Florida State Medical Response System
Standard Operating Guideline

Florida Department of Health,
Bureau of Preparedness and Response

Version 1.6
July 2012

Title: FDOH Florida State Medical Response System

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1. PURPOSE

The purpose of the Florida State Medical Response System (SMRS) is to provide medical care surge to the survivors of - and responders to - a Florida disaster, and to support Emergency Support Function 8 (ESF-8) infrastructure and operations at regional and local jurisdictions, where the public health and medical infrastructure is overwhelmed.

2. SITUATION

2.1. SMRS

The Florida Department of Health (FDOH) SMRS is comprised of the State Medical Response Teams (SMRT), the Florida Advanced Surgical and Transport Team (FAST) and medical caches. The SMRT Teams and FAST are comprised of volunteer personnel and regional materiel caches. In the future, other FDOH response teams may be added to the SMRS.

The SMRTs and/or caches are located in Okaloosa County (Region 1), Leon County (Region 2), Duval County (Region 3), Pinellas County (Region 4), Orange County (Region 5), Charlotte County (Region 6), and Broward County (Region 7). FAST is located in Broward County.

2.2. Florida Comprehensive Emergency Management Plan (CEMP) & ESF-8 Scope

The SMRS operates within the framework of the following ESF-8 core missions, as identified in the Florida CEMP, ESF-8 Public Health and Medical Appendix VIII:

Support local assessment and identification of public health and medical needs in impacted counties, and implement plans to address those needs.

Coordinate and support stabilization of the public health and medical system in impacted counties.

Support sheltering of persons with medical and functional needs.

Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.

Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, patient care, delivery of medical countermeasures and non-medical interventions.

2.3. Public Health and Medical Logistics Support Annex

The SMRS is a subordinate part of the Logistics Support Annex. The Logistics Support Plan describes the logistics aspects of the ESF-8 operations applicable to the SMRS, including team support as well as procedures for inventory, storage, rotation, and recovery of FDOH-owned materiel. The Bureau of Preparedness and Response (BPR), in cooperation with the Bureau of Public Health Pharmacy), oversees medical supplies and pharmaceuticals for SMRS warehoused caches, trailers and mobile medical hospitals.

The SMRS is integrated into the overall ESF-8 planning. ESF-8 coordinates with the Florida Division of Emergency Management (FDEM) to deploy SMRS to supplement Alternate Care Site (ACS) personnel, as well as to support public health and medical infrastructure that is overwhelmed.

The BPR also coordinates the provision of supplemental medical supplies, equipment and pharmaceuticals in support of the SMRS.

2.4. Authorities and Resources

2.4.1. Legal Authority

- National Response Framework (NRF).
- Presidential Directives 5 & 8.
- Sections 252.35 - 252.36, F.S., DEM and Governor emergency authorities.
    - 252.36(2), F.S.: Executive order for state of emergency.
- Sections 381.0011(13), 381.00315(1)(b), F.S., FDOH emergency authorities.
- Section 401.265(1), F.S., Medical Directors
- Section 401.465(4), F.S., 911 operators, FDOH waiver authority.
- Sections 404.051, .091, .101, .141, .161-2, .171, .20, F.S., FDOH radiation control powers.
- Sections 943.0313(1)(a)(5), 943.0313(1)(a)(11), F.S., domestic security oversight.
- Bloodborne Pathogens Standard: OSHA Occupational Exposure to Bloodborne Pathogens (29 CFR 1910.1030), March 1992, revised and effective December 2002.
- Needlestick Safety and Prevention Act, (Public Law 106.430), April 2001.
- U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis, Morbidity and Mortality Weekly Report (MMWR), June 29, 2001/50 (RR11): 1-42. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>.
- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, MMWR, September 30, 2005/54 (RR-9): 1-17.
- Biomedical Waste, Section 381.0098, F.S., Chapter 64E-16, Florida Administrative Code (F.A.C.), November 2002.
- Significant Exposure-HIV, Section 381.004(2)(c), F.S., March 2010.
- OSHA Instruction CPL 02-02-069, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, Appendix D, Model Exposure Control Plan, effective November 27, 2001. <http://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf>.

- Florida's Omnibus AIDS Act: A Brief Legal Guide for Health Care Professionals, Originated by Jack P. Hartog, Esq., Gray Robinson, Attorneys at Law, October 2009 under contract with The Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS. <http://www.doh.state.fl.us/disease_ctrl/aids/legal/Omnibus_2010.pdf

3. ASSUMPTIONS

All-hazards incident management approach: The SMRS is conceived to provide medical care surge in emergency situations resulting from natural and man-made incidents. The SMRS can be activated to support other FDOH and ESF-8 functional and incident specific plans.

Scalable response: During a medical surge incident, there will be limited staffing available locally to support the local medical operations of the healthcare system.

Jurisdiction: During declared emergencies, the SMRS operates at local and state levels under direction of a local or state ESF-8 or equivalent command structure.

Activation: SMRS will be activated under the Governor's Executive Order declaring a state of emergency or a State Surgeon General (SSG), Public Health Emergency declaration.

Emergency Management Assistance Compact (EMAC): SMRS can be activated and deployed to provide medical surge to other states through EMAC.

4. OPERATIONS

4.1. State Medical Response System Management

4.1.1. Capability

The FDOH designs, develops, and maintains a state capability comprised of regional SMRTs and FAST, subject matter experts, and caches of emergency response and medical equipment and supplies.

At a local level, the SMRS may replace damaged health resources and augment overwhelmed local assets.

4.1.2. Management

The SMRS is managed by FDOH. Under a Governor's Executive Order, state of emergency or an SSG's Public Health Emergency declaration, FDOH has the authority to provide emergency medical care under the supervision of a Medical Director.

