated in the 2021 RDSTF 2021 Stakeholder Preparedness Review (SPR). The SPR is an annual three-step self-assessment of a community's capability levels based on the capability targets identified in the THIRA. CFDMC participated in this process with its community partners, which is an input to the regional THIRA. The THIRA helps communities understand their risks and determine the level of capability they need in order to address those risks. The outputs from the SPR lay the foundation for determining a community's capability gaps. The top threats identified were:

- Hurricanes
- Active shooters
- Cyber attacks

Member Survey:

On April 26, 2022, CFDMC sent a survey to all Coalition members requesting input in assessing threats, risks and capability gaps. Members were given 30 days to respond, and the Coalition received thirty nine (39) responses. The results are summarized below:

Threat/Impact:

Coalition members identified the threats below as most likely to occur:

1. Hurricane (64% of respondents)
2. Cyber (56% of respondents)

3. Temperature Extremes (54% of respondents)
4. Active Shooter (53% of respondents)
5. Pandemic (49% of respondents)

Coalition members also identified threats below as those that would have the most severe impact:

1. Hurricane (77% of respondents)
2. Pandemic (69% of respondents)
3. Nuclear Terrorism (66% of respondents)
4. Biological Attack (64% of respondents)
5. Tornado (63% of respondents)

Coalition members also identified threats with most severe impact. In all but one of the above, the majority felt these events would have a high impact. For Extreme Temperatures, the majority rated this type of event as having a moderate impact. Other events members rated as having a high impact include tornados, biological attacks, radiological attacks and nuclear terrorism attacks.

2.8 Gaps / Actions

Capability Gaps:

Members identified the following as the highest priority capability gaps:

- #1 – Ensure Preparedness is Sustainable (2.64 weighted average)
- #2 – Train and Prepare the Health and Medical Workforce (2.59 weighted average)
- #3 – Develop Strategies to Protect Healthcare Information Systems and Networks (2.51 weighted average)
- #4 – Maintain Access to Non-Personnel Resources (2.49 weighted average)
- #5 - Develop and Coordinate Healthcare Organization Response Plans (2.49 weighted average)

See Appendix C for detailed survey results.

Most Important Actions:

The following themes were identified by members as the most important things the Coalition can do to address these gaps:

- Continue to train and exercise the health and medical workforce
- Continue to provide resources and coordinate preparedness planning
- Continue to ensure communication and information sharing
- Include private sector and other partners in preparedness planning

No other resources were used in preparing the HVA or JRA.

Actions Taken:

The Coalition was already actively addressing most of the issues identified through the HVA and JRA in its Preparedness Plan, Operations Plan, and the annual work plan. Actions over the coming two years include:

- Continue to train and exercise the health and medical workforce: An annual training needs assessment is conducted with members and results are used to identify and provide the highest priority trainings. We will also use lessons learned from event and exercise after action reports to identify and provide needed training. CFDMC also provides/supports a myriad of drills and exercises each year. The Coalition organizes an annual regional hospital mass casualty full-scale exercise which also serves as the required federal MRSE exercise. Additionally, we work with county emergency managers to sponsor three (3) drills each year open to all members. In January, the Great Tornado Drill is used to exercise shelter in place plans. In May, the Operation Generate Confidence drill is used to test generators in preparation for hurricane season. In September, the Operation Protect & Secure drill tests lockdown plans in response to an active shooter threat. A weather-related tabletop is also held during our annual conference each December. The Coalition also uses tabletop exercises to draft plans, uses functional drills to test components of plans, and incorporates plans into full-scale exercises. Examples of the use of these drills in our preparedness efforts include the Burn Annex, the Disaster Behavioral Health Plan, the Alternate Care Site Plan, the Family Assistance Center Plan, and the Regional Trauma Coordination Plan.
- Continue to provide resources and coordinate preparedness planning: CFDMC facilitates the development of many regional plans (including the CFDMC response plan and annexes such as Infectious Disease, Pediatrics, Mass Fatality, Burn Care, Trauma Care, Family Assistance Center, Disaster Behavioral Health, and others. All plans are updated annually, and members are given a 30 day period to review and provide input on the plan updates. The Coalition posts regional, state and national plans on the Coalition website under Resources. The Coalition provides planning resources (such as templates) to members, and offers a workshop and a software program to create and update member organization Continuity of Operations Plans. In July 2022, we will begin offering workshops and a software program to help member organizations create an emergency operations plan/CEMP.
- Continue to ensure communication and information sharing: This is a high priority for the Coalition. In 2021, we began a regional communications pilot in collaboration with Florida Hospital Association. The pilot includes testing a suite of Juvare response software, including e-ICS (a hospital event management software), EMResource (provides data and information to all key stakeholders

during an event), EMTrack (patient tracking), and Juvare Exchange (a GIS mapping software). We have received a one year extension to this pilot through April 2023 and will continue to build out and test these products. For additional information on the pilot, see [JUVARE PILOT | cfdmc \(centralfladisaster.org\)](https://www.cfdmc.org/juvare-pilot)

