Coalition Meeting Agenda

Thursday, September 20, 2018 - 9 am to Noon
St. Lucie Emergency Operations Center
15305 West Midway Road, Ft. Pierce, FL

or via webinar/conference call at:
https://global.gotomeeting.com/meeting/join/684815309
Use your microphone and speakers (VoIP) - a headset is recommended. Or call in using your telephone.
United States: +1 (626) 521-0015
Access Code: 684-815-309
Meeting ID:684-815-309

All lines are muted – press *6 to unmute and mute
NOTE: This meeting will be recorded

Time	Topic
9:00 – 9:10 am	Welcome & Introductions – Dr. Karen van Caulil, CFDMC Board Chair If on webinar/conference call, please confirm your attendance by emailing: info@centralfladisaster.org
9:10 – 9:55 am	Evacuation Best Practices Bob Stolz, Regional Manager, Southwest & Florida, ARC Products, LLC
9:55 – 10:10 am	Break
10:10 – 11:10 am	Lessons Learned from Stoneman Douglas (Parkland): Kelly Keyes, Emergency Preparedness Manager, Broward Health
11:10 – 11:45 am	Active Shooter Tips & Resources: St. Lucie Sheriff's Office
11:45 – 11:55 am	Regional Best Practices/Lessons Learned in Alternate Care Sites: Blue Skies
11:55 am - Noon	Wrap-up – Dr. van Caulil • Other Announcements • Next Meeting: December 13, Viera • Meeting Evaluation (e-survey following meeting)

Reminder: Dementia Awareness Training

1:30 to 3:30 – 1:30 to 3:30 (open to all members)

Note: the training is not available via webinar

9-20-18 Central Florida Disaster Medical Coalition Quarterly Member Meeting Minutes

Participants: See attached sign-in sheets and webinar attendees

Welcome: Dr. Karen van Caulil, CFDMC 2018 Board Chair, welcomed the group and thanked for all participating. She thanked St. Lucie Emergency Management for hosting the meeting. She reminded all present that the session was being recorded. She asked Board members present to introduce themselves. She reminded those attending in person to sign-in and asked webinar/phone participants to email to confirm attendance.

Regional Best Practices/Lessons Learned in Alternate Care Sites: Blue Skies presented trends learned from the recent alternate care site tabletops held in each county (see attached presentation). The next step in this process will be a functional exercise in 2019.

Evacuation Readiness-Lessons Learned, Best Practices and Support Tools: Med Sled presented an overview of lessons learned from multiple hospital evacuations across the nation and an overview of training they provide (see presentation). Med Sled was asked by the coalition, at the request of hospitals within the region, to conduct an assessment of hospital evacuation equipment across the region. The assessment has just begun and results will be presented to the coalition.

Lessons Learned from Stoneman Douglas (Parkland): Kelly Keyes, Emerging Preparedness Manager from Broward Health provided a powerful presentation on Broward's response to this active shooter event. Lessons learned include sharing patient lists with all responding hospitals, ensuring that students have identification on their person (many arrived at hospitals within no IDs as these were left behind in backpacks, etc.), and providing behavioral health support/debriefings to the hospital responders.

Active Shooter Tips & Resources: The St. Lucie County Sheriff spoke to the group about the importance of being prepared. Detective Sue Woodward of the St. Lucie Sheriff's Office provided training on how to respond if confronted with an armed aggressor.

Wrap-up: Dr. van Caulil asked if there were any other announcements. She reminded members that the next meeting will be December 13 in Viera. She encouraged members to participate in the meeting survey that will be sent out electronically following today's meeting. She reminded attendees that dementia awareness training will be held today from 1:30 to 3:30 p.m.

Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

Thursday, September 20, 2018

Note: Meeting is being recorded

Dr. Karen van Caulil, 2018 CFDMC Chair

Introductions

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

Evacuation Readiness–Lessons Learned, Best Practices and Support Tools – Joe Pandolfo, President of Med Sled Evacuation/ARC Products

Evacuation Best Practices

Joe Pandolfo
President – Med Sled

History

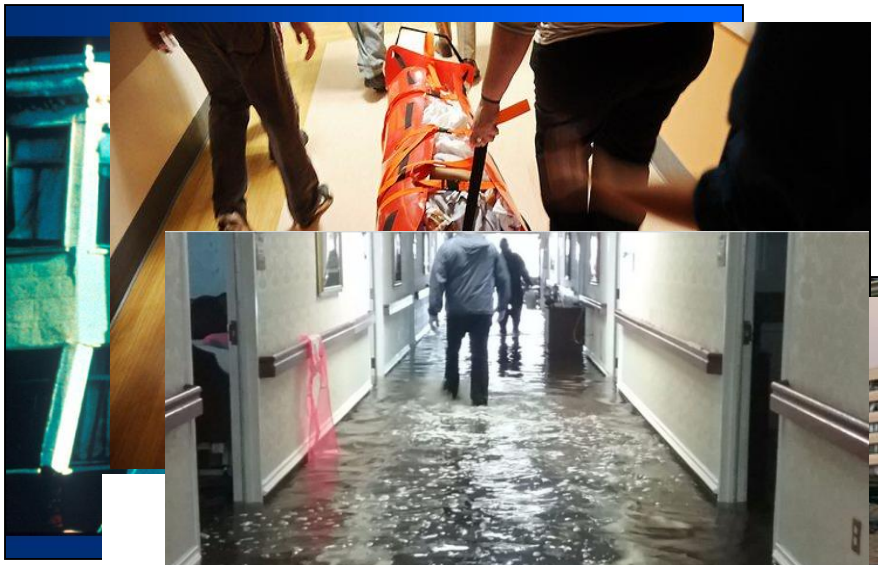
Looking Back

- In 2006, in the wake of Hurricane Katrina, the Office of the Assistant Secretary for Preparedness and Response (ASPR) was created
- Objective was to lead the nation in preventing, preparing and responding to public health Emergencies and Disasters
- Over the last 12+ years, millions of dollars have been spent in the pursuit of this objective
- Spending was spread across a broad spectrum of preparedness priorities …
- Mile Wide … As deep as the funding allowed

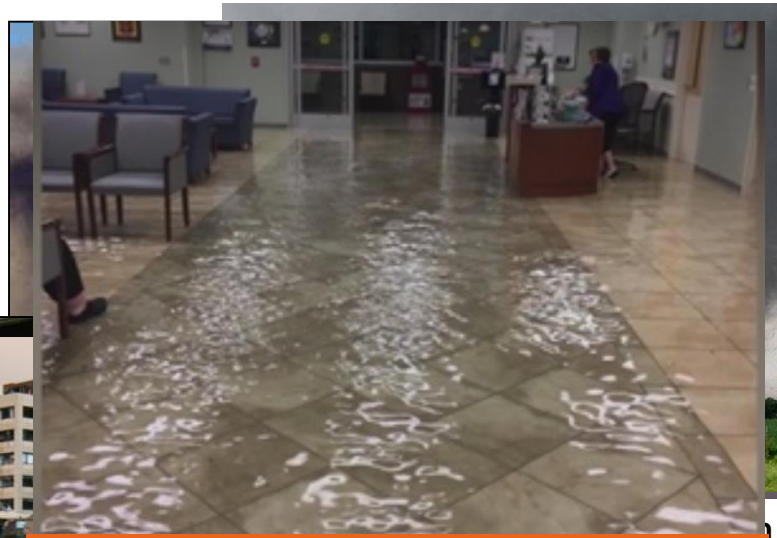
Many Lessons Have Been Learned
The Greatest Lesson Has Been…

Lessons Learned

It is not a matter of IF a large area wide disaster will occur … but WHEN …. History Has Proven this



Hurricane Harvey – Houston . Tx
August 2017



Hurricane Florence – Hits SC, NC & VA
September 2018

Loma P
San Fra
Area19

Through These Events Critical Gaps Have Been Identified …
Here Lies our CHALLENGE!