FDOH management responsibilities

- Develops and maintains plans, guidelines and procedures necessary to promote viability of the State Medical Response System.
- Establishes and supports the SMRS Steering Committee.
- Seeks federal and state funding to support the SMRS.
- Approves SMRS team typing structure using established Public Health and Medical procedures and integration into the State Typing Inventory.
- Ensures SMRS members are properly licensed and credentialed.
- Establishes processes and procedures to manage personnel resources including standardized documentation, professional licensure and responder credentialing verification; incorporates team members into approved ESF-8 responder registration system and notification procedures.
- Enters into contracts for maintaining caches in a safe and secure manner sufficient to minimize deterioration (climate-controlled environment) and theft.
- Enters into contracts or purchase orders to procure and maintain equipment and supplies necessary to support the SMRS missions.
- Formalizes relationships with hospitals or other healthcare institutions/provider entities to credential/indemnify teams.
- Coordinates with other local, state and federal partners for sharing and augmenting SMRS capabilities.
- Provides wrap around services during SMRS deployments as identified in Attachment “E” to this SOG.

4.1.2.1. SMRS Executive Steering Committee

The SMRS Executive Steering Committee (“the Committee”) advises FDOH in developing the SMRS Scope of Activities, including the SMRS strategic plan, training and exercise plan, and these standard operating guidelines. In addition, the Committee is responsible for updating the Scope at least every two years and meeting at least quarterly.

The SMRS Executive Steering Committee is comprised of the Team Commander or designee from each of the six regional S.M.R.T Teams and the FAST The Committee also includes members from FDOH:

- Emergency Coordination Officer (ECO) or alternate.
- Medical Logistics Unit Manager, Bureau of Preparedness and Response (BPR).
- Emergency Medical Services (EMS) Bureau Chief.
- BPR Bureau Chief.
- BPR Medical Director

- Subject Matter Experts (SMEs).

The Executive Steering Committee coordinates with Regional Domestic Security Task Force (RDSTF) Public Health and Medical Co-Chairs, local/regional health and medical systems, and county emergency managers for planning, operations, and deployments. The Committee assists in the identification and implementation of appropriate medical support missions by:

- Providing event and/or incident-specific consultation regarding SMRS capability and readiness.
- Conducting annual SMRS needs assessment and gap analysis.

4.1.2.2. Contract providers

FDOH enters into contracts with entities to provide medical services for medical surge during disasters in accord with the SMRS missions delineated in this SOG. In addition, FDOH enters into purchase orders to support the management of the SMRS teams and caches. Contracts are subject to available funding. Contracted activities may include, but are not limited to, the following:

- Recruiting and maintaining sufficient qualified professional and para-professional medical personnel to provide medical care during an incident or other prescribed event within the stated mission.
    - Ensuring SMRS members meet Florida licensure, certification and credentialing requirements.
    - Participating in local, regional and state planning, exercises and training, consistent with SMRT/FAST contract deliverables and capabilities.
    - Ensuring that all SMRS members register in the State Emergency Responders and Volunteers of Florida (SERVFL) system and/or other FDOH asset registries.
    - Routinely maintaining SMRS membership data in SERVFL.
- Coordinating with Regional Domestic Security Task Force (RDSTF) Public Health and Medical Co-Chairs, local/regional health and medical systems, and county emergency managers for planning, operations, and deployments.
- Maintaining a cache of supplies and equipment to ensure the operational readiness of the team, and maintaining and managing supplies for regional and state response caches at the discretion of FDOH.
- Maintaining a warehouse for equipment and supplies based on state cache strategy.

- Maintaining operational and logistical management support components for Florida's ESF-8 Public Health and Medical surge to include the following:
    - ESF-8 Mobile Communications vehicle (SMRT COM).
    - Communications equipment (data & voice communications) and internet access, linked to the FDOH/ESF-8 infrastructure.
    - SMRS and pharmaceutical caches.
    - FAST caches.
    - Mobile medical trailer system (GateKeeper® Mobile Medical Systems).
    - SMRT 5 - 50-bed inflatable Zumro system.

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4.2. SMRS Operations

4.2.1. Interfaces

- EMS: provides transportation of injured to care centers.
- ESF-8: SMRS interfaces with state and local health and medical (ESF-8) or a local incident command structure for public health and medical incidents.
- Community healthcare providers: local hospitals, urgent care, dialysis centers, and other healthcare institutions.
- State ESF 8: Supports logistical needs of the SMRS.

4.2.2. Notification

SMRS notification includes the following:

- FDOH/ESF-8 notification system.
- On-call SMRS schedule.
- SMRS call-down trees.

The ESF-8 standard notification protocols are applicable to notify SMRS components. SMRS has an internal notification system in which the SMRS on-call Commander receives information from ESF-8, which may result in a notification for a stand-by status, alert, activation and deployment of the team(s). Subsequently, the Commander conducts an availability check and notifies team members; then the Commander responds back to ESF8 with its response capability.

4.2.3. SMRS Activation

State ESF-8 is activated during state emergencies at the direction of the State Emergency Response Team (SERT). Local ESF-8 can be activated by an RDSTF, under the auspices of a Multi Agency Coordination (MAC) agreement, or upon request from a county emergency manager.

During an event or incident, the SMRS assets are subject to activation at the direction of state ESF-8. The final decision to deploy SMRS assets is made by the state ESF-8 ECO. FDOH provides liability protection and will provide financial compensation to members activated for in-state deployments as Other Personnel Services (OPS) employees of the FDOH.

SMRS teams function under FDOH authority when activated by state ESF-8 under a Governor's Executive Order declaring a State of Emergency. Once activated, SMRS Team members will become FDOH (OPS) employees.

The RDSTF, local government, or private sector entities can request services from the SMRS Providers independently from FDOH (see 4.2.8), and in that case the requestor assumes sole responsibility to reimburse, compensate, provide liability protection, and provide medical direction.

4.2.4. SMRS Team Activation Steps

The SMRS is typically activated by the SERT through ESF-8. State ESF-8 activates the SMRS, and its activation and missions are documented in the corresponding operational period Incident Action Plan (IAP). Activation follows approved mission tasking and tracking through SERT procedures, utilizing EMConstellation, SERVFL and the ESF-8 Staffing Unit.

SMRTS Team Leader/Commanders are notified of an activation utilizing the state notification process delineated in the EOP Emergency Notification Annex and/or ESF-8 SOP.