- Include private sector and other partners in preparedness planning: The Coalition's membership is open to healthcare and emergency response organizations as well as private sector and other partners. We will be working with a marketing firm this year to find ways to increase our outreach to private sector and other partners.

The CFDMC HVA/JRA is distributed to members via Constant Contact and is posted under regional plans on the Coalition website.

For additional details on hazards, vulnerabilities, threats, risks, gaps and actions taken to address these, see Appendix B.

2.9 Compliance Requirements/Legal Authorities

The CFDMC must comply with a number of contractual and regulatory/legal requirements. The following list is a compilation but not an exhaustive list:

- Understand federal, state, or local statutory, regulatory, or national accreditation requirements that affect emergency medical care.
 - Centers for Medicare & Medicaid Services (CMS) conditions of participation, (including CMS-3178-F Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers)¹
 - Clinical Laboratory Improvement Amendments (CLIA)²
 - Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requirements³ and circumstances when covered entities can disclose protected health information (PHI) without individual authorization including to public health authorities and as directed by laws (e.g., state law)⁴
 - Emergency Medical Treatment & Labor Act (EMTALA) requirements⁵

¹ Available at <https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicare-programs-emergency-preparedness-requirements-for-medicare-and-medicare>

² Available at <https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html>

³ Available at <https://www.hhs.gov/hipaa/for-professionals/index.html>

⁴ Available at <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-hipaa-emergency-fact-sheet.pdf>

⁵ Available at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/>

- Licensing and accrediting agencies for hospitals, clinics, laboratories, and blood banks (e.g., Joint Commission⁶, DNV GL – Healthcare)⁷
 - Federal disaster declaration processes⁸ and public health authorities⁹
 - Available federal liability protections for responders (e.g., Public Readiness and Emergency Preparedness (PREP) Act)¹⁰
 - Environmental Protection Agency (EPA) requirements¹¹
 - Occupational Safety and Health Administration (OSHA) requirements (e.g., general duty clause, blood-borne pathogen standard)¹²
 - Executive Orders¹³
 - Florida Statutes 252.35¹⁴ and 252.36¹⁵
 - Florida Statutes 281.00315¹⁶
 - Selected Federal Legal Authorities Pertinent to Public Health Emergencies¹⁷
 - National Response Framework¹⁸
 - Emergency Management Assistance Compact¹⁹
 - AHCA Emergency Management Criteria
http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml
- Understand the process and information required to request necessary waivers and suspension of regulations.
 - Processes for emergency resource acquisition (this may require coordination with the federal, state, and/or local government)
 - Special waiver processes (e.g., section 1135 of the Social Security Act waivers²⁰) of key regulatory requirements pursuant to emergency declarations

⁶ Available at https://www.jointcommission.org/emergency_management.aspx

⁷ Available at <http://www.dnvglhealthcare.com/>

⁸ Available at <https://www.fema.gov/disaster-declaration-process>

⁹ Available at <http://www.phe.gov/preparedness/support/secauthority/Pages/default.aspx>

¹⁰ Available at <http://www.phe.gov/preparedness/legal/prepact/pages/default.aspx>

¹¹ Available at <https://www.epa.gov/laws-regulations>

¹² Available at <https://www.osha.gov/law-regs.html>

¹³ Available at <http://www.flgov.com/all-executive-orders/>

¹⁴ Available at

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0200-0299/0252/Sections/0252.35.htmlhttp://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0200-0299/0252/Sections/0252.35.html

¹⁵ Available at

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0200-0299/0252/Sections/0252.36.html

¹⁶ Available at

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0381/Sections/0381.00315.html

¹⁷ Available at <https://www.cdc.gov/phlp/docs/ph-emergencies.pdf>

¹⁸ Available at https://www.fema.gov/media-library-data/1466014682982-9bcf8245ba4c60c120aa915abe74e15d/National_Response_Framework3rd.pdf 2016 Edition

