



Central Florida Disaster Medical Coalition Equipment Protocol, Policies and Procedures

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1. Introduction

The mission of the Central Florida Disaster Medical Coalition (CFDMC or the Coalition) is to develop and promote healthcare emergency preparedness and response capabilities in the Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5) including Brevard, Indian River, Lake, Orange, Osceola, Martin, St. Lucie, Seminole, and Volusia Counties. The overarching goal is to assist Emergency Management and Emergency Support Function 8 (ESF-8) with the National Preparedness Goals mission areas: Prevention, Protection, Mitigation, Response, and Recovery as it relates to healthcare disaster response. CFDMC does this through facilitation with hospitals, emergency management, Emergency Medical Services (EMS), public health, and other key partners to work collaboratively to build, strengthen, and sustain a healthcare preparedness and response system in the region, based on the capabilities, objectives and activities in the Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP). A key strategy in ensuring regional medical surge preparedness and response is to ensure that all acute care hospitals have the minimum hospital readiness equipment necessary to properly respond to events.

1.1 Purpose

This policy outlines how the Coalition and its members acquire, store, rotate, deploy, rehab and dispose of equipment and supplies.

1.2 Scope

This plan is applicable to all equipment and supplies, regardless of funding source, which was purchased by the Coalition with the intended use for response during emergency events, including equipment and supplies purchased by the Coalition for member agencies.

The Central Florida Disaster Medical Coalition (CFDMC) projects are outlined in the annual work plan that is approved by the Board each year. These projects are designed to build and sustain the ASPR Hospital Preparedness Program capabilities across the region and align to and achieve the deliverables in the Coalition's contract with the Florida Department of Health.

Board members and Coalition members are encouraged to submit gaps and needs through the annual hazard vulnerability assessment/risk assessment/gap assessment process. These are reviewed and incorporated into the annual work plans or submitted to the Board as appropriate for new projects as additional funding becomes available. All funded projects must meet the following criteria:

- Projects must address an identified capability gap or sustain a capability. Projects will not be considered if they supplant normal business expenses/core mission requirements.
- Projects will not be considered if they are eligible for funding under other federal funding processes.
- Project is cost effective, realistic, and achievable.
- No single entity/organization projects are considered in the annual work plan.

See Item 5 for the process for special equipment projects.

1.2.1 Review and Update

This plan, as with all CFDMC plans, is updated annually by April 15th each year. Lessons learned as they emerge from After Action Reports/Improvement Plans following real events or planned training/exercises are incorporated into the plan.

1.2.2 Jurisdictional Deference

The purpose of this plan is to assist in a coordinated regional approach to provide assistance to the impacted area and not to supersede authorities of the participating entities, agencies, or jurisdictions.

2. Definitions

Equipment and supplies purchased by the Coalition under the ASPR HPP grant must be specified in a project approved by the Coalition Board in the annual work plan and approved by the Florida Department of Health (FDOH) contract manager and program lead as part of the Coalition's annual budget.

The Coalition has designated two types of equipment:

- Supplies (items with a purchase value of less than \$5,000). These items are documented by the Coalition under the Budget Category of Supplies, and are entered into the state inventory management system, Royal 4. Expenditures are monitored through the Board's review of the monthly Treasurer's report and through the line-item expenditure documentation submitted to the state as a contract deliverable.
- Equipment (Items with a purchase value of more than \$5,000). These items are documented by the Coalition under the Budget Category of Equipment, and also documented in Royal 4.

3. Resource Management Committee

The Coalition has a minimum hospital readiness project overseen by the regional hospital equipment committee, including identification and updates to minimum hospital readiness standards by hospital size. These standards were established using the ASPR guidelines. This committee is comprised of all hospitals within the region and all county ESF-8 partners. The committee is responsible for review and annual update of the resource management protocol each April.