- Types of activation:
  - Local request: Upon request from a county emergency manager, the ESF-8 ECO or delegate authorizes and requests the activation of the SMRS through an approved EMConstellation mission.
  - SERT decision: Upon determining a need, the ESF-8 ECO activates the SMRS.

4.2.5. Deployment

The Logistics Support Annex provides guidance for the coordination of deployable personnel. Deployment determination is based on an emergency declaration and mission request for:

4.2.5.1. Advance notice events/incidents

For advance notice events or incidents, the teams may be rostered, activated, and pre-staged.

4.2.5.2. No-notice events/incidents

For no-notice incidents, SMRTs will be mobilized within 8 hours of an activation notice. After mobilization, teams will be operational within 8-24 hours (see specific readiness timeframes in Attachment "A", SMRS Core and Support Missions).

Once a SMRT arrives on the scene of an incident, the Team Commander will report in to State ESF 8.

SMRTs will operate under the command and control of the SMRT command structure based on the mission assignments tasked by the local Incident Command or requesting facility.

Logistical support for SMRS deployed resources and for alternate service delivery locations is a function of the Logistics Support Annex, and follows ESF-8 procedures.

Teams are deployed by the state when State ESF-8 receives a mission request from a county, or in preparation to respond to a potential incident or event. State ESF-8 ensures that equipment, supplies, and logistical needs are met during the deployment.

Not all SMRS missions require the deployment of a full team. The SMRS is structured to match the proposed mission assignments. When activated and deployed by state ESF-8, and in transit to deployment sites, teams remain under the operational control of the State ESF-8. Upon arrival and check-in at the incident site, the team integrates into the local ESF-8 management structure or Incident Command.

SMRS is intended to provide short term medical support missions. In addition, the SMRS teams may serve as a source of situational awareness for ESF-8 during the response. Once deployed, SMRS missions will be evaluated and may be extended, if necessary. For protracted assignments, team membership will be evaluated and either extended or rotated. If incident circumstances warrant, one or more federal supports may be requested.

4.2.5.3. Non-declared emergency events

The SMRS can also be deployed for non-declared events without ESF-8 activation, within the authority of FDOH (e.g. provide assistance in CHD mass vaccination).

4.2.5.4. Requirements for deployment

Medical doctors and all other health professional members of the SMRS must meet credentialing requirements prior to deployment. Credentialing will be validated at least annually during the team rostering process and/or at the time of activation.

4.2.5.5. Staging

Staging of resources takes place as required by the mission and following ESF-8 procedures.

4.2.5.6. Forward ESF-8 Logistics Support System

SMRS caches are a component of the FDOH stockpile of equipment and supplies. From the logistics standpoint, the SMRS is supported by Forward Logistics Teams in accordance with the Logistics Support Annex Concept of Operations for Forward Deployment Support/Coordination Systems.

4.2.5.7. Situational awareness reporting requirements

As requested by state ESF-8, designated SMRS Commanders are required to provide state or local ESF-8 with situational awareness information in the form of IAPs, Situation Reports (SitReps) and any other format requested by state or local ESF-8.

4.2.6. Demobilization

The Logistics Support Annex includes a demobilization process, which provides directions to demobilize medical support personnel, ensure that medical supplies, equipment and medical countermeasures are properly accounted for, recovered, and reconstituted in preparation for any subsequent incident or event.

During the response to an incident/event, demobilization plans are prepared and communicated to SMRS Commanders. The SMRS is deactivated by State ESF-8 upon request from the impacted county Emergency Manager. SMRS coordinates demobilization through the State ESF-8 demobilization process prior to departing the area of operations.

4.2.7. Finance and Administration of the SMRS Missions

4.2.7.1. SMRS funding and reimbursement for a state ordered activation.

- FDOH funds SMRS contract providers using federal grant dollars and in accordance with approved FDOH expenditure guidelines.
- Reimbursement of expenses incurred by SMRS takes place only under an EMConstellation approved mission and corresponding number.
- Funding for SMRS, activated to operate at a local level in response to a county request through the state ESF-8 or FDOH, is a responsibility of the FDOH.
- The Department's Bureau of Finance & Accounting is responsible for reimbursement guidance.

4.2.8. Limitation for Funding Non-SERT Local Incident Support

Non-SERT Activities: SMRS Team Members/Providers that participate in activities that are not associated with activation by the SERT will not be funded or reimbursed by the FDOH. The following considerations apply:

- Team members/Providers, may, at their own discretion, respond to a county or regional request. Reimbursement, funding or replacement of cache items used or damaged is the responsibility of the Provider.
- All utilization of SMRS caches during non-SERT activations must be approved in writing thirty days in advance by the FDOH BPR Logistics Unit Manager or ECO since SMRS caches are property of FDOH. In addition, providers must document the utilization of assets.
- Providers' contracts might require annual or periodic training and exercise requirements. When specified, funds allocated for these purposes may be used in accordance with contract provisions (see section 4.4.5)

- Provider Team Commanders are responsible to replace the SMRS cache materials used during non-SERT activations. They must accomplish financial restitution through entities other than FDOH/ESF-8/SERT.
- Team Members/Providers responding to non-SERT activation are not employed by the FDOH; therefore, FDOH will not compensate them.

4.3. SMRS Core and Support Missions

Under ESF-8, the SMRS core and support missions are activated to provide medical surge care and/or ESF-8 augmentation (see Attachment "A", SMRS Core and Support Missions).

4.3.1. Core Missions

4.3.1.1. Core mission 1: Provide medical surge care

- Mission 1.1: Provide medical surge in the community during a declared emergency, and community support during non-declared emergencies.
- Mission 1.2: Establish a Mobile Medical Unit for SERT deployed staff.
- Mission 1.3: Augment hospital emergency departments.
- Mission 1.4: Replace inoperable hospital emergency departments.
- Mission 1.5: Provide critical care stabilization and patient care during evacuation.
- Mission 1.6: Staff Special Needs Shelters (SpNS).

