



# **Central Florida Disaster Medical Coalition**

## **Operations Plan**

**Approved by the CFDMC Board**

**June 15, 2021**

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## INTRODUCTION

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

## PURPOSE

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

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

## SCOPE

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

RDSTF 5 Operating Guide 3-24-21

Tactical Interoperable Communications Plan (TIC Plan)

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

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

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

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

## CURRENT CFDMC RESPONSE CAPABILITIES:

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

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

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

- If a Coalition member organization needs assistance during a disaster response (staff, equipment, supplies, or other resources), the member organization submits a request to the County Emergency Operations Center (EOC). It is the county's responsibility to try to fulfill the individual's request.
- If the County EOC is unable to fulfill the request, the County submits requests to the State EOC through WebEOC. Once a request has been received by the State EOC from a county, it is initially processed by the County Liaison Desk under the direction of the Operations Support Branch, who verifies the information. From there, it is assigned to the proper branch for tasking to the appropriate ESF. If the ESF can meet the

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

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

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

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

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

## REGIONAL RESPONSE TEAMS/ASSETS:

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

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

1.	MRP - CFDMC REGIONAL MEDICAL ASSISTANCE TEAM		
a.	<p>Task and Purpose:</p> <p>Provide Medical Surge Care</p>	b.	<p>Mission:</p> <p>To stabilize, treat, and transfer as appropriate, up to 150 patients per 24-hour operational period, or operate an aeromedical staging facility or other medical missions as required.</p>
c.	ESFs: 6, 8	d.	<p>Limitations:</p> <p>-Not self-sustaining</p>
e.	<p>Personnel:</p> <p>Command staff provided by Coalition membership, 6-10 personnel, all other personnel assigned from local agencies or affiliated or unaffiliated volunteer resources.</p> <p>Personnel needed from sources outside base Coalition Command and Control:</p> <p>3 Physicians/PA</p> <p>9 Nurses</p> <p>12 Medical Support staff (EMT, PM Med Tech)</p> <p>8 Non-Medical Support Staff (Admin, Logistics)</p>	f.	<p>Equipment:</p> <p>~6000 square feet of Air-conditioned space (5-Zumro 860s, 3-Zumro Quads, 2-Zumro 400s)</p> <p>4-towed trailers (2-26' and 2-20')</p> <p>5-Diesel trucks (1-F250, 3-F350, 1-F550)</p> <p>1-75KW diesel generator</p> <p>2-12KW diesel Kubota generators</p> <p>20-Temp beds (ICU treatment beds)</p> <p>40-Westcott Medical Cots</p> <p>40-Slumber Jack folding cots</p> <p>20-NATO Litters /w litter stands</p> <p>6-NATO Litter Carriers</p> <p>2-John Deere Patient Transport Vehicles on trailers</p> <p>2-Lifepak 12s Defibrillator/Monitors</p> <p>4-Propack Monitors</p> <p>14-Patient treatment supply carts</p> <p>8-5 ton portable AC units</p>

			<ul style="list-style-type: none"> <li>5-2.5 ton portable AC units</li> <li>12-Portable suction machines</li> <li>2-On demand hot water heaters</li> <li>4-3 gang portable sink units</li> <li>-Power Distribution equipment for entire facility</li> <li>-Limited Refrigerator and freezer storage</li> </ul>
g.	<p>Required Support:</p> <ul style="list-style-type: none"> <li>-Site Security</li> <li>-Sanitation (Porta-john &amp; Hand Washing)</li> <li>-Potable water and authority to discharge grey water or grey water disposal capability</li> <li>-Medical resupply based upon patient acuity and volume</li> <li>-Fuel and camp space including billeting and rations must be provided</li> <li>1-26' rental box truck</li> <li>1-additional 65-75KW 3 phase generator</li> </ul>	h.	<p>Works With:</p> <ul style="list-style-type: none"> <li>-Local EMS</li> <li>-Local EM</li> <li>-Local Hospitals</li> <li>-Local Fire Department</li> </ul>
i.	<p>N-Hour Sequence:</p> <p>Dispatch of Equipment Package within 12-24 hours of mission assignment. Facility reaches initial operational capability 3 hours after arrival on scene with minimum of 10 personnel.</p>	j.	<p>Special Instructions:</p> <p>Sustainable, based upon rotation and volume of Volunteer staffing provided by local agencies and unaffiliated volunteer credentialing.</p>
k.	<p>Cost Per Day: \$2,800/Day Personnel: \$2,400/Day Equipment: \$400/Day Total: Dependent on Event</p> <p>Breakdown of charges for personnel and equipment:</p>		

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

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

MRP – REGION 5 FAMILY ASSISTANCE CENTER RESPONSE TEAM			
a.	<p><b>Task and Purpose:</b> A response team that can, at the request of a local jurisdiction, quickly set up and initially operate a Family Assistance Center</p>	b.	<p><b>Mission:</b> Set up and operate a Family Assistance Center until the local jurisdiction is capable of maintaining operation.</p>
c.	<p><b>ESFs:</b> ESF8 ESF16</p>	d.	<p><b>Limitations:</b> Personnel have been identified to lead the sections within an FAC but additional staff would need to be added to maintain operations. For example, Florida Crisis Response Team members to provide individual and group crisis counseling.</p>
e.	<p><b>Personnel/Positions:</b> Region 5 Family Assistance Center Response Team Members (see organizational chart in plan and team roster).</p>	f.	<p><b>Equipment:</b> to be identified during exercise in FY 21-22 (postponed during pandemic).</p>
g.	<p><b>Required Support:</b>  Coalition funded project (multi-year)</p>	h.	<p><b>Works With:</b>  Region 5 Emergency Managers Region 5 Incident Management Team Florida Crisis Response Team Local, state and national law enforcement</p>
i.	<p><b>N-Hour Sequence:</b> 6-8 hours</p>	j.	<p><b>Special Instructions:</b> Local jurisdictions will pre-identify or work with team to locate the appropriate location for an FAC.</p>

k.	Cost Per Day: TBD Personnel: Volunteers Equipment: none Total: Travel and lodging are the only anticipated costs and will depend upon the mission.
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**Disaster Behavioral Health (DBH): The Coalition maintains DBH liaisons able to assist local and regional ESF8 in determining and meeting the disaster behavioral health needs of an event. The Coalition partners with and provides members to the Florida Crisis Response Team for DBH strike teams.**