The Challenge

- Our industry is great at sharing the lessons learned by others that learned them the hard way …
- We are great at sharing best practices
- The Challenge …

  STOP Just Learning – Start Applying
- Ask yourself …. Are our plans based on old assumptions and protocols **OR** have I implemented the Hard Lessons Learned by Others

Emergency & Disaster Planning

Can You Ever Be Too Prepared?

Lessons Learned

- **Superstorm Sandy – NYU Langone**
  - Evacuation Plans assumed
    - Never have to fully evacuate the entire faculty
    - Vertical Evacuation limited to 2 or 3 floors
    - Had a mutual aid agreement with Bellevue Hospital to share evacuation equipment
  - NYU used their Med Sleds to evacuate approximately 280 Critical Care patients out of a 16 story building
  - Bellevue Hospital was evacuating at the same time
- Lesson Learned:
  - Plan for the worst case scenario
  - Reuse of equipment is not feasible

Lessons Learned

- **Joplin, MO – EF5 Tornado**
  - Evacuation Plans assumed
    - Would never have to fully evacuat the facility
    - Would reuse evacuation equipmer
    - Cached over half of their equipment … Planned on deploying equipment "where needed"
  - Hospital took a direct hit of EF5 Tornado … 200+ mile per hour winds
  - Fully evacuated hospital …
  - ½ of their evacuation devices were not accessible
  - ½ remaining, were not available for reuse
- Lesson Learned:

  Evacuation equipment is needed immediately … Don't centrally cache, deploy equipment as close to the

Evacuation Lessons Learned

- Change the paradigm: It is not a matter of IF … but WHEN
- Plans should not over rely on ot "help is coming"
- Prepare for both horizontal and evacuation …If there is a debris field you can't roll patients in their beds, evacuation equipment will be needed even for horizontal evacuation
- Don't overly rely on technol
- "What man makes, Mother Nature can break … IE: Sate Phones, Generators …"KISS"

oplin, MO Fire Department

Evacuation Lessons Learned

- No lift and no wheeled devices
- Wheeled devices become carry devices in debris field
- Carrying is dangerous to patient and your staff …average weight of non-ambulatory patient is over 265
- Transportation plans must start the bed
- Plan realistic drills to test your plans, protocols and assumptio NOT validate your plans

Evacuation Lessons Learned

Infant / Toddler Evacuation Principles \ Protocols

- Clinicians stay with infants from bed to extraction area

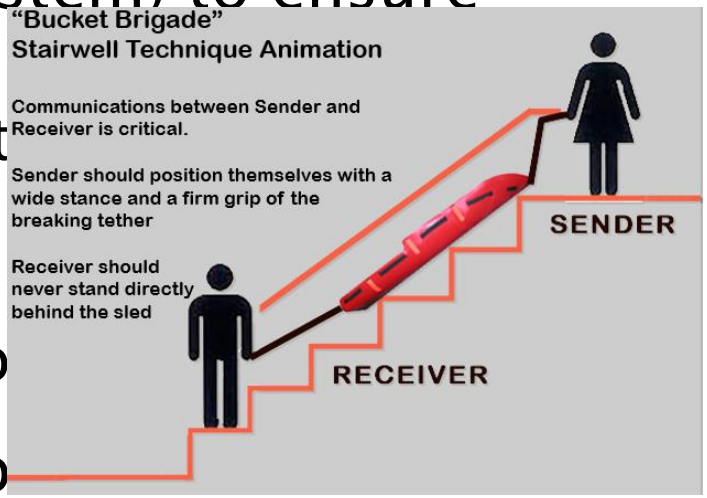
- High acuity infants / NICU (Le & 4) require continuous life support throughout the evacu process, 1 Clinician to 1 Infar without proper equipment will require 7 to 8 clinicians to 1 baby

- Healthy / lower acuity infants (Level 1 & 2 … growers and feeders) do not require life support or continuous

Evacuation Lessons Learned

Adolescent and Adult Patient Evacuation

- Evacuation Goal …
  Maximize the number of patients safely evacuated, while minimizing the number of staff required to stay in harms way the least amount of time
- Clinicians work in pairs (Buddy System) to ensure safety
  - Responsible for sled deployment
  - Loading patient into sled
  - Transition from bed to floor
  - Horizontal movement to protoco
- Utilize a deployed labor pool to fo
  a "bucket brigade" for vertical evacuation
  - 1 person per landing … Sender & Receiver



Evacuation Readiness – Best Practice

- Having enough of the Right equipment in the Right locations is paramount to a successful evacuation
- Fully equip units to evacuate in a single flow … Minimize the time to evacuate and maximize safety…
- Funding is tight… Grant $, Capital and OpEx budgets
- More people / layers of approval (C-Suite) requires more time AND up-front work,

Evacuation Readiness – Best Practice

- Utilize a Data Driven Assessment Process …
  - Facility based assessment using your data, protocols and facility layout requirements ….
  - Equipping each unit with the appropriate quantity and mix of emergency evacuation equipment to meet their unique requirement
  - Consensus Driven: Emergency Management, Nurse Managers, Unit Nurses, Facilities, Safety, Executive Team
  - Facility / Unit specific data (Building / Unit Floor Plans, Evacuation Exits)
  - Facility's / Health System Evacuation Protocols / Standards
  - Share Best Prac[illegible] / Lessons Learned by others

Med Sled® Can Help

Deliverables

1. Current State – Equipment Deployment (inventory) by Unit, Floor, Building, Campus and System

2. Unit Level Equipment Needs … data driven

3. Gap Analysis – Strategic planning tool to drive future investments

4. Equipment Mix & Deployment Plan – By unit, building, campus, system

5. System Wide Risk Assessment – Build from the Unit up

We are currently in this process with Orlando Health, Nemours Children's Hospital, ….