4.3.1.2. Core mission 2: ESF-8 augmentation

4.3.2. Support Missions

4.3.2.1. Support mission 1: SMRT Communications & ESF-8 interoperable communications resources.

4.3.2.2. Support mission 2: Staging of medical caches.

4.4. State Medical Response System Personnel Resources

In order to respond to assigned missions, the SMRS personnel are organized as State Medical Response Teams (SMRT) and Florida Advanced Surgical and Transport Team (FAST). SMRTs can be further configured as a Medical Task Force, Advanced Logistics Element Response Team (A.L.R.T.), and as single resources.

4.4.1. State Medical Response Team

A SMRT consists of health professionals and support staff trained to respond to incidents that overwhelm the public health and medical system. A SMRT provides triage treatment for injuries and supportive care to affected or vulnerable populations in a mass care setting such as an Alternate Care Site (ACS), field treatment area or shelter. The SMRT is organized and staffed to carry out the four missions identified within Attachment "A", SMRS Core and Support Missions.

SMRT: Team is typically comprised of 35-50 members depending on the mission requirements, and includes medical personnel, the Command and Control Team, and ancillary personnel. SMRTs provide medical surge, replace a hospital emergency department, or act as a Mobile Medical Unit for deployed disaster responders. The SMRTs can also be configured as a Command and Control team, which performs in ICS positions for ESF-8 augmentation.

SMRT Medical Task Force: The SMRT Medical Task Force is a stand alone and scalable mobile medical team. Depending upon the mission requirements, the SMRT Medical Task Force acts as a mobile field medical team, as an Emergency/Critical Care Team, or as a hospital emergency department or ACS medical augmentation team. The team is comprised of:

- 1 Florida licensed Physician (Medical Doctor or Doctor of Osteopathic Medicine)
- 1 Florida licensed Physician Assistant/ARNP
- 2 Florida licensed Registered Nurses (RN)
- 2 Florida certified Emergency Medical Technicians (EMT)/Paramedics

A.L.R.T. (Advance Logistical Response Team)**:** The A.L.R.T. is a SMRT logistics team that is comprised of 5-7 members. This team provides a SMRS logistical footprint which may include deployable components such as the GateKeeper® Mobile Medical Systems, team caches, communication systems and Primary Response Trailer (PRT). A.L.R.T. may serve as a command element, a communications element, or as a medical resource.

4.4.2. Florida Advanced Surgical and Transport Team (FAST)

FAST is an FDOH-sponsored team activated to respond to state emergencies requiring emergency critical patient care and/or critical patient transport services. The team consists of qualified members with the associated equipment and supplies required to augment the SMRTs, or to augment a medical care facility by providing emergent critical care stabilization and patient care during a patient's evacuation.

4.4.3. Single Resources

- SMRT Communications.
- Professional single resources (e.g. pharmacists).

4.4.4. SMRT/FAST Roles and Responsibilities

Team member roles and responsibilities are defined by position held (See Attachment "D", SMRT and FAST Composition).

4.4.5. Competencies

In addition to maintaining appropriate certifications and licensure within their disciplines and areas of expertise, SMRT members are required to have the following competencies:

- Working knowledge of the Florida Emergency Response System including the Incident Command System.
- Working knowledge of Florida pre-hospital Emergency Medical Services systems.

Each SMRT will train designated team members together to build team competencies. Teams are required to build and demonstrate National Incident Management System (NIMS), ICS team competencies through training and exercises based on the Homeland Security Exercise and Evaluation Program (HSEEP) standards. All incident, training and exercise related events must be documented in compliance with Homeland Security Exercise and Evaluation Plan (HSEEP) standards using the approved HSEEP After Action Report – Improvement Plan (AAR) tool (https://hseep.dhs.gov/support/hseep%20AAR-IP%20Template%202007.doc).

4.4.6. Credentialing for Emergency Response

Position-specific credentialing for SMRS members must align with the job titles and standards considered by the National Emergency Responder Credentialing System for Medical and Public Health, Incident Management, and EMS[1].

ESF8 has adopted the NIMS ICS Core Competencies for responders.

- Assume position responsibilities
- Lead assigned personnel
- Communicate effectively
- Ensure completion of assigned actions to meet incident objectives

4.4.6.1. Credentialing verification

Verification of SMRS member credentials takes place through the FDOH resource registry system (e.g. SERV-FL). SMRS Commanders are responsible for:

1) Ensuring that all team deployable team members are registered in SERV-FL.
2) Ensuring that team members' relevant licenses are up to date.
3) Ensuring that individuals have proof of identity.
4) Ensuring that team members are properly qualified to perform assigned tasks.

[1] FEMA National Emergency Responder Credentialing- Medical and Public Health, IM, EMS Job Titles, 3/4/2008. Located at http://www.fema.gov/emergency/nims/ResourceMngmnt.shtm#item3

5) Ensuring that team members are authorized to be within the area of operation.

4.4.7. Other Personnel Services (OPS) Employment

Under a Governor's Executive Order declaring a state of emergency or a State Surgeon General, Public Health Emergency declaration or other authorized mission, the FDOH/ESF-8 ECO has the authority to activate the SMRS. In these scenarios, activated SMRS team members become FDOH OPS employees.

4.4.8. Minimum Levels of Training

All SMRS members, as a prerequisite to employment, are required to complete these NIMS, Incident Command Systems (ICS) courses: 100, 200 and 700. All General Staff must also complete ICS 300. Command Staff must complete ICS 400 and 800. Minimum training levels are based on the member's position within the team and in accordance with Florida licensure and certification requirements (e.g., EMT, Paramedic, Respiratory Therapist, Medical Doctor, Doctor of Osteopathic Medicine, Registered Nurse, etc.) (See Attachment "C", SMRS Multi-Year Training Plan 2011-2013).

In addition to the education and training requirements for licensure/certification, team members should receive training on the following topics:

- SMRS and ESF-8 orientation.
- Triage methodologies.
- Personal Decontamination procedures.
- Personal Protective Equipment.
- Disaster behavioral health.
- Risk Communications.
- FDOH infection control practices
- SpNS operations

4.5. State Medical Response System Caches

Minimum levels of equipment are determined by individual mission requirements. Standardized equipment and supply packages have been established to support the missions (See Attachment "B", SMRS Caches).