¹⁹ Available at <https://www.emacweb.org/>

²⁰ Available at <http://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx>

- Process and implications for Food and Drug Administration (FDA) issuance of emergency use authorizations for use of non-approved drugs or devices or use of approved drugs or devices for unapproved uses²¹
 - Legal resources²² related to hospital legal preparedness, such as the deployment and use of volunteer health practitioners
 - Legal and regulatory issues related to alternate care sites and practices
 - Legal issues regarding population-based interventions, such as mass prophylaxis and vaccination
 - Processes for emergency decision making from state or local legislature
-
- Support crisis standards of care planning²³, including the identification of appropriate legal authorities and protections necessary to support crisis standards of care activities.
 - Maintain awareness of standing contracts for resource support during emergencies.

Further information about healthcare related disaster legal, regulatory, and federal policy is available at the ASPR-TRACIE website²⁴.

²¹ Available at <https://www.fda.gov/EmergencyPreparedness/Counterterrorism/ucm182568.htm>

²² Available at <https://www.cdc.gov/php/publications/topic/hospital.html>

²³ Available at <https://www.nap.edu/read/12749/chapter/1>

²⁴ Available at <https://asprtracie.hhs.gov/technical-resources/83/healthcare-related-disaster-legal-regulatory-federal-policy/1>

3.0 Coalition Objectives

CFDMC has the following overarching strategic goals:

- ✓ Ensure sustainability
- ✓ Increase engagement
- ✓ Increase diversity
- ✓ Build/Sustain capabilities

Each of these goals have SMART objectives that are monitored by the Board via the monthly traffic light report. The Strategic Plan is posted at <https://www.centralfladisaaster.org/about> (click on CFDMC Strategic Plan).

3.1 Maintenance and Sustainability

- Promote the value of health care and medical readiness: The CFDMC, with support from its healthcare organization members, has developed a mission and vision statement to articulate its role in community preparedness and how that provides benefit (both direct and indirect) to the region. The Coalition utilizes an all-hazards approach to plan for a full range of emergencies and both planned and unplanned events that could affect its community. The CFDMC has leaders who can serve as primary points of contact to promote preparedness and response needs to community leaders. Additionally, members have a shared responsibility to ensure the CFDMC has visibility into their activities in the region.
- Promote sustainability of HCC: There are a variety of ways to promote greater community effectiveness and organizational and financial sustainability. Full investment in readiness includes in-kind donation of time, resources, financial support (e.g., donations, fees etc.), and continued engagement with Coalition members and the community. Financial strategies, including cost-sharing techniques and other funding options, enhance stability and sustainment.
- Sharing leading practices and lessons learned: The CFDMC encourages its members, government partners, and other coalitions to share leading practices and lessons learned. Sharing information between coalitions will improve cross-coalition coordination during an emergency and will help further improve coordination efforts.
- This plan, as part of the Maintenance and Sustainability strategy, will be reviewed annually by the Board to ensure it remains in accordance with the Strategic Plan.
- The Preparedness Plan outlines how CFDMC works with members to ensure the health and medical system is ready for all hazards. CFDMC has also developed a Response/Operations Plan and subsequent review process. The Response plan governs the Coalition's role in response. All other plans are considered annexes to these two overarching plans

3.2 Engagement of Partners and Stakeholders

Efforts to increase membership and facilitate information sharing include use of the Coalition Constant Contact email distribution list, website (www.centralfladisaster.org), quarterly meetings, conference calls, webinars, presentations to partner and other community groups, and participation in other preparedness and response organizations. Meetings and distribution of meeting minutes further provide opportunities for outreach. A significant method in increasing membership is through the provision of drills throughout the year that meet member requirements for exercises. CFDMC and Seminole County Emergency Management presented on this practice at the April 2019 Georgia Emergency Management Association conference. The CFDMC has consistently increased its individual and organizational members through these member outreach activities.

Most of the Coalition members utilize social media to varying levels of engagement and reach. Leveraging the collective impact of the members can significantly expand the ability of the Coalition to broadcast and share information. The CFDMC has recently developed a social media process to further increase membership and member engagement.

In 2019, a Coalition Member of the Year and Coalition Leader of the Year recognition process was added, which kicks off each November by asking Coalition members to nominate individuals for both Member of the Year and Leader of the Year. The Board selects the Member of the Year, and the Executive Committee selects the Leader of the Year. All nominees and the Leader and Member of the Year are recognized at the December meeting. This is now an annual recognition program honoring our best members.

