



Central Florida Disaster Medical Coalition

Operations Plan

**Approved by the CFDMC Board
June 18, 2019**

According to 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, the HCC, 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.”

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

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 1-23-19
- Tactical Interoperable Communications Plan (TIC Plan)
- Orange County CEMP, ESF8 Annex and Seminole County CEMP ESF 8 Annex (Note: The coalition has asked if HCCs are referenced in the State CEMP/ESF8 Annex and are working with 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, 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:

- Strategies to implement if the emergency overwhelms regional capacity or specialty care including trauma, burn, and pediatric capability
- Strategies for patient tracking
- Strategies for initial patient distribution (or redistribution) across the region and among local hospitals in the event a facility becomes overwhelmed, and
- Processes for joint decision making and engagement between the HCC and stakeholders to avoid crisis conditions based on proactive decisions about resource utilization

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 one thousand individuals representing almost 500 organizations. During blue skies, the Coalition uses Constant Contact to share information on meetings, plans, trainings and exercises with its members. During exercises and gray 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 receives information and intelligence from our region's intelligence fusion center (Central Florida Intelligence Exchange – CFI) and disseminates this information as appropriate to members. The coalition practices information sharing during a response by holding calls with members during the annual regional full-scale mass casualty exercise.

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 State ESF8 desk notifies Regional Points of Contact as resource requests are received. A primary and secondary point of contact will coordinate resource requests throughout the declared event.
- If a resource requested is readily available locally through the Coalition or other member organizations, the regional point of contact will notify the State ESF8 desk and the local requestor of the available local resources. If so directed by the State ESF8 desk, the regional point of contact 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.

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 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 operational of alternate care sites and responder rehabilitation.
- Regional Family Assistance Center Team can, at the request of a local jurisdiction, quickly set up and initially operate a family assistance center
- Disaster Behavioral Health: 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.
- The Coalition has purchased and distributed equipment across the regions, including mass casualty caches at individual hospitals, and mass casualty in each county, and alternate care site caches throughout the region.

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 the Medical Examiner have been identified as locations that can be used.
- [Brief summary of each individual member's resources and responsibilities.](#)

- **Integration with appropriate ESF-8 lead agencies.** The Coalition is working with county emergency managers 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.**

- **Alert and notification procedures.**

- **Essential Elements of Information (EIs) agreed to be shared, including information format (e.g., bed reporting, resource requests and allocation, patient distribution and tracking procedures, processes for keeping track of unidentified [John Doe/Jane Doe] patients).**

- **Communication and information technology (IT) platforms and redundancies for information sharing.**

- **Support and mutual aid agreements.** The Coalition has supported healthcare organizations such as hospitals and medical examiners in the development of mutual aid agreement

- **Evacuation and relocation processes.** The Coalition hosts an annual Coalition Surge Tool 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 HCC should coordinate the development of its response plan by involving core members and other HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented. While the interests of all members and stakeholders should be considered in the plan, those of hospitals and EMS are paramount given these entities' roles in patient distribution across the HCC's geographic area during an emergency. In coordination with its members, the HCC should review and update its response plan regularly, and after exercises and real-world events. The review should include identifying gaps in the response plan and working with HCC members to define strategies and tactics to address the gaps. In addition, the HCC should review and recommend updates to the state and/or local ESF-8 response plan regularly. The HCC response plan can be presented in various formats, including the placement of information described above in a supporting annex.

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.

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:

- Define communication methods, frequency of information sharing, and the communication systems and platforms available to share information during an emergency response. Communication methods have been established (use of Constant Contact and Everbridge health alert network).

- Identify triggers that activate alert and notification processes

- Define the EEIs 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) • Identify the platform and format for sharing each EEI.

- Describe a 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.)

- Define processes for functioning without electronic health records (EHRs) and document issues related to interoperability.

Identify Information Access and Data Protection Procedures: The HCC may coordinate with state and local authorities to identify information access and data protection procedures, including:

- Access to public or private systems
- Authorization to receive and share data
- Types of information that can and will be shared (e.g., EEIs)
- Data use and re-release parameters for sensitive information
- Data protections
- Legal, statutory, privacy, and intellectual property issues, as appropriate

Utilize Communications Systems and Platforms The HCC should utilize existing primary and redundant communications systems and platforms—often provided by state government agencies—capable of sending EEIs to maintain situational awareness. The HCC should:

- Identify reliable, resilient, interoperable, and redundant information and communication systems and platforms (e.g., incident management software; bed and patient tracking systems and naming conventions; EMS information systems; municipal, hospital, and amateur radio systems; satellite telephones; etc.), and provide access to HCC members and other stakeholders.