4. Minimum Readiness Equipment

This represents the minimum disaster-related equipment emergency departments should have based upon the size of the facility, including free-standing emergency departments, small hospitals (less than 150 beds), medium hospitals (150 to 350 beds) and large hospitals (more

than 350 beds). The equipment list includes personal protective equipment, decontamination packages and fatality management equipment. The Coalition does not purchase pharmaceuticals. Please see Attachment A for a detailed listing of items included.

5. Special Equipment Projects

The hospital committee has established a process for vetting special equipment projects each spring, for approval by the Board, should additional funds be available. Hospitals identify and submit special requests to the hospital equipment committee. If additional funding is available, the hospital equipment committee will prioritize these requests and submit them to the Board for approval in April.

6. Pharmaceuticals

The Coalition's role in pharmaceuticals is to assist our member organizations through information sharing, making sure our partner agencies are aware of any supply chain issues, passing along any state or federal guidance, and sharing any available resources. See Supply Chain Mitigation Strategy at: www.centralfladisaster.org/resources.

CDC has established a nationwide project for the "forward" placement of nerve agent antidotes to provide state and local governments a sustainable resource; and improve their capability to respond quickly to a nerve agent attack. These forward placements are called ChemPacks. There are 40 ChemPacks distributed throughout the region and are under the jurisdiction of the Florida Department of Health.

As with any resource need, in a response, any agency needing pharmaceuticals that they are unable to acquire through their normal acquisition process may request such items through their county as described in county and state CEMPs. See Item 10, Deployment Policy.

7. Acquisition

The policy and procedure used by the Coalition is 45 CFR Part 75.239 , "Procurement by noncompetitive proposals." Sources other than Hot Zone USA LLC were determined inadequate due to the services, training, and experience Hot Zone provides with equipment purchases. Hot Zone is an authorized distributor for the equipment purchased and has over 20 years working with hospitals in the state of Florida and Region 5, providing inventory assistance, purchase and distribution of equipment and training. Due to this history, Hot Zone is a trusted vendor for our region. As an authorized distributor and due to its ability to purchase in bulk, Hot Zone has been able to secure the most competitive price for all equipment purchased.

Below are some of the services Hot Zone provides at no cost to the region:

- Equipment inventory and inspection
- Helping to prioritize purchases based on the needs of each facility
- Assembling equipment before delivery

- Delivery and shipping
- Equipment training
- 24-hour support
- Assisting hospitals in maintaining equipment and tracking expiring equipment
- Expertise in finding the best equipment to meet needs
- Bulk purchasing to help reduce costs

When a new facility in the region opens, Hot Zone delivers the equipment outlined in the hospital minimum readiness standards to the facility (see Appendix A). Equipment is assembled and ready to use on delivery. If desired by the facility, Hot Zone will help organize and store equipment as well. They also provide any training required both at the time of delivery and if requested at a later date.

When an existing facility joins the Coalition or at the request of current members, Hot Zone travels to the facility, does a complete inventory and inspection and assists the facility in determining minimum readiness gaps. Hot Zone also inspects how the equipment is stored and provides suggestions to help both extend the life of the equipment and keep the equipment organized and ready for use. Once new equipment is delivered, Hot Zone helps the facility integrate and organize the equipment storage area and provides any training or information the facility may need.

When obtaining other goods or services of \$1,000.00 or more, the Coalition follows its vendor selection process. Bids are solicited; and the lowest bid will be selected unless there is a documented need to select a vendor with a higher bid. If less than three bids are submitted, a search for equivalent prices will be conducted. When selecting a contractor, a scope of work will be developed and widely published, including distributing through relevant workgroup/committee members, Coalition members and posting on the website. A vendor selection committee comprised of at least three Coalition members will be convened to review and rank proposals. The highest rated proposal will be chosen. If there is a disagreement among the selection committee on the final ranking, the decision will be elevated to the Board. For multi-year projects, workgroups may choose to continue with the initial vendor selected based on the vendor's performance during the initial and subsequent years. Any exception to this policy will require Board approval.