Evacuation Lessons Learned

"It is critical to prepare your facility for the worst case scenario.
***There are many lessons we have learned** from catastrophes like Hurricane Katrina, the Joplin tornado and now Super Storm Sandy.*
Our job as emergency preparedness professionals is to apply these lessons to our plans

Kristen Stevens
Director – Emergen
NYU – Langone

NYU-Langone – Super Storm Sandy

Conclusion

- **We Have Learned Many Lessons**

- **The Challenge … Applying the Lessons Learned**
  - Change your paradigm: It is not a matter of IF … but WHEN
  - Never develop plans based on a "that will never happen to us" assumptions
    - When you plan, train or run a drill … Base them on realistic scenarios … "Plan for the Worst event that you can imagine"
  - Having Enough of the Right equipment in the Right locations is paramount
    - Equipment can dictate your success in a crisis
  - Interdependencies between Hospitals and First Responders is a critical element of your Area wide planning …

Questions?

Emergency & Disaster Planning

Can You Ever Be Too Prepared?

Well Maybe …

Your job is a very difficult one…

"… is to prepare thoroughly at times when it seems nothing could go wrong."

Jeff Hamilton, Director EP – St. John's Mercy

If you over prepare … you waste money

If you under prepare … you risk lives

NO ONE LEFT BEHIND

BACK UP MATERIAL

Med Sled Training Program

Med Sled Offers Four(4) Tiers of Training

1. On Site / Hands On *Train the Trainer* Training

2. Computer Based Training – three training videos
   - Adolescent/Adult Sled Training
   - Infant / Toddler Sled Training
   - NICU Evacuation Basket and Rack System

3. Live Webinar Based Training

4. Written / Pictographic Just-in-Time Instructions

Train the Trainer Training Program

Standardize Process

- **Duration: 75 Min**
- **Attendees:**
  - Targeted Attendees – Employees that will have the responsibility to train others
  - # of Attendees Per Class: 6 to 10 "Active" Participants
- **Training Objectives:**
  - All participants understand evacuation protocols, process and the use of the Med Sled® Evacuation Sled
  - Participants will return to their facility to:
    - Ensure Med Sled® evacuation sleds are incorporated into the facilities evacuation plans / protocols
    - Ensure the Med Sled Evacuation Sled are deployed
    - Conduct *Train the Trainer* Training classes for other targeted "Super Users"
- **Training Tools:**
  - Use of In-Patient Room w/ Functioning Bed with sheets/pillows
  - Room on 2nd or higher floor to practice stairway descent (Prefer conducting training from In-Patient room if available)
  - Access to usable stairwell exit (prefer a protocol evacuation exit)

Med Sled Training Program

Agenda

- **Introduction / Training Kick Off (~15 Min)**
  - Training Objective / Key Deliverables
  - Expectations Post Training
  - Product Review
  - Protocol Review
- **Hands on Training (45 min)**
  - Each participant must perform each roll (Patient, Clinician, Stairwell Sender, Stairwell Receiver)
  - Exercise focuses on 4 Step Process
    - Sled Deployment & Patient Loading
    - Bed to Floor Transition & Proper Drag Techniques
    - Vertical Descent (Sender & Receiver)
    - "*Evacuation Ready*" Sled Put Away
- **Debrief (15 Min)**
  - Review 4 step process, expectations …
  - Open discussion / Q&A…
  - Next steps … Training Others

Med Sled®
Evacuation Readiness Assessment Services …

Options:

1. Area Wide (System Assessment
2. Individual Hospital / Campus Assessment

1. System/Coalition Assessment

Multiple Approaches / Level Of Work

A. Electronic Survey to Capture Facility Specific Data

MED SLED

Emergency Evacuation Equipment Needs Assessment
Hospital Patient Care Survey

Facility Name:
Title:
Contact Person:
Phone #:
Email:

In-Patient Care - Number of Overnight Beds: Please provide the average daily census (ADC) for the following in-patient/overnight beds.

A. # of ADC Acute Care (Gen Medical, Psych, …) Beds:
B. # of ADC Specialty/Surgical Units (Neuro, Orthopedic, Telemetry, Cardio, Geriatric…) Beds:
C. # of ADC ICU/Hospice/Step-Down Beds:
D. # of ADC Pediatric ICU/Step-Down Beds:
E. # of ADC NICU Beds:
F. # of ADC Well Baby / Nursery Beds:
G. Total Hospital ADC:
Note: Total Hospital ADC (G) should equal the total of the In-Patient beds (A through F)

In Patient Care - Long Term Care / Skill Nursing Beds Provide the average daily census (ADC) for separate facilities that fall under your responsibility or connected to your hospital.

A. # of ADC Long Term Care Beds:
B. # of ADC Skilled Nursing Beds:
C. # of ADC Memory Management Beds:
D. Total ADC Senior Care Beds:
Note: Total Senior Care (D) represents the ADC of In-Patient Senior Care Beds (A through C)

Patient Care Area Information: Provide the average # of patients in the area during a "peak" hour of the day

A. # of OR (Inpatient & Same Day Surgery) Patients during the Peak Hour:
B. # of PACU Patients during the Peak Hour:
C. # of Rehab / Clinics Patients during the Peak Hour:
D. # of Special Treatment Patients during the Peak Hour (Dialysis, Chemo, Endo/Colonoscopy, …):
E. # of Emergency Room Patients during the Peak Hour:
F. Total # of Patients in key Patient Care Areas during their Peak Hours:
Note: Total Patients during the area's peak hours (F) represents the total number of patients in Care Areas (A through C) where evacuation equipment will be needed.

If you would like to save your survey prior to submitting, select File in the menu bar, Save As and follow the instructions.
Print Form

When you have completed the survey, click on the SUBMIT button at the bottom of the page to submit your survey.
Submit by Email