4.6. Provision of Care

Team members may provide care in a variety of settings such as in the field, at a pre-designated ACS, or at healthcare facilities.

4.6.1. Medical Direction and Supervision

The SSG will identify and delegate a physician(s) to serve as Medical Director for the SMRS.

The SMRS Medical Director:

- Provides medical oversight for SMRS planning, training, and exercise activities during periods of non-activation.
- Leads the development of SMRS medical protocols.
- Serves during activation as a technical specialist for the SMRS capability specifically, and for other medical issues in general.
- Conducts medical record auditing for the SMRS.

The SMRS Team Physician:

The SSG will identify and delegate physicians to serve as Team Physicians for the SMRS Teams. There will be a SMRS Team Physician on site at an ACS at all times when patients are present, if the ACS is operating independently of a medical facility (i.e. hospital).

The SMRS Team Physician:

- Provides medical guidance for planning, training and exercise activities during periods of non-activation.
- Deploys during active response. In that capacity, the Team Physician :
  - Implements SMRS medical protocols.
  - Provides on-site medical direction for deployed SMRS team and all assigned medical personnel, including licensed physicians.
  - Serves as medical liaison to impacted medical facilities.

When SMRS teams are deployed to augment personnel working in a health care facility, medical professionals operate under the medical direction and license of the requesting facility. Based on the needs of the mission request, a SMRS Team Physician may not be required.

4.6.2. Medical Protocols, Operating Guidelines and Procedures

SMRS Florida licensed physicians and other medical professionals operate under the scope, requirements and restrictions of their licenses and certifications and other applicable state and federal statutes and regulations.

The SMRS Medical Director will develop and submit a set of SMRS medical protocols to FDOH for approval. These protocols will be designed to facilitate delivery of efficient, quality patient care in a more standardized fashion, as appropriate to a non-routine, possibly austere, healthcare delivery setting and a heightened medical surge operations tempo. However, such protocols will not substitute for/override appropriate professional medical judgment as required by individual circumstances. These protocols will be reviewed on a bi-annual basis by the SMRS Medical Director and FDOH.

4.6.3. SMRS Patient Medical History Forms

The SMRS Patient History Form utilized by SMRS is managed by FDOH. FDOH determines the process to review, audit, maintain, and store medical records generated during response to incidents and during other team activities authorized by the ECO or designated Project Manager.

4.6.4. Medical Records Management

The medical records system utilized by SMRS is managed by FDOH. FDOH determines the process to review, audit, maintain and store medical records generated during response to incidents and during other team activities authorized by the ECO or designated Project Manager. Patient health records should be generated and maintained in accordance with FDOH Policy FDOHP380-1-11 Health Record Policy, and the September 2011 Health Record Policy and Health Information Management (HIM) Training Guidelines as they apply to emergency medical care and field operations. Records should be managed for all patients who are evaluated, treated, and receive services.

Medical record auditing is a responsibility of the designated SMRS Medical Director. Once audited, final records are submitted to the County Health Department (CHD), which will become the records custodian. CHDs will store and maintain records in accordance with FDOH Policy FDOHP 250-2-10 Records Management.

SMRS Commanders must ensure that their team staff have been trained and adhere to FDOH medical record policies.

4.6.5. Patient Tracking and Transfer of Care

FDOH has a patient tracking system for mass casualty incidents and high risk events. The SMRS will use this patient tracking system to optimize referrals, transports and overall flow of patients from a transient facility to a hospital or other health care facility.

Regarding patient transfer of care, SMRS Commanders will identify and develop patient discharge, transfer and transportation protocols, which take into account patient tracking, into appropriate planning documents such as SitReports and/or IAPs. In addition, SMRS Commanders will ensure that their team members have completed training related to these protocols.

4.6.6. Triage and Rapid Treatment

During mass casualty events, SMRS utilizes generally accepted triage modalities. Victims are categorized and treated accordingly.

4.6.7. Decontamination

SMRS may provide force medical protection for mass decontamination operations conducted by HAZMAT response teams led by ESF-10, which is responsible for conducting survivor decontamination following Occupational Safety and Health Administration (OSHA) standards and guidelines.

4.6.8. Treatment

Team members must treat patients commensurate with their licensure and training under the direction of the on-site Team Physician or medical facility physician.

4.6.9. Supportive/Palliative Care

Conditions of patients may be such that treatment is not available but supportive care is required to make the patient comfortable, and potentially able to recover from injuries and illness. Supportive care may include but is not limited to palliative care, ventilation, artificial support, and medications to alleviate symptoms.

4.6.10. Medical Countermeasures

SMRS supports operations to provide medical countermeasures to persons affected by or potentially affected by chemical, biological, radiological and nuclear agents, pandemic influenza, or emerging infectious diseases.

4.6.11. Reportable Diseases

In accordance with Chapter 64D-3, Florida Administrative Code, health care providers are obligated to report the conditions and diseases to the local CHD. References can be found at http://www.doh.state.fl.us/Disease_ctrl/epi/topics/surv.htm.

4.6.12. Public Health Laboratory Services

The SMRS follows the FDOH Bureau of Public Health Laboratories protocols for biological agent and chemical exposure specimen collection, packaging and transport.

4.6.13. Infection Control

All health care settings, regardless of the level of care provided, must make infection prevention a priority and must be equipped to observe Standard Precautions. SMRS members have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. This includes persons not directly involved in patient care (e.g., clerical, housekeeping, and volunteers) but potentially exposed to infectious agents that can be transmitted to and from providers and patients.

SMRS Commanders must ensure that SMRS team members complete the following FDOH infection control training courses.

- FDOH Bloodborne Pathogens Training
- FDOH OSHA Training

4.7. Communication

SMRT assets are designed to operate under the purview of the local incident command structure. Effective communications are critical to operational goals and

objectives. Situational awareness is imperative for the safety of the personnel deployed in the field.