3.3 Health Care Executives

CFDMC ensures engagement from healthcare executives through its Board of Directors, which includes executives from core member and other healthcare agencies. The 2022 Board List is available at <http://www.centralfladisaster.org/about> (click on Our Board button).

The annual Coalition regional full scale exercise was held on April 21, 2022 and included both executive and clinical involvement.

3.4 Clinicians

CFDMC ensures engagement from clinical leaders through its Board of Directors, and through ensuring that every project workgroup includes clinical subject matter experts. Here are just a few examples: A trauma surgeon who serves on the Board also serves as the Executive Director for the Regional Trauma Advisory Board, which includes Trauma and EMS clinical leaders. A Trauma Clinical Leadership Committee has been added with the medical directors for each trauma center and each county EMS agency. An infectious disease physician from Florida Hospital serves on the board and works with

other clinical leaders from Orlando Health, the VA, Nemours, other regional hospitals, and county health departments in the Emerging Infectious Disease Collaborative. A pediatric nurse with AdventHealth Hospital for Children has been the champion for pediatric issues, such as sheltering medically complex children and reunification of unaccompanied minors.

3.5 Community Leaders

CFDMC ensures engagement of community leaders through the RDSTF Region 5 partners, and through engaging community leaders in projects. We include the community leaders as members of the Coalition. For example, the Regional Trauma Advisory Board previously included an Orange County Commissioner and currently includes a City of Leesburg Commissioner. A strategic objective to increase contact with community leaders led to the Board's decision to create a CFDMC proclamation themed to National Preparedness Month in September; each Board member will engage their county or city officials to sign the proclamation.

3.6 Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs

The CFDMC is concerned with the well-being of all citizens within its boundaries but recognizes that there are special considerations for sub-groups of the population. These individuals may require additional assistance before, during, and after an emergency. Through its interaction with emergency management and ESF-8 in each of the counties, CFDMC, and its members are involved in the consideration of the Special Needs population (SpN). The membership includes representatives from behavioral health, long-term care facilities, and pediatric care facilities. Annually, the Coalition pulls and shares county data with county emergency management and ESF-8 on emPOWER (individuals with medical needs who rely on power) and SVI (social vulnerability index), used to anticipate vulnerable populations and their needs. The Coalition partnered with the three children's hospitals within the region in 2019 to develop a grant proposal for a pediatric response network; although the grant was not successfully submitted, it provided invaluable information in the development of the Coalition's Pediatric Response Annex. A Board member from the Florida Department of Children and Families was added to represent vulnerable populations. The Coalition continues to focus on involvement and engagement with those partners that serve the needs of children, pregnant women, seniors and individuals with access and functional needs.

4.0 Plan Integration

CFDMC's preparedness plan includes supporting annexes, such as the annual work plan, the Marketing Strategy, the Training Plan, the Continuity of Operations Plan, the Continuity of Healthcare Service Delivery Plan, the Supply Chain Mitigation Strategy, Governance Plan, and the annual Hazard Vulnerability and Risk and Gap Analysis.

4.1 Traffic Light/Work Plan

CFDMC has submitted a detailed annual work plan and budget for 2022-2023. Progress is monitored by the Board through its Traffic Light/Project Plan Report. This report is also posted to the website to keep members updated. The Traffic Light is listed on the following page and the Project Plan is available at <http://www.centralfladisaster.org/about> (click on Traffic Light & Project Plan button). (Appendix C)

4.2 Marketing

The Central Florida Disaster Medical Coalition is a 501(c)3 not-for-profit corporation created in December 2013. Its Mission is to develop and promote healthcare emergency preparedness and response capabilities in the nine (9) counties of Region 5 Domestic Security Task Force (RDSTF) for East Central Florida.

The Coalition will only last as long as its membership recognizes the value of belonging. This is best accomplished through the visible and tangible evidence of benefit. Our marketing strategy details how we will attract new and keep existing members. (Appendix D)

4.3 COOP

The Continuity of Operations Plan 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 or is in any way a threat to the welfare of patients or staff; and/or the relocation of selected patients, personnel and functions of any critical facilities of the CFDMC are required. (Appendix D)

4.4 Continuity of Healthcare

CFDMC regularly presents at county level health and medical facility workshops and state healthcare associations. These presentations emphasize the importance of COOP and encourage organizations to join CFDMC and take advantages of resources provided to assist organizations in developing the COOP.