			Evacuation Devices									Storage Devices						
Hospital		Hosp ADC	MS28	MS36	MS48	INF3	TOD2	Evac Baskets	EB Racks	EB System	Other	SD4	SD10	SDB2	SDB6	SDINF2	SDEB6R	Othe
	Assessed	80	0	23	28	0	0	0	0	0	0	6	0	4	3	0	0	0
	Current		1	8	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gap		0	15	26	0	0	0	0	0	0	6	0	4	3	0	0	0
	Assessed	200	1	50	85	9	0	16	3	3	0	10	0	9	12	4	3	0
	Current		1	21	5	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gap		0	29	80	9	0	16	3	3	0	10	0	9	12	4	3	0
	Assessed	299	0	80	81	14	0	25	4	4	0	17	1	9	10	7	4	0
	Current		1	33	3	2	2	6	1	1	0	0	0	0	0	2	1	0
	Gap		0	47	78	12	0	19	3	3	0	17	1	9	10	5	3	0
	Assessed	144	1	43	42	2	0	0	0	0	0	9	0	7	5	1	0	0
	Current		1	11	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gap		0	32	40	2	0	0	0	0	0	9	0	7	5	1	0	0
	Assessed	20	0	5	1	0	0	0	0	0	0	1	0	1	0	0	0	0
	Current		2	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gap		0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0
	Assessed	110	0	26	7	0	0	0	0	0	0	7	0	3	0	0	0	0
	Current		0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gap		0	24	5	0	0	0	0	0	0	7	0	3	0	0	0	0
	Assessed	172	3	48	52	2	0	5	1	1	0	11	0	8	6	1	1	0
	Current		1	16	3	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gap		2	32	49	2	0	5	1	1	0	11	0	8	6	1	1	0
	Assessed	5	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Current		3	15	5	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gap		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Assessed	7	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Current		1	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gap		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Assessed	59	0	15	16	2	0	0	0	0	0	3	0	1	2	1	0	0
	Current		1	13	3	2	1	0	0	0	0	0	0	0	0	2	0	0
	Gap		0	2	13	0	0	0	0	0	0	3	0	1	2	0	0	0
	Assessed	245	0	60	16	0	0	0	0	0	0	15	0	7	0	0	0	0
	Current		1	21	5	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gap		0	39	11	0	0	0	0	0	0	15	0	7	0	0	0	0
	Assessed	73	0	19	27	2	0	0	0	0	0	4	0	2	3	1	0	0
	Current		1	7	1	1	1	0	0	0	0	0	0	0	0	1	0	0
	Gap		0	12	26	1	0	0	0	0	0	4	0	2	3	0	0	0
	Assessed	4,429	66	1,131	1,112	56	6	160	27	27	0	265	2	159	131	28	27	0
	Current		59	459	137	26	19	45	4	27	0	10	5	1	0	18	4	0
	Gap		29	688	982	33	6	127	25	25	0	255	2	158	131	13	25	0

Note: Assumed direct shipment to each facility. Shipping cost (based on historical purchases)

Training (5 Map Days) $11,8

1. System/Coalition Assessment

B. Self Assessment – Provides each facility guidelines and a tool to complete… Feeds Coalition Summary

North Carolina Hospital's Group Purchase Planning Tool

Facility Name	
Contact Name	
Contact Phone #	
Contact Email Address	

Patient Specialty	Assumed % Non Ambulatory **	Patient Count: Bed Capacity	Patient Count: Average Daily or Peak Census	Patient Count: Assumed # of Non Ambulatory Patients	Med Sled Solution: MS36	Med Sled Solution: MS48	Med Sled Solution: Well Baby Package	Med Sled Solution: Evac Basket & Rack System	Storage Devices: SD4	Storage Devices: SDB6	Storage Devices: SDINF3
Acute Care / Med Surg	35%			0	0	0			0	0	
Critical Care	90%			0	0	0			0	0	
Specialty Care (Tele, Ortho, Neuro, etc)	70%			0	0	0			0	0	
Perinatal	30%			0	0	0			0	0	
Psych	25%			0	0	0			0	0	
OR/PACU/Pre OP	90%			0	0	0			0	0	
Pedatrics	25%			0	0	0			0	0	
Well Baby / Nursery	100%			0	0		0				0
NICU	100%			0				0			
Long Term Care/Rehab / Geriatric	50%			0	0	0			0	0	
Totals		0	0	0	0	0		0	0	0	0

To be filled in by Facility
Calculated Fields / Protected
Blank Fields

** *Emergency Evacuation Definition of a Non Ambulatory Patient*: *An individual that cannot safely evacuate themselves potentially over debris filled hallways, down stairs and out of the building in a timely fashion without assistance and without posing a risk to themselves or other. If they cannot evacuate themselves from the building quickly and without risk to others, they would be considered Non Ambulatory.*

			Evacuation Devices									Storage Devices							
Hospital		Hosp ADC	MS28	MS36	MS48	INF3	TOD2	Evac Baskets	EB Racks	EB System	Other	SD4	SD10	SDB2	SDB6	SDINF2	SDEB6R	Other	Cost
	Assessed	80	0	23	28	0	0	0	0	0	0	6	0	4	3	0	0	0	
									0	0	0	0	0	0	0	0	0	0	
									0	0	0	6	0	4	3	0	0	0	$18,168
									3	3	0	10	0	9	12	4	3	0	
									0	0	0	0	0	0	0	0	0	0	
									3	3	0	10	0	9	12	4	3	0	$62,530
									4	4	0	17	1	9	10	7	4	0	
									1	1	0	0	0	0	0	2	1	0	
									3	3	0	17	1	9	10	5	3	0	$72,650
									0	0	0	9	0	7	5	1	0	0	
									0	0	0	0	0	0	0	0	0	0	
									0	0	0	9	0	7	5	1	0	0	$32,058
									0	0	0	1	0	1	0	0	0	0	
									0	0	0	0	0	0	0	0	0	0	
									0	0	0	1	0	1	0	0	0	0	$718
									0	0	0	7	0	3	0	0	0	0	
									0	0	0	0	0	0	0	0	0	0	
									0	0	0	7	0	3	0	0	0	0	$12,702
									1	1	0	11	0	8	6	1	1	0	
									0	0	0	0	0	0	0	0	0	0	
									1	1	0	11	0	8	6	1	1	0	$40,425
									0	0	0	0	0	0	0	0	0	0	
									0	0	0	0	0	0	0	0	0	0	
									0	0	0	0	0	0	0	0	0	0	$0
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									0	0	0	0	0	0	0	0	0	0	$0
									0	0	0	3	0	1	2	1	0	0	
									0	0	0	0	0	0	0	2	0	0	
									0	0	0	3	0	1	2	0	0	0	$6,760
									0	0	0	15	0	7	0	0	0	0	
									0	0	0	0	0	0	0	0	0	0	
									0	0	0	15	0	7	0	0	0	0	$22,804
									0	0	0	4	0	2	3	1	0	0	
									0	0	0	0	0	0	0	1	0	0	
									0	0	0	4	0	2	3	0	0	0	$16,718
									27	27	0	265	2	159	131	28	27	0	
									4	4	0	10	5	1	0	18	4	0	
									25	25	0	255	2	158	131	13	25	0	$867,209

torical purchases)

estimated to be bewtewwn 6% to 8% of the product cost.

Training (5 Man Days)		$11,875	$0
Shipping (Assume 6% to 8% of Cost)	7%	$52,033
Total		$919,242

1. System/Coalition Assessment

C. Use AHD Data to Drive Assessment – Rolls up to Coalition summary

Hospital		Hosp ADC	Evacuation Devices									Storage Devices							Cost
			MS28	MS36	MS48	INF3	TOD2	Evac Baskets	EB Racks	EB System	Other	SD4	SD10	SDB2	SDB6	SDINF2	SDEB6R	Other	
	Assessed	80	0	23	28	0	0	0	0	0	0	6	0	4	3	0	0	0	
	Current		1	8	2	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		0	15	26	0	0	0	0	0	0	6	0	4	3	0	0	0	$18,168
	Assessed	200	1	50	85	9	0	16	3	3	0	10	0	9	12	4	3	0	
	Current		1	21	5	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		0	29	80	9	0	16	3	3	0	10	0	9	12	4	3	0	$62,530