In order to achieve the required level of communications, SMRS has a communications package that allows SMRS to establish three levels of communication:

- State Command and Control (Long Range, state-wide): This level serves SMRS Teams, FDOH, State Emergency Operations Center (SEOC) and Command Staff, and provides communications from point of departure to arrival at the deployment site.
- Local Interoperable Communications (Medium Range, 10-20 miles radius): This level provides deployment site interoperability with other governmental and non-governmental agencies as well as other SMRS teams operating in close proximity (see Support Mission 1).
- Intra-Team Communications (Short Range- less than 1 mile range): This level of communications provides intra-team interoperability.

The SMRS Commander will ensure that communications are established with local emergency management/medical providers as well as with the State ESF-8 immediately upon arrival of the team at the Base of Operations.

4.8. Public Information

Public message dissemination takes place under stringent coordination with ESF-8. The Crisis and Emergency Risk Communications (CERC) Annex to the Emergency Operations Plan (EOP) provides guidance on the content of communications and the procedures for communicating event information to responders, agencies and the public. When media is present, a PIO will be assigned and coordinate with local JIC to ensure consistent county/state public information messaging.

5. RECORD OF LATEST CHANGES AND APPROVAL

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6. ATTACHMENTS

6.1. Attachment A: SMRS Core and Support Missions

Core mission 1.1: Provide medical surge in the community during a declared emergency and community support during non-declared emergencies.			
Activation - Deployment	**Personnel**	**Resources**	**Capabilities**
Activation is scalable based on the magnitude of the incident. Activation includes the Medical Task Force, SMRT and SMRS caches. Readiness: **Medical Task Force:** – Activated within 8 hours. – After activation, within 16 hours on scene. **35-50 member SMRT:** – Activated within 8 hours. – After activation, within 24 hours on scene. **Rapid inflatable setup:** – 2 hours (up to 50-bed), temporary usage up to 36 hours. – After activation, within **8** hours on scene. Per mission. – Timeframe to start operations after arrival: immediately. **Gate Keeper 50-bed field**	**Medical Task Force:** – 1 Physician/ARNP/PA – 2 Nurses – 2 EMT-P **SMRT (35 – 50 members).** **A.L.R.T.** **FAST**	– SMRS cache (see Cache Attachments). – Western Shelter Gatekeeper System. – Portable hospital ground transportation. – Logistic support by ESF-8. – Zumro 50 bed inflatable system	– Triage and treatment of yellow/green patients. – Critical patient stabilization. – Emergency medical and critical care (FAST). – Support transport of critical patients (FAST). – Community medical outreach (includes door-to-door outreach). – Non-declared emergency events: Augmentation of local resources. – Augmentation of staff and resources at ACSs in place.

Core mission 1.1: Provide medical surge in the community during a declared emergency and community support during non-declared emergencies.			
Activation - Deployment	**Personnel**	**Resources**	**Capabilities**
treatment facility with A.L.R.T. only: – Activated within 8 hours. – Setup: 12 hours (50-bed) after arrival. **Gate Keeper 50-bed with full 35-50 SMRT :** – Activated within 8 hours. – Setup: 6 hours (50-bed) after arrival.			

Core mission 1.2: Establishment of a mobile Medical Unit for SERT deployed staff			
Activation - Deployment	Personnel	Resources	Capabilities
Activation is scalable based on the magnitude of the incident. Activation includes the Medical Task Force, SMRT and SMRS caches. Readiness: **Medical Task Force:** – Activated within 8 hours. – After activation, within 16 hours on scene. **35-50 member SMRT:** – Activated within 8 hours. – After activation, within 24 hours on scene. **Rapid inflatable setup:** – 2 hours (up to 50-bed), temporary usage up to 36 hours. – After activation, within **8** hours on scene. Per mission. – Timeframe to start operations after arrival: immediately. **Gate Keeper 50-bed field treatment facility with A.L.R.T. only:** – Activated within 8 hours. – Setup: 12 hours (50-bed) after arrival. **Gate Keeper 50-bed with full**	**Medical Task Force:** – 1 Physician/ARNP/PA – 2 Nurses – 2 EMT-P **SMRT (35 – 50 members).** **A.L.R.T.** **FAST**	– SMRS caches. – Western Shelter Gatekeeper System. – Portable hospital ground transportation. – 50 bed inflatable system Zumro –	– Mobile hospital management. – Triage. – Stabilization. – Emergency procedures and treatment. – Medical escort. – Limited fatality management.

Core mission 1.2: Establishment of a mobile Medical Unit for SERT deployed staff			
Activation - Deployment	Personnel	Resources	Capabilities
35-50 SMRT : – Activated within 8 hours. – Setup: 6 hours (50-bed) after arrival.			

Core mission 1.3: Augment hospital emergency departments			
Activation - Deployment	**Personnel**	**Resources**	**Capabilities**
Activation is scalable based on the magnitude of the incident. Activation includes the Medical Task Force, SMRT and SMRS caches. Readiness: **Medical Task Force:** – Activated within 8 hours. – After activation, within 16 hours on scene. **35-50 member SMRT:** – Activated within 8 hours. – After activation, within 24 hours on scene.	– SMRT is a medical augmentation resource. – Personnel and caches are pulled across regional teams.	– SMRS caches are available.	– Triage and treatment of patients.

Core mission 1.4: Replace inoperable hospital emergency departments			
Activation - Deployment	**Personnel**	**Resources**	**Capabilities**
Activation is scalable based on the magnitude of the incident. Activation includes the Medical Task Force, SMRT and SMRS caches. Readiness: **Medical Task Force:** – Activated within 8 hours. – After activation, within 16 hours on scene. **35-50 member SMRT:** – Activated within 8 hours. – After activation, within 24 hours on scene. **Rapid inflatable setup:** – 2 hours (up to 50-bed), temporary usage up to 36 hours. – After activation, within **8** hours on scene. Per mission. – Timeframe to start operations after arrival: immediately. **Gate Keeper 50-bed field treatment facility with A.L.R.T. only:** – Activated within 8 hours. – Setup: 12 hours (50-bed) after arrival. **Gate Keeper 50-bed with full**	**Medical Task Force:** – 1 Physician/ARNP/PA – 2 Nurses – 2 EMT-P **SMRT (35 – 50 members).** **A.L.R.T.** **FAST**	– SMRS caches. – Western Shelter Gatekeeper System. – Portable hospital ground transportation. – Logistic support by ESF-8. – 50 bed inflatable system Zumro –	– Replacement of hospital emergency department personnel, supplies and equipment (limited to SMRS caches). – Replacement of hospital emergency department staff. – Expansion of critical care beds utilizing FAST – Support transport for critical care patients (provided by FAST).