- Use these systems to effectively coordinate information during emergencies and planned events, as well as on a regular basis to ensure familiarity with these tools.

- Maintain ability to communicate among all HCC members, health care organizations, and the public (e.g., among hospitals, EMS, public safety answering points, emergency managers, public health agencies, skilled nursing facilities, and long-term care facilities).
- Restore emergency communications quickly during disruptions through alternate communications methods.
- Leverage communications abilities of health information exchanges (HIEs) and capabilities of EHR vendors where they exist.

Coordinate Response Strategy, Resources, and Communications The HCC should coordinate its response strategies, track its members' resource availability and needs, and clearly communicate this information to all HCC members, other stakeholders, and the ESF-8 lead agency. In addition, the HCC, in collaboration with its members, should provide coordinated, accurate, and timely information to health care providers and the public in order to ensure a successful emergency response.

Identify and Coordinate Resource Needs during an Emergency: The HCC and all of its members—particularly emergency management organizations and public health agencies—should 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:

HCC members should inform the HCC of their operational status, actions taken, and resource needs. The HCC should relay this information to the jurisdiction's EOC and the ESF-8 lead agency:

- Resource management should include logging, tracking, and vetting resource requests across the HCC and in coordination with the ESF-8 lead agency.
- Ideally, systems should track beds available by bed type⁵⁷ (ideally, common bed types are defined across the jurisdiction), resource requests, and resources shared between HCC members, from HCC-controlled or other resource caches.
- The HCC should work 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. HCC members should collectively determine the prioritization of limited resources provided by distributors, reflecting needs at the time of the emergency. In March 2019, the Coalition distributed a supply chain integrity assessment to hospitals and nursing homes. The data will be aggregated and used to identify gaps and mitigation strategies. In July 2019, other health care member organizations will be assessed.

Coordinate Incident Action Planning During an Emergency During an emergency or planned event, each health care organization should develop an Incident Action Plan (IAP)⁵⁸ and utilize

incident action planning cycles to identify and modify objectives and strategies. The HCC should develop an IAP based on its individual HCC members' plans, with its own focus on planning cycles, objectives, and strategies. Ultimately, the HCC's IAP should be integrated into the jurisdiction's IAP, via the ESF-8 lead agency. This will enable a consistent, transparent, and scalable approach to establishing strategies and tactics that will govern the response to an emergency or planned event. Keeping response strategies (e.g., implementing alternate care sites, allocating resources, and developing policies on visitors during infectious disease outbreaks) consistent across HCC members requires coordinated discussion and joint decision making. The IAP can address both response and recovery or a separate recovery plan may be developed in accordance with existing plans at the state or local level (see Capability 3, Objective 7 – Coordinate Health Care Delivery System Recovery).

Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency Sharing accurate and timely information is critical during an emergency. Health care organizations should have the ability to rapidly alert and notify their employees, patients, and visitors to update them on the situation, protect their health and safety (see Capability 3, Objective 5 – Protect Responders' Safety and Health), and facilitate provider-to-provider communication. The HCC, in coordination with its public health agency members, should develop processes and procedures to rapidly acquire and share clinical knowledge among health care providers and among health care organizations during responses to a variety of emergencies (e.g., chemical, biological, radiological, nuclear or explosive [CBRNE], trauma, burn, pediatrics, or highly infectious disease) in order to improve patient management, particularly at facilities that may not care for these patients regularly.

Communicate with the Public during an Emergency HCC members should coordinate relevant health care information with the community's Joint Information System (JIS) to ensure information is accurate, consistent, linguistically and culturally appropriate, and disseminated to the community using one voice. Coordinated health care information that could be shared with the JIS includes but is not limited to:

- Current health care facility operating status
 - When and where to seek care
 - Alternate care site locations
 - Screening or intervention sites
 - Expected health and behavioral health effects related to the emergency
 - Information to facilitate reunification of families
 - Other relevant health care guidance, including preventive strategies for the public's health
- The HCC and its members should agree upon the type of information that will be disseminated by either the HCC or individual members. The HCC should provide Public Information Officer (PIO) training (including health risk communication training) to those designated to act in that capacity during an emergency