CFDMC has its own COOP annex (Appendix E) and also a separate annex for Continuity of Health Care. (Appendix F)

4.5 Supply Chain Mitigation

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. (Appendix G)

4.5 Training Plan

The Coalition promotes preparedness thru training and exercises. Our training plan includes training provided or sponsored by the Coalition. Additional trainings offered by coalition partners are also promoted. (Appendix H)

4.6 Governance Plan

The mission of the CFDMC is to develop and promote healthcare emergency preparedness and response capabilities in the East Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5), including the following nine counties: Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia.

The CFDMC will facilitate healthcare and other partners in working together collaboratively to build, strengthen and sustain a healthcare preparedness and

response system within Central Florida and to assist Emergency Management and ESF 8 (Health and Medical) with preparedness, response, recovery and mitigation activities related to healthcare disaster operations. (Appendix I)

5.0 Appendices

The most current version of each Appendix can be found at
<https://www.centralfladisaster.org>

Appendix A: Glossary/Acronyms(Included)

Appendix B: CFDMC HVA/JRA Risk and Gap Analysis

Appendix C: CFDMC Strategic Plan

Appendix D: CFDMC Marketing Strategy

Appendix E: CFDMC COOP

Appendix F: CFDMC Continuity of Healthcare

Appendix G: CFDMC Supply Chain Mitigation

Appendix H: CFDMC Training Plan

Appendix I: CFDMC Governance Plan

Appendix A

CFDMC Glossary & Acronyms– Updated 5-6-20

Acronym/Term	Definition
AAR/IP	After Action Report/Improvement Plan
ACS	Alternate Care Site
AHCA	Florida Agency for Healthcare Administration, licenses hospitals, nursing homes and other healthcare entities
ALS	Advanced Life Support
AMTS	Alternative Medical Treatment Site
ASC	Ambulatory Surgical Center
ASPR	Assistant Secretary for Preparedness and Response: part of the Department of Health and Human Services; provides federal funding for healthcare preparedness
ASPR TRACIE	Technical Resources, Assistance Center, and Information Exchange website sponsored by ASPR
B₃	Bomb, Burn, Blast
BLS	Basic Life Support
BPR	Bureau of Preparedness and Response (DOH program that channels guidance and federal funding for Florida’s public health and healthcare system preparedness efforts)
CAH	Critical Access Hospitals
CCP	Casualty Collection Point
CDC	Centers for Disease Control & Prevention (federal funding for public health preparedness)
CERT	Community Emergency Response Team
CFDMC	Central Florida Disaster Medical Coalition, a non-profit whose mission is to develop and promote healthcare emergency preparedness and response capabilities in Region 5
CFDMC Board of Directors	The Board will serve as voting members of the CFDMC and are responsible for the governance of the CFDMC
CFDMC Executive Committee	Responsible for general management of the CFDMC, comprised of the appointed Health and Medical Co-chairs, the Board Chair, Vice-Chair, and the Treasurer. The Executive Director serves as an Ex-Officio, non-voting member of the Executive Committee and the Board.
CFDMC Members	Coalition members are comprised of individuals and organizations representative of the geographic diversity of the region’s nine

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	counties and the discipline diversity of essential partners and other stakeholders. Members collaborate on identification of local and regional disaster preparedness needs, participate in planning, training, and exercises, assist Emergency Management and ESF-8 as requested with multi-agency coordination during a response, and participate in Coalition meetings
CFDMT	Central Florida Disaster Medical Response Team (the regional medical assistance team)
CLIA	Clinical Laboratory Improvement Amendments
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
COAD	Community Organizations Active in Disaster
COOP	Continuity of Operations Plan
CORF	Outpatient Rehabilitation Facility
CRI	Cities Readiness Initiative (preparing selected cities for mass dispensing/vaccination)
Decon	Decontamination
DEM	Department of Emergency Management
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team: a federal asset that can be deployed at the request of a state to provide medical surge support
DMORT	Disaster Mortuary Response Team
DoD	Department of Defense
DOH	Florida Department of Health, the state agency responsible for promoting and protecting the health of Florida's citizens and visitors
DSOC	Domestic Security Oversight Council. Florida's preparedness governance board comprised of officials appointed by the Governor. This entity provides strategic direction to the state's preparedness efforts.
EDICS	Emergency Disaster Incident Communications System
EDs	Hospital Emergency Departments
EM	Emergency Management
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Service(s)
EMTALA	Emergency Medical Treatment and Labor Act