		Overnight Beds																Patient Care Areas								
		Acute Care			Specialty Care / Surgical Unit			ICU / Step Down		Pediatric ICU / Step Down				NICU		Well Baby		OR		PACU		Rehab/Clinics			Special Treat	
	NA Rate	30%			50%			100%		100%				100%		100%		50%		75%		25%			25%	
Hospital	Hosp ADC*	ADC Beds	MS36	MS48	ADC Beds	MS36	MS48	ADC Beds	MS48	ADC Beds	MS28	MS36	MS48	ADC Beds	EB System	ADC Beds	INF3 System	Peak Occup	MS48	Peak Occup	MS48	Peak Occup	MS36	MS48	Peak Occup	MS36
Hospital #1	80	60	14	4	20	7	3	0	0	0	0	0	0	0	0	0	0	28	14	10	8	0	0	0	6	1
Hospital #2	200	0	0	0	107	37	16	44	44	6	1	4	1	16	3	27	9	30	15	12	9	0	0	0	20	4
Hospital #3	299	186	45	11	18	6	3	29	29	0	0	0	0	25	4	41	14	40	20	18	14	74	15	4	50	10
Hospital #4	248	165	40	10	0	0	0	83	83	0	0	0	0	0	0	0	0	40	20	18	14	0	0	0	34	7
Hospital #5	570	400	96	24	20	7	3	30	30	75	15	45	15	20	3	25	8	10	5	15	11	0	0	0	0	0
Hospital #6	127	68	16	4	30	11	5	29	29	0	0	0	0	0	0	0	0	10	5	11	8	12	2	1	8	2
Hospital #7	46	32	8	2	4	1	1	10	10	0	0	0	0	0	0	0	0	8	4	8	6	20	4	1	8	2
Hospital #8	962	98	24	6	229	80	34	258	258	229	46	137	46	94	16	54	18	45	23	40	30	151	30	8	15	3
Hospital #9	7	7	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20	4	1	6	1
Hospital #10	144	39	9	2	81	28	12	16	16	3	1	2	1	0	0	5	2	6	3	10	8	8	2	0	5	1
Hospital #11	20	20	5	1		0	0		0		0	0	0		0		0		0		0		0	0		0
Hospital #12	134	134	32	8		0	0		0		0	0	0		0		0		0		0		0	0		0
Hospital #13	172	64	15	4	58	20	9	24	24	16	3	10	3	5	1	5	2	15	8	6	5	0	0	0	4	1
Hospital #14	5	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital #15	7	7	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital #16	59	45	11	3	0	0	0	6	6	2	0	1	0	0	0	6	2	8	4	3	2	4	1	0	3	1
Hospital #17	270	270	65	16		0	0		0		0	0	0		0		0		0		0		0	0		0
Hospital #18	317	317	76	19		0	0		0		0	0	0		0		0		0		0		0	0		0
Hospital #19	245	245	59	15		0	0		0		0	0	0		0		0		0		0		0	0		0
Hospital #20	73	58	14	3	0	0	0	8	8	0	0	0	0	0	0	7	2	15	8	10	8	14	3	1	5	1

1. System/Coalition Assessment

Delivers:

1. Higher level assessment of each facilities equipment needs
2. Current equipment deployed by facility
3. Equipment Mix Analysis
4. Facility & Coalition Gap Analysis
5. Cost to close the gap by facility
6. Individual Facility / Campus Assessment

Readiness Assessment Process

3 Step Process

Individual Facility
Readiness Assessment Process

Step 1: Information Gathering / Establish Standards

Work with the EP Manager to gather hospital floor plans, unit details, patient census data and facilitate consensus on hospital specific assumptions.

Hospital Evacuation Equipment - Needs Assessment - Example

Data Collection. We work with the EP Coordinator to develop non ambulatory percentages. To do this we take into account your hospital's unique and specific hospital information. This includes:

- Facilities layout
  - # buildings
  - # exterior exits point
  - Facilities design / fire breaks / exits …
- Occupancy Rates
- # of beds by patient care
- Non ambulatory estimates by patient care
- Staff size …
- Hospital visitors

* This step typically takes ~30 min … 1 to 2 hours for large complexes

Non Ambulatory Consensus Development: Once this is completed, we will work with you to develop a consensus on the non ambulatory rate assumptions by patient care classifications. Below is a **first pass** at the non ambulatory rates. We need to discuss this further to develop a consensus on the percentages.

Bed Classification Assumptions	% Non Ambulatory	Hosptial 1	
ICU	100%	100%	
PACU	100%	100%	
OR / Trauma	100%	100%	
Labor & Delevery	50%	75%	Higher … on 12th floor
New Mothers	50%	50%	
Neonatal (3 infants / Sled)	30%	30%	
Cardio / Tele	30%	30%	
Orthopedic	30%	75%	Specialize in Knee and Hip Replacement
NICU (3/sled)	30%	30%	
PICU (6 months - 2 Yrs)	100%	100%	
Med Surge	30%	30%	
Respiratory	50%	50%	
Oncology	50%	50%	
Neurosciences (EEG, Radiology)	30%	30%	
Hospice	100%	75%	
Radiology/Nuclear Med/Imaging	2/Exit	2/Exit	
Rehab / Physical Therapy	30%	50%	
Psychiatric - Adolescent	2/Exit	2/Exit	
Psychiatric - Adult	2/Exit	2/Exit	
Psychiatric - Elderly	75%	75%	
Wound Care	50%	50%	
[illegible] /Exit)	1	2	

* This step is comp… We will facilitate the discussion using national and our experience completing th… …y of our customers. ARC Products has over 1,000 health care customers.

Floor by Floor Survey: We will work with you to complete a floor by floor survey (# of beds by patient care).

Beds		Sleds
0	Floor Descr	0
Exits	# of Beds by coverage requirement	

Calc: Total # of Beds on the floor
Calc: Total # of sleds required
Entered: # beds at … 100%
Entered: # beds at … 75%
Entered: # beds at … 50%
Entered: # beds at … 30%
Entered: # of Sleds per exits 1

* We complete this step and provide the analytics for your review. You can m… the assumptions and the # of beds to evaluate various what if scenarios.