Core mission 1.4: Replace inoperable hospital emergency departments			
Activation - Deployment	**Personnel**	**Resources**	**Capabilities**
35-50 SMRT : – Activated within 8 hours. – Setup: 6 hours (50-bed) after arrival.			

Core mission 1.5: Critical care evacuation and critical care capability (provided by FAST)			
Activation - Deployment	**Personnel**	**Resources**	**Capabilities**
– FAST: After activation, within 24 hours on scene.	– Up to 35 member team, depending on the mission request need.	– FAST cache. – 10 bed critical unit (including ventilator and arterial line capability). – Requires critical evacuation/transportation assets SERT support).	– Provision of critical adult care (ground or air) for 10 critical adult care patients. – Does not provide neonatal and pediatric critical care. – Support of SMRT or other fixed treatment location.

Core mission 1.6: Staffing of Special Needs Shelters			
Activation - Deployment	**Personnel**	**Resources**	**Capabilities**
– BPR and the Office of Public Health Nursing coordinate staffing of SpNS. **SMRT:** – Activated within 8 hours. – On scene within 24 hours. after activation **Medical Task Force:** – Activated within 8 hours. – On scene within 16 hours. after activation –	– Medical Task Force and SMRT are available. – Single resources.	– Does not require SMRS cache.	– Provision of staff for local, multi-county and state shelters, in the event of anticipated shortages, staff fatigue from prolonged operations, and/or overflows in clients/caregivers.

Core mission 2: ESF-8 augmentation			
Activation - Deployment	**Personnel**	**Resources**	**Capabilities**
SMRT: – Activated within 8 hours. – After activation within 24 hours on scene.	– SMRT performs in ICS positions.	– SMRT or single resources.	– Augmentation of local ESF-8. – Sustainment capability for long-term incidents. – Augmentation of state public health & medical assessment team

Support mission 1: SMRT COM. ESF-8 interoperable communications resources			
Activation - Deployment	**Personnel**	**Resources**	**Capabilities**
SMRT COM Team: – On scene: 24 hours.	– SMRT COM Team (radio operator, logistician). – Supports missions per request. –	– SMRT COM Communication system (equipment/truck). – SMRTs communication equipment. – Med82 radios – State DPCs (	– SMRT COM Team: Establishment of interoperable communications. – SMRT: limited interoperable communications. – Provides limited internet capabilities and VoIP. – Med82 capability and statewide communications utilizing SLERs.

Support mission 2: Staging of medical caches			
Activation - Deployment	**Personnel**	**Resources**	**Capabilities**
– Supports all missions. – FAST and SMRT 5: 0-3 hours to make it ready. – All other SMRS caches: 3-5 hours to make it ready. Depending on available transportation.	– A.L.R.T.	– SMRS caches. – ESF-8 arranges transportation.	– Pre-position of SMRS caches.

6.2. Attachment B: SMRS caches

6.2.1. SMRS Caches

6.2.1.1. Description

Standardized equipment and supply packages have been strategically located as noted in 6.5.3. SMRS caches and trailers provide a response capability that may help reduce the numbers of patients seeking care in the emergency departments. The BPR manages the inventory and maintains a list of pharmaceuticals, medical supplies, equipment, and trailers provided to the SMRS Teams. The inventory for each SMRS Team is maintained utilizing the Inventory Resource Management System (IRMS), a centralized state of the art system. Each SMRS Team will maintain their inventory within this system (IRMS).

The Bureau of Public Health Pharmacy) manages pharmaceuticals provided to the SMRS caches, and trailers through the pharmaceutical prime vendor contract. This Bureau has procedures for emergency ordering of pharmaceutical resources for direct delivery to an emergency site.

State ESF-8 manages the replenishment of medical supplies for the SMRS.

State ESF-8 coordinates the request for support.

6.2.1.2. SMRS Standard Caches

Each SMRS team is to be self-sufficient for a minimum of 72 hours, in terms of team infrastructure and patient care.

Standard caches consist of:

- Medical Cache (supplies and equipment).
- Logistics Cache.
- Communications Cache.
- Pharmaceutical Cache (SMRS Rx cache).
- Administrative tools.
- Prime Movers.
- Trailers.
- Generator trailer and fuel.
- Warehouse equipment.
- Team billeting (tentage, water, food, portolets, etc).

Each SMRS team is responsible for identifying and reporting to FDOH unmet cache support needs or limitations.

6.2.1.3. SMRS Cache Contents:

SMRS medical cache contents are intended to provide for primary care needs for 100 persons for 3-5 days. BPR and BSPS review the medical response cache and other SMRS cache inventories at least annually and will seek to resupply the caches as necessary.

6.2.1.4. Target Population(s) to be served by SMRS caches

Target population includes survivors of - and responders to - a Florida disaster.

6.2.1.5. Activation Process

Deployment of a SMRS cache follows standard SERT and FDOH activation processes as identified in the State ESF-8 SOP.

6.2.1.6. Limitations

- Must have established pre-incident purchase order process.
- Time required for mobilizing personnel and cache(s).
- Time required to request, order and deliver re-supply.
- Competition with other agencies locally, statewide, and nationally that may be requisitioning the same type of pharmaceuticals and medical supplies during a public health emergency or disaster.
- Supplies and medications may be subject to temporary shortages, as this is a predetermined order list, not a stockpile of supplies and medications on hand.
- Limited number of medications provided; may not cover all needs in the general population.
- Expensive resource to house and maintain.
- Pharmaceuticals are not eligible for participation in the federal Shelf-Life Extension Program (SLEP).

6.2.1.7. Location

SMRS caches are strategically located with the RDSTF Regions. GateKeeper® Mobile Medical Systems and trailers are located at specified locations throughout the state.