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

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

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

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

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

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

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

## BRIEF SUMMARY OF EACH INDIVIDUAL MEMBER'S RESOURCES AND RESPONSIBILITIES.

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

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

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

Laboratories – Disease and infection identification

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

Medical Doctors – Primary care providers

Medical Examiners – Cause of death and fatality management

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

Medical Reserve Corp – Volunteer staffing

Pharmacies – medication distribution

Emergency Management – Event Management

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

Fire Departments/Fire Rescues – Life and property safety

Universities – Education and training

Funeral Homes – Fatality management

Vendors – Supplies resources and supply chain

## INTEGRATION WITH APPROPRIATE ESF8 LEAD AGENCIES.

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

## EMERGENCY ACTIVATION THRESHOLDS AND PROCESSES.

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

appendices (see attached). The Coalition is available to support local jurisdiction or single county events if requested.

#### ALERT AND NOTIFICATION PROCEDURES.

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

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

#### SUPPORT AND MUTUAL AID AGREEMENTS:

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

#### EVACUATION AND RELOCATION PROCESSES.

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

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

#### COORDINATION.

CFDMC coordinates the development of its response plan by involving core members and other HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, nursing homes, and public health agencies are represented. In coordination with its members, the CFDMC reviews and updates its response plan

yearly, and after exercises and real-world events. The review includes identifying gaps in the response plan and working with HCC members to define strategies and tactics to address the gaps. In addition, the CFDMC reviews and recommends updates to the state and/or local ESF8 response plan regularly. The HCC response plan can be presented in various formats, including the placement of information described above in a supporting annex.

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

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

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

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

## TRIGGERS THAT ACTIVATE ALERT AND NOTIFICATION PROCESSES.

The Coalition staff activate whenever the state EOC is activated or for any event in the region that is larger than a single county. The Coalition has redundant communication capabilities with its members, including more than nineteen hundred individuals representing almost 700 organizations. During blue skies, the Coalition uses Constant Contact to share information on meetings, plans, trainings and exercises with its members. During exercises and grey skies, the Coalition uses the Everbridge health alert network to share information with members. In an event, members receive a wealth of information from multiple mechanisms, including the news media and local emergency management. The Coalition's role in information sharing is to monitor communications from local and State ESF8 and share information with member organizations that is not provided via other partners, such as regional status.

## ESSENTIAL ELEMENTS OF INFORMATION:

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

The Coalition formed a committee and identified essential elements of information for all health partners. Below are those EEs:

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

street_address
zip_code
hospital_patient_treatment_status
hospital_census_total
all_hospital_beds
hospital_inpatient_beds
hospital_inpatient_bed_occupancy
hospital_inpatient_bed_available
icu_beds
icu_bed_occupancy
icu_beds_available
structural_damage
evacuation_type
evacuation_status
reentry_status
power_status
generator_fuel_status
generator_fuel_type
hvac_generator_status
normal_water_supply
dialysis_reliable_water_supply
sewer_status
<a href="#">immediate_needs</a>

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

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

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

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

## COMMUNICATIONS:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Beginning in the summer of 2021, CFDMC will partner with Florida Hospital Association for an 18 month pilot of a new communications platform, e-ICS.

## COORDINATE RESPONSE STRATEGY, RESOURCES, AND COMMUNICATIONS:

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

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

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

## IDENTIFY AND COORDINATE RESOURCE NEEDS DURING AN EMERGENCY:

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

## RESOURCE MANAGEMENT

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

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

## SUPPLY CHAIN

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

## INCIDENT ACTION PLANNING

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

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

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

## JOINT INFORMATION CENTERS

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

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

## FURTHER DEVELOPMENT AND REFINEMENT OF CFDMC RESPONSE CAPABILITIES:

With guidance from State and local ESF8s, the Coalition will continue to develop and refine response capabilities, including:

- Individual HCC member organization and HCC contact information. The Coalition maintains a member database but needs a mechanism to ensure that information is kept current.
- Locations that may be used for multiagency coordination. The Coalition Warehouse at 101 Suddath Street, and the Orange County Office of EMS have been identified as locations that can be used.

FLORIDA/CFDMC PEDIATRIC SURGE ANNEX

CFDMC INFECTIOUS DISEASE ANNEX

CFDMC FATALITY MANAGEMENT PLAN

CFDMC DISASTER BEHAVIORAL HEALTH RESPONSE PLAN

CFDMC CONTINUITY OF HEALTHCARE SERVICE DELIVERY PLAN

CFDMC PREPAREDNESS PLAN (INCLUDING CFDMC HVA/JRA)

CFDMC FAC RESPONSE PLAN

CFDMC TRAUMA COORDINATION PLAN

CFDMC SUPPLY CHAIN MITIGATION STRATEGY

CFDMC COOP