Assessment – Main Hospital Building

Step 2: Complete Individual Hospital Needs Analysis

Applying the hospital's specific information and assumptions the evacuation equipment needs analysis is completed … Floor by floor by patient unit

Floor #	Wing	Unit	Beds	Sleds	Exits	# of Beds by coverage requirement (1)	(2)	(3)	(4)
8	North Wing (900, 920, 940)				3	23			
7	North Wing (900, 920, 940)	Spine Post Op 8 / Med Surg 9 /Med Surg 9	26	20	3		26		
6	North Wing (900, 920, 940)	Joint Replacement Center / Ortho 5/6/6	17	17	3	17			
5	North Wing (900, 920, 940)	2 per Exit / Adult 24 & Adol Psych 12	0	6	3				
5	Central Wing (700, 800)	Offices / Support Staff	0	2	2				
5	East End Wing (600)	Mechanical Penthouse	0	0					
4	North Wing (900, 920, 940)	Epilepsy Care 8 / 4 Dialysis / Neuro Step-Down 8&8	28	13	3		4	16	8
4	Central Wing (700, 800)	Covered by In Patient / Chapel / Support Services	0	0					
4	South West Wing (300)	Infusion 8	8	4	1			8	
4	South Central Wing (400)	Neuro ICU 8	8	8	1	8			
4	South East Wing (500)	Oncology 25	25	13	1			25	
4	East End Wing (600)	Support Services	0	2	2				
3	North Wing (900, 920, 940)	ICU 8, 8 , 7	23	23	3	23			
3	Central Wing (700, 800)	Covered by In Patient / Offices / Support Staff	0	0					
3	South West Wing (300)	Cardiac / Tele 22	22	17	1		22		
3	South Central Wing (400)	Tele 22	22	11	1			22	
3	South East Wing (500)	Cardio Care Unit 20	20	6	1				20
3	East End Wing (600)	3 OR / 4 CV / 2 EP / SDS / Recover 645-46	9	9	2	9			
2	North Wing (900, 920, 940)	Pre & Post Op 19 / 9 ORS	28	28	3	28			
2	Central Wing (700, 800)	9 ORS / NSI-MRI Diag	9	9	2	9			
2	South West Wing (300)	Nursery West End Sky Tower / New Moms10	10	3	1				10
2	South Central Wing (400)	New Moms 10	10	3	1				10
2	South East Wing (500)	Observation / ED	0	1	1				
2	East End Wing (600)	Med Surge / Surgical Post PACU 34mix	34	17	2			34	
1	North Wing (900, 920, 940)	Support Services/OP Rehab / Catering/ Kitchen	0	1	1				
1	Central Wing (700, 800)	ER & imaging	0	4	2				
1	South West Wing (300)	ED / GI Labs	0	2	1				
1	South Central Wing (400)	ED / Endoscopy	0	1	1				
1	South East Wing (500)	PT Gym ./ Rehab	0	1	1				
1	East End Wing (600)	Support Services / Labs	0	2	2				
LL	Central Wing (700, 800)	IT / Staff Support	0	1	1				
LL	South West Wing (300)	Staff Support / Engineering / Maint	0	1	1				
LL	South Central Wing (400)	Support Staff	0	1	1				
LL	South East Wing (500)	Support staff	0	1	1				
LL	East End Wing (600)	Material Mgmt	0	2	2				

Wing	Unit	Beds	Sleds	# of Beds by coverage requirement (1)	(2)	(3)	(4)
North Wing (900, 920, 940)	Patient Care Bed Totals	145	131	91	30	16	8
Central Wing (700, 800)	Patient [illegible]	9	16	9	0	0	0
South West Wing (300)	Patient Care Bed Totals	40	27	0	22	8	10
South Central Wing (400)	Patient Care Bed Totals	40	24	8	0	22	10
South East Wing (500)	Patient Care Bed Totals	45	22	0	0	25	20
East End Wing (600)	Patient Care Bed Totals	43	32	9	0	34	0

Assessment – Unit Equipment Mix Detail

Step 3: Equipment Mix and Deployment Strategy

This step of the process is Med Sled Specific. In this step we identify the appropriate mix of devices, storage units and a process to identify the optimal storage locations

Floor #	North Wing (900, 920, 940)	Evacuation Sleds			Pediatric Evacuation Equipment			Storage Devices				
		Standard Sled MS36	Bariatric Sled MS48	Total Sleds	TOD2 Pack (Evac 4 Toddlers)	INF6 Pack (Evac 12 Infants)	NICU Package (6 EB, 1 Rack w/ SD)	SD4 (Holds 4 Standard Sleds)	SD10 (Holds 10 Standard Sleds)	SDB2 (Holds 2 Bariatric Sleds)	SDB6 (Holds 6 Bariatric Sleds)	Total Cost
7	Beds: 26 — Spine Post Op 8 / Med Surg 9 /Med Surg 9 — Sleds: 20											
	3 Exits — 0 | 26 | 0 | 0 — # of Beds by coverage requirement	14	6	**20**		0	0	3	0	3	0	**26**
		$5,110	$2,370	**$7,480**	$0	$0	$0	$690	$0	$675	$0	**$8,845**
6	Beds: 17 — Joint Replacement Center / Ortho 5/6/6 — Sleds: 17											
	3 Exits — 17 | 0 | 0 | 0 — # of Beds by coverage requirement	13	4	**17**		0	0	3	0	2	0	**22**
		$4,745	$1,580	**$6,325**	$0	$0	$0	$690	$0	$450	$0	**$7,465**
5	Beds: 0 — 2 per Exit / Adult 24 & Adol Psych 12 — Sleds: 6											
	3 Exits — 0 | 0 | 0 | 0 — # of Beds by coverage requirement	4	2	**6**		0	0	1	0	1	0	**8**
		$1,460	$790	**$2,250**	$0	$0	$0	$230	$0	$225	$0	**$2,705**
4	Beds: 28 — Epilepsy Care 8 / 4 Dialysis / Neuro Step-Down 8&8 — Sleds: 13											
	3 Exits — 0 | 4 | 16 | 8 — # of Beds by coverage requirement	9	4	**13**		0	0	1	0	2	0	**16**
		$3,285	$1,580	**$4,865**	$0	$0	$0	$230	$0	$450	$0	**$5,545**
3	Beds: 23 — ICU 8, 8 , 7 — Sleds: 23											
	3 Exits — 23 | 0 | 0 | 0 — # of Beds by coverage requirement	0	23	**23**		0	0	0	0		4	**27**
			$9,085	**$9,085**	$0	$0	$0	$0	$0	$0	$1,000	**$10,085**

Assessment – Unit & Building Summary

Evacuation Ready – Facility Summary

Hospital Campus - Facilities Summary

North Wing (900, 920, 940)				
Beds				Sleds
145	Patient Care Bed Totals			131
	91	30	16	8
	# of Beds by coverage requirement			

Central Wing (700, 800)				
Beds				Sleds
9	Patient Care Bed Totals			16
	9	0	0	0
	# of Beds by coverage requirement			

Building /Wing Name				
Beds				Sleds
40	Patient Care Bed Totals			27
	0	22	8	10
	# of Beds by coverage requirement			

South Central Wing (400)				
Beds				Sleds
40	Patient Care Bed Totals			24
	8	0	22	10
	# of Beds by coverage requirement			

South East Wing (500)				
Beds				Sleds
45	Patient Care Bed Totals			22
	0	0	25	20
	# of Beds by coverage requirement			

East End Wing (600)				
Beds				Sleds
43	Patient Care Bed Totals			32
	9	0	34	0
	# of Beds by coverage requirement			

Garden View				
Beds				Sleds
0	Patient Care Bed Totals			0
	0	0	0	0
	# of Beds by coverage requirement			

Children's Hospital				
Beds				Sleds
0	Patient Care Bed Totals			0
	0	0	0	0
	# of Beds by coverage requirement			

West End & Sky Tower				
Beds				Sleds
25	Patient Care Bed Totals			11
	0	0	5	20
	# of Beds by coverage requirement			

Building /Wing Name				
Beds				Sleds
8	Patient Care Bed Totals			16
	8	0	0	0
	# of Beds by coverage requirement			

Note: Grayed out lettering represent Children's Hospital areas not included in this analysis.