8. Storage & Maintenance

Once the equipment is purchased and delivered, it becomes the property of the healthcare partner to whom it is distributed. The healthcare partner must maintain the equipment in response readiness for a minimum of six years from the date of purchase or the expiration date of the equipment, whichever is earliest. If the equipment is part of the minimum hospital readiness project and is used or broken, the hospital must replace the equipment to maintain readiness capabilities, unless the equipment is past its life expectancy (see Item 12, Disposal Policy). If equipment is used during a response, it is the responsibility of the partner agency to

request replacement through the county recovery process. Any change in equipment or supply status within these time periods must be reported to the Coalition, who is responsible for updating the state's Royal 4 inventory system.

9. Resupply and Rotation

Central Florida Disaster Medical Coalition (CFDMC) will provide each hospital with its minimum readiness equipment list before the year's fourth quarter. The hospital will then be responsible for comparing and verifying the equipment they have compared to the list that CFDMC provided them with. By the end of the fourth quarter, each hospital will be responsible for reporting its overage or shortage of equipment to CFDMC. CFDMC will then work with the hospitals to either retrieve the overage or supply the hospital lacking equipment. It is the hospital's responsibility to monitor usage throughout the year and replace expired or obsolete equipment. It is ultimately the hospital's responsibility to maintain readiness with a minimum set of supplies. Whenever possible, health care partners should rotate expiring equipment within their system, although it is understood that the equipment provided is comprised of items not included in normal operational supplies.

10. Deployment Policy

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

By accepting equipment from the Coalition, hospitals agree to abide by the equipment management policy. This statement is included on the delivery receipt form signed by the hospital upon delivery.

In blue skies, healthcare partners requesting temporary use of non-expendable equipment owned by the Coalition must submit a request to the county and/or state ESF-8. The facility must ensure that the equipment is returned to the Coalition in good condition or replace equipment that is not returned in good condition.

During grey skies, the process for redistribution of available resources in the event of a medical surge event is outlined below.

1. 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) as per county and State CEMP. It is the county's responsibility to try to fulfill the request if able and if not, it is referred to the state EOC.
2. If the County EOC is unable to fulfill the request, the County submits requests to the State EOC through WebEOC event management system. During activation the Coalition monitors WebEOC for mission requests.

3. If a resource requested is readily available locally through the Coalition or other member organizations, the Coalition will notify the State ESF-8 desk and the local requestor of the available local resources. If so directed by the State ESF-8 desk, the Coalition will put the requesting organization in touch with the organization providing the resource to arrange transfer of the resource.
4. If there are competing needs for the same asset, the Coalition will notify the State EOC for orders and prioritizations as this authority rests with the State and the local jurisdictions. It is the Coalition's responsibility to assist with resource coordination; 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 are responsible for any such modification of destination or other deployment specifics.
5. If the state 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.

11. Coalition Response Team and Other Resources

The Central Florida Disaster Medical Team 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 RMAT has demonstrated a significant benefit to not only the EMS community but also local hospitals. The RMAT equipment is listed in the Mission Ready Package in the CFDMC Response Plan (see the Response Plan at www.centralfladisaster.org/resources).

In addition, the regional Alternate Care Site plan contains an inventory of mass casualty incident (MCI) and alternate care site (ACS) caches distributed by the Coalition across the region. See the Alternate Care Site Plan for an inventory of the team and county resources at www.centralfladisaster.org/resources.

12. Disposal Policy

CFDMC healthcare partners may dispose of any equipment that is outdated, broken, worn out, or otherwise unusable. The healthcare partner must notify the Coalition so Royal 4 can be updated. If a partner agency no longer wants to maintain equipment provided by the Coalition, the agency will offer to return the equipment to the Coalition at no cost. If the Coalition does

not accept the return of the equipment, the healthcare partner may dispose of the equipment using its internal protocols.

13. Documentation

All equipment purchased from ASPR HPP funds, beginning July 1, 2017, are documented and tracked using the state's Royal 4 inventory system. All new equipment purchased by the Coalition is documented in Royal 4.

14. Attachment A: Minimum Hospital Readiness Standards List