6.3. Attachment C: SMRS Multi-Year Training Plan 2012 – 2015

The purpose of Attachment "C" is to outline training objectives for the SMRS of FDOH for FY 2012 through FY 2015. The responsibility for the development of and provision of training opportunities for SMRS personnel is shared by the FDOH Division of Emergency Preparedness and Community Support, BEPR, the SMRS Steering Committee, and delegated SMRS Commanders.

The SMRS delivers identified training offerings, and it partners with the private sector and local, state, and federal governments in the provision of training programs. The provision of training and the accomplishment of identified training objectives are directly related to the availability of funding.

The BEPR Training and Exercise Unit reviews training objectives. All SMRS trainings and exercises must be integrated into the FDOH Public Health and Healthcare Provider Multi-year Training and Exercise Plan (PHHP MYTEP) and the Tier I/ll process.

The SMRS Executive Steering Committee assists with the development of a comprehensive training plan in order to assure that all SMRS personnel receive required training. Effectiveness of the training programs is validated by an annual exercise.

The SMRS training programs, coordinated through teams' respective Training Officers (TOs), focus on the required elements to develop a cadre of personnel prepared to deploy to a variety of ESF-8 incidents/events. SMRT TOs are responsible for maintaining records of participation with the team Administrative Officers.

6.3.1. SMRS Training Objectives

- Objective 1: Integrate all SMRS training into the FDOH Public Health and Healthcare Provider Multi-year Training and Exercise Plan (PHHP MYTEP) and the Tier I/ll process.
- Objective 2: Provide all deployable SMRS personnel National Incident Management System (NIMS) -compliant ICS training appropriate to their functional team position.
- Objective 3: Provide all identified SMRS leadership personnel Incident Management training appropriate to their functional position in the SMRS.
- Objective 4: Provide all deployable SMRS personnel with training related to Base of Operations infrastructure equipment appropriate to their functional position.
- Objective 5: Identify opportunities to support local special events and provide individual SMRTs the ability to modify the SMRS Training Calendar through FY 2015.
- Objective 6: Utilize a Web-based learning system.

6.4. Attachment D: SMRS Composition

6.4.1. SMRT Team Composition

The SMRT composition is derived from the Disaster Medical Assistance Team (DMAT) composition model, which includes a total of 150 positions. SMRTs have also continued the DMAT nomenclature and structure. SMRT rosters are updated every month. Rosters should use the approved position titles below.

The SMRT team may consist of the following roles:

- Admin/Finance Section Chief
- Administrative Officer
- Clergy
- Commander
- Communications Officer
- Deputy Commander
- EMT
- IT Specialist
- Logistics Coordinator
- Logistics Section Chief
- Logistics Specialist
- Team Physician
- Nurse Practitioner
- Operations Section Chief
- Paramedic
- Pharmacist
- Pharmacy Technician
- Physician Assistant
- Planning Section Chief
- Psychiatrist
- Psychologist
- Respiratory Technician
- Respiratory Therapist
- Safety Officer
- Security Specialist
- Staff RN
- Supply Management Officer

6.4.2. FAST Composition

The FAST composition is as follows:

- Commander
- Communications Officer
- Paramedic
- Healthcare Technician
- Logistics Coordinator
- Medical Officer
- Nurse Practitioner
- Pharmacist
- Physician Assistant
- Respiratory Therapist
- Staff Nurse
- Team Leader/Commander
- Training Officer, Staff Nurse

6.5. Attachment E: SMRS Wrap Around Support Services

The following external support services may need to be provided by or through FDOH during a SMRS activation. The need for these support services will be determined at the time of the mission request.

Assorted Oxygen Cylinders

Contingency for Gray water removal if no showers provided

Contingent Bio waste collection

Diesel fuel, up to 300 gallons

Diesel fuel storage, 300 gallons

Assorted I.V. fluids

FDOH Information Technology, Disaster Preparedness Consultants communications trailer

Pallet Bottled Water

Perimeter lighting

Portable shower system

San Pac

Shelf Ready Meals

SMRS Pharmaceutical Pack

SMRT COM trailer (from Orlando)

Western GateKeeper® Mobile Medical Systems

Tow vehicle for GateKeeper® Mobile Medical Systems

Region 5 Zumro System

Twenty six foot box trucks

Van Rentals for team transport

Water Buffalo or Similar (300 gal +)

6.6. Attachment F: Acronyms and Definitions

A.L.R.T. – Advanced Logistics Element Response Team

ACS – Alternate Care Site

Activated – Notified that the team has been officially tasked with a mission.

ARNP – Advanced Registered Nurse Practitioner

BEPR – Bureau of Emergency Preparedness and Response

CEMP – Comprehensive Emergency Management Plan

CERC – Crisis and Emergency Risk Communications Annex

CHD – County Health Department

Department – Florida Department of Health

DMAT – Disaster Medical Assistance Team

DPC – Disaster Preparedness Consultants

ECO – Emergency Coordination Officer

EMAC – Emergency Management Assistance Compact

EMS – Emergency Medical Services

EMT – Emergency Medical Technician

EOP – Emergency Operations Plan

ESF 8 – Emergency Support Function 8

FAST – Florida Advanced Surgical and Transport Team

FDOH – Florida Department of Health

HAZMAT – Hazardous Materials

HSEEP – Homeland Security Evaluation Program

IAP – Incident Action Plan

ICS – Incident Command System

MD – Medical Doctor

Mobilizing – Gathering equipment and personnel for departure.

NIMS – National Incident Management System

Operational – Reported in to the ICS structure.

OPS – Other Personnel Services

OSHA – Occupational Safety and Health Administration

PA – Physicians Assistant

RDSTF – Regional Domestic Security Task Force

RN – Registered Nurse

Rx – Pharmaceuticals

SERT – State Emergency Response Team

SERVFL – State Emergency Responders and Volunteers of Florida

SitRep – Situation Report

SMRS – State Medical Response System

SMRT – State Medical Response Team

SMRT COM Team – State Medical Response Communications Team

SSG – State Surgeon General