Building /Wing Name				
Beds				Sleds
4	Patient Care Bed Totals			4
	0	0	0	4
	# of Beds by coverage requirement			

Building /Wing Name				
Beds				Sleds
0	Patient Care Bed Totals			9
	0	0	0	0
	# of Beds by coverage requirement			

Building /Wing Name				
Beds				Sleds
0	Patient Care Bed Totals			1
	0	0	0	0
	# of Beds by coverage requirement			

Building /Wing Name				
Beds				Sleds
0	Patient Care Bed Totals			16
	0	0	0	0
	# of Beds by coverage requirement			

Building /Wing Name				
Beds				Sleds
0	Patient Care Bed Totals			8
	0	0	0	0
	# of Beds by coverage requirement			

Breakdown By Defined Area

Campus Total				
Beds				Sleds
359	Patient Care Bed Totals			317
	125	52	110	72
	# of Beds by coverage requirement			

Patient Overnight Bed Totals				
Beds				Sleds
305	Patient Care Bed Totals			195
	71	52	110	72
	# of Beds by coverage requirement			

*** Bed count represents the total # of overnight average occupiers**

Patient Care Area Totals				
Beds				Sleds
54	Patient Care Bed Totals			105
	54	0	0	0
	# of Beds by coverage requirement			

*** Bed count represents the average # of patients in patient care areas like OR, PACU, ED, clinics, ...**

Staff & Support Area Totals				
Beds				Sleds
0	Patient Care Bed Totals			17
	0	0	0	0
	# of Beds by coverage requirement			

Provides Equipment Needed by Wing, by Building & by Area Classification (Inpatient, Patient Care, Support/Ofc)

Med Sled® Support

Evacuation Ready – Cost Summary

	Evacuation Sleds			Pediatric Evacuation Equipment			Storage Devices					
	Standard Adult Sled	**Bariatric Sled**	**Total Sleds**	**TOD2 Pack** (Evac 4 Toddlers)	**INF6 Pack** (Evac 12 Infants)	**NICU Package** (6 EB, 1 Rack w/ SD)	**SD4** (Holds 4 Standard Sleds)	**SD10** (Holds 10 Standard Sleds)	**SDB2 (Holds 2 Bariatric Sleds)**	**SDB6** (Holds 6 Bariatric Sleds)	**Training** (# of Full Day)	**Total $** (W/ QD)
Main Hospital Building	**134**	**118**	**252**	**0**	**0**	**0**	**20**	**1**	**19**	**14**		$108,175
West Tower Bldgs	**12**	**9**	**21**	**0**	**2**	**0**	**1**	**0**	**1**	**1**		$12,210
Hospital Support Bldgs	**30**	**8**	**38**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		$14,110
Evacuation Readiness Equip Total	**176**	**135**	**311**	**0**	**2**	**0**	**21**	**1**	**20**	**15**	2	$134,495
Cost to Close Gap (MSRP)	**$69,520**	**$57,375**	**$126,895**	**$0**	**$3,600**	**$0**	**$5,040**	**$290**	**$4,700**	**$3,900**	**$6,900**	$151,325
Cost to Close Gap (w/ QD Discount)	**$64,240**	**$53,325**	**$117,565**	**$0**	**$3,570**	**$0**	**$4,830**	**$280**	**$4,500**	**$3,750**	**$0**	$134,495
Savings	**$5,280**	**$4,050**	**$9,330**	**$0**	**$30**	**$0**	**$210**	**$10**	**$200**	**$150**	**$6,900**	**$16,830**