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EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals (federal program – in Florida previously known as SERVE FL – transitioning to Everbridge)
ESF	Emergency Support Functions. EOCs are structured around 17 emergency support functions
ESF-8	Emergency Management Support Function 8 (Health and Medical)
ESRD	End-Stage Renal Disease Facility
ESS	AHCA’s Emergency Status System (collects facility data in emergencies)
Essential Partners	Essential partnership groups include hospitals and health systems, local emergency management/public safety, local public health, EMS providers, skilled nursing and long-term care, behavioral and mental health, specialty service providers (such as dialysis, pediatrics, urgent care, etc.), support service providers (such as laboratories, pharmacies, blood banks, poison control), primary care providers, community health centers, federal entities (such as NDMS, VA hospitals, DOD facilities) and private entities associated with healthcare (such as hospital associations). Other stakeholders include law enforcement, public works, private organizations, non-government organizations, non-profits, VOAD, COAD, faith-based organizations, community-based organizations, volunteer medical organizations (such as the American Red Cross)
Everbridge	The health alert network used by the Coalition, public health, emergency management and other response agencies
FDLE	Florida Department of Law Enforcement
FEMA	Federal Emergency Management Agency
FEMORS	Florida Emergency Mortuary Operations Response System (mass fatality equipment and personnel)
FMS	Federal Medical Station
FOG	Florida Incident Field Operations Guide
FQHC	Federally Qualified Health Clinic
FY	Fiscal Year (both federal grants and Florida’s fiscal years are July 1 through June 30)
HAvBED	Hospital Available Beds for Emergencies & Disasters

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HazMat	Hazardous Materials
HCC	Healthcare Coalition or Health Care Coalition
HHA	Home Health Agency
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program (under ASPR)
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard Vulnerability Assessment
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
ICS	Incident Command System
IMT	Incident Command Team
JIC	Joint Information Center
LEOC	Local Emergency Operations Center
MAC	Multi-Agency Coordination
MCI	Mass Casualty Incident
MMRS	Metropolitan Medical Response System
MOA/MOU	Memoranda of Agreement/Understanding
MRC	Medical Reserve Corp (volunteer medical personnel registered and trained to assist in emergencies)
MYTEP	Multi-Year Training & Exercise Plan
NDMS	National Disaster Medical System
NHHS	National Health Security Strategy
NIMS	National Incident Management System
NRP	National Response Plan
OPO	Organ Procurement Organization
OSHA	Occupational Safety and Health Administration
PACE	Programs for All-Inclusive Care for the Elderly
PAHPA	Pandemic and All Hazards Preparedness Act
PH	Public Health
PHEP	Public Health Emergency Preparedness
PHHP	Public Health and Healthcare Preparedness
PHI	Public Health Information

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PHRAT	Public Health Risk Assessment Tool
PPE	Personal Protective Equipment
PREP	Public Readiness and Emergency Preparedness
PRTF	Psychiatric Residential Treatment Facility
RDSTF	Regional Domestic Security Task Force. Following 9/11, a functional structure for emergency preparedness within Florida was created in Florida Statute, based on the Department of Law Enforcement regions
RDSTF Co-Chairs	Each of the seven RDSTF regions in Florida is co-chaired by a Sheriff and the FDLE Special Agent in Charge. Additionally, there are co-chairs in each region for specific disciplines, including Health and Medical, Law Enforcement, Fire Rescue, etc.
Region 5	The East Central Florida RDSTF area comprised of nine counties (Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia Counties)
RERA	Regional Emergency Response Advisor
RHC	Rural Health Clinics
RMAT	Regional Medical Assistance Team
RNHCI	Religious Nonmedical Health Care Institution
SEOC	State Emergency Operations Center
SHSGP	State Homeland Security Grant Program
SLRC	State Logistics Response Center
SNF	Skilled Nursing Facility
SNS	Strategic National Stockpile
SpN	Special Needs
SpNS	Special Needs Shelter
START	Simple Triage and Rapid Treatment
SWP	State Warning Point
Target Capabilities	Federally identified capabilities needed across all disciplines to effectively prepare for, respond to, and recover from a disaster (all target capabilities are outlined in Florida's Domestic Security Strategy, and healthcare target capabilities are outlined in the Florida Public Health and Healthcare Preparedness Strategic Plan)
TRAIN	Triage by Resource Allocation for IN-patient
VA	Veterans Administration

VOAD	Volunteer Organizations Active in Disaster
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