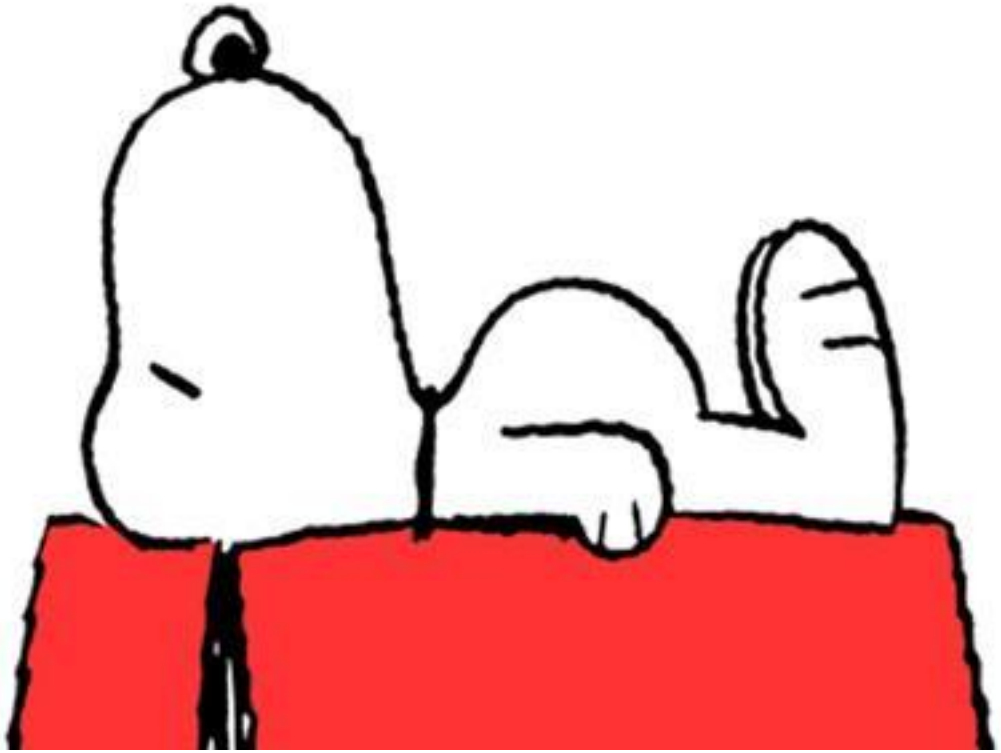
System / Coalition Assessment Summary

			Evacuation Devices									Storage Devices							
Hospital		Hosp ADC	MS28	MS36	MS48	INF3	TOD2	Evac Baskets	EB Racks	EB System	Other	SD4	SD10	SDB2	SDB6	SDINF2	SDEB6R	Other	Cost
	Assessed	80	0	23	28	0	0	0	0	0	0	6	0	4	3	0	0	0	
	Current		1	8	2	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		0	15	26	0	0	0	0	0	0	6	0	4	3	0	0	0	$18,168
	Assessed	200	1	50	85	9	0	16	3	3	0	10	0	9	12	4	3	0	
	Current		1	21	5	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		0	29	80	9	0	16	3	3	0	10	0	9	12	4	3	0	$62,530
	Assessed	299	0	80	81	14	0	25	4	4	0	17	1	9	10	7	4	0	
	Current		1	33	3	2	2	6	1	1	0	0	0	0	0	2	1	0	
	Gap		0	47	78	12	0	19	3	3	0	17	1	9	10	5	3	0	$72,650
	Assessed	144	1	43	42	2	0	0	0	0	0	9	0	7	5	1	0	0	
	Current		1	11	2	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		0	32	40	2	0	0	0	0	0	9	0	7	5	1	0	0	$32,058
	Assessed	20	0	5	1	0	0	0	0	0	0	1	0	1	0	0	0	0	
	Current		2	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	$718
	Assessed	110	0	26	7	0	0	0	0	0	0	7	0	3	0	0	0	0	
	Current		0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		0	24	5	0	0	0	0	0	0	7	0	3	0	0	0	0	$12,702
	Assessed	172	3	48	52	2	0	5	1	1	0	11	0	8	6	1	1	0	
	Current		1	16	3	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		2	32	49	2	0	5	1	1	0	11	0	8	6	1	1	0	$40,425
	Assessed	5	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Current		3	15	5	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
	Assessed	7	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Current		1	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0
	Assessed	59	0	15	16	2	0	0	0	0	0	3	0	1	2	1	0	0	
	Current		1	13	3	2	1	0	0	0	0	0	0	0	0	2	0	0	
	Gap		0	2	13	0	0	0	0	0	0	3	0	1	2	0	0	0	$6,760
	Assessed	245	0	60	16	0	0	0	0	0	0	15	0	7	0	0	0	0	
	Current		1	21	5	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Gap		0	39	11	0	0	0	0	0	0	15	0	7	0	0	0	0	$22,804
	Assessed	73	0	19	27	2	0	0	0	0	0	4	0	2	3	1	0	0	
	Current		1	7	1	1	1	0	0	0	0	0	0	0	0	1	0	0	
	Gap		0	12	26	1	0	0	0	0	0	4	0	2	3	0	0	0	$16,718
Coalition Totals	Assessed	**4,429**	**66**	**1,131**	**1,112**	**56**	**6**	**160**	**27**	**27**	**0**	**265**	**2**	**159**	**131**	**28**	**27**	**0**	
	Current		**59**	**459**	**137**	**26**	**19**	**45**	**4**	**4**	**0**	**10**	**5**	**1**	**0**	**18**	**4**	**0**	
	Gap		**29**	**688**	**982**	**33**	**6**	**127**	**25**	**25**	**0**	**255**	**2**	**158**	**131**	**13**	**25**	**0**	**$867,209**

Note: Assumed direct shipment to each facility. Shipping cost (based on historical purchases) estimated to be bewtewwn 6% to 8% of the product cost.

Training (5 Man Days)	$11,875	$0
Shipping (Assume 6% to 8% of Cost)	7%	$52,033
Total		$919,242

Break



Lessons Learned from Stoneman Douglas (Parkland): Kelly Keyes, Emergency Preparedness Manager, Broward Health

Sculpting by Manuel Oliver whose son Joaquin, 17, was killed in the mass shooting at Marjory Stoneman Douglas High School in Parkland, Florida.

Sue Woodward, Detective, St. Lucie Sheriff's Office
Active Shooter Tips & Resources

Judd Wright & Paul Womble, Blue Skies
Regional Best Practices/Lessons Learned in Alternate Care Sites:

Alternate Care Site Project

Phase II

TRENDS

TRENDS

- **ACS Plans**
  - Not written or written as AMTS plan
    - Should be similar in format, specific to Counties assets.
  - Not updated
  - Non-exercised

TRENDS

- **Training**
  - Conduct ACS Plan training
  - Develop and conduct training for “staff assigned to ACS operations”.
  - Touch the “stuff”

TRENDS

- **ACS Staffing**
  - Challenge
    - Non-traditional
    - Out-of-State
    - MOU's need to be in-place.

ORDER EARLY!!

TRENDS

All need to be careful assuming they can accomplish a task especially if they haven't done it before!

- EXERCISES
- Exercises
- exercises

To the CFDMC & the 9 Region 5 Counties

Dr. van Caulil

- Other Announcements
- Next Meeting: December 13 (Viera)
- Meeting Evaluation (e-survey following meeting)
- Dementia Awareness Training (1:30 to 3:30 pm) – in person only

CFDMC Meeting Sign-In Sheet

September 20, 2018

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Karen van Caulil	FLHCC	Karen@flhcc.org	(407)425-9500
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IRENE TORREGGIANI	FCHC	ITORREGGIANI@FCHCINC.ORG	772-335-8455
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Stacy Brock	DOH-Indian River	Stacy.brock@flhealth.gov	772-794-7479

LISA POZIOMEK MHS lisa.poziomek@martinhealth.org 772-559-8930

DON MCDILDA SLC CISM (STLUCIECISM@GMAIL.COM) (LISTED)

CFDMC Meeting Sign-In Sheet

September 20, 2018

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BRIAN BLIZZARD	SLCFD	bblizzard@clcfd.org	

CFDMC Meeting Sign-In Sheet

September 20, 2018

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Ed Bradley FDOH Martin Edward.Bradley@flhealth.gov 772 530 9830

9/20/18 CFDMC Meeting Webinar Attendees

Derek Webster, Consultate

Jennifer Seifert and April Walls, Restore Outpatient of Florida

Susan Skinner, Charles Bethune, Robert Maglievaz and Patricia Boswell, FDOH-Volusia

Avis Jenkins, Pinnacle

Kimberly Prosser, Brevard EM

Ivy Griffis, Fresenius Kidney Care Space Coast #7750

Jemima D. Desir, MD, MBA, Tampa General Hospital

Christen Stewart, Orlando Health Home Care

Erika Stewart, Harbor Place at Port St. Lucie

Jim Judge, Volusia EM

American Pride Home Care Services Corp

Darrold M. Gooley, RN, VITAS Healthcare

Sheri Blanton, District 9 ME

Wayne Struble, Health First

Becky Hale, **Halifax Health-Hospice**

Dicey Jones, CISM

John McPherson, Brevard EMS
Julia Eibiti
Jason Klein, Nemours
Lea Collins, RMAT & FCRT
Luis Hernandez, VA
Melyssa Callahan, Osceola Regiona
Merlee Meyers
Michael O'Malley
Greg Periva
Scott Fryberger, DOH Seminole
Eric Whitwam
April Walls

Ashley Fisher, Halifax
Avis Jenkins
B Steverson
Belinda Johnson-Cornett, Osceola FQHC
Camille Bissainte, Osceola FQHC
Christi Carberry, DOH-Brevard
Dean Traiger
Donna Walsh, DOH-Seminole
Elisabeth Torres
SEOC
Rebecca Hale
Hawthorne Jackson
Jennifer Bencie, DOH Manatee