# Central Florida Disaster Medical Coalition
# Chemical Surge Annex

## Approved by the CFDMC Board
## on February 20, 2024
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# 1. Introduction

## 1.1 Purpose

The CFDMC Chemical Surge Annex describes a coordinated healthcare response to a chemical emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of coalition member facilities. The annex outlines specific incident and response protocols necessary to properly plan for, manage, and care for patients during a chemical emergency. The annex is designed to ensure that during a chemical emergency:

- Coalition members understand their roles and responsibilities for containing contamination, decontaminating patients, and providing patient care.
- Resources within the coalition, and external to it, are documented and coalition members understand the timeframe for their activation and arrival.
- Each healthcare facility and EMS agency has a plan, proper training, and necessary equipment to address the needs of patients impacted by a chemical incident, including the provision of dry and wet decontamination
- Sources of information regarding patient care are documented and available (e.g., job aids, technical expert reach back).
- Emergency management and public health agencies understand the need for rapid communication to the public; the potential need for shelters where victims can perform self-decontamination (e.g., “dry” decontamination at a minimum) and additional locations for mass decontamination; the coordination of medical countermeasure deployment (e.g., CHEMPACK, Strategic National Stockpile [SNS]); and secondary transport coordination.

This Annex does not replace other county or local emergency operations plans or procedures, but rather builds upon the existing plans to provide additional healthcare response detail. The annex also does not replace the need to have separate chemical protocols, equipment, and training for each healthcare facility or EMS agency. This plan aligns to and supports other state and regional plans, including the State Comprehensive Emergency Management Plan, the State Hazardous Material Plan, and the 2023 Hazardous Materials Emergency Response Plans prepared by the East Central Florida Local Emergency Planning Committee (LEPC) and the Treasure Coast LEPC.

## 1.2 Scope

The chemical surge annex is one of many annexes to the CFDMC Response Plan. The chemical surge annex, as well as all plans facilitated by the Central Florida Disaster Medical Coalition (CFDMC), covers the nine counties within RDSTF Region 5, including Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia Counties. The plan is based on an annual timeframe and will be

reviewed and updated annually by CFDMC members. Lessons learned as they emerge from After Action Reports/ Improvement Plans following real events or planned training/exercises will be incorporated into the plan.

The healthcare delivery system within RDSTF Region 5 is a network of facilities and persons who carry out the tasks of ensuring that healthcare services are available and providing healthcare services to the public. This includes CFDMC, hospitals and health systems, emergency management, public health, EMS providers, long-term care providers, behavioral and mental health providers, specialty service providers (dialysis, pediatrics, urgent care, district Medical Examiners, funeral directors, etc.), support service providers (laboratories, pharmacies, blood banks, poison control, etc.), primary care providers, community health providers, and other healthcare and response stakeholders. All stakeholders had an opportunity for input into the chemical surge annex and are able to provide input all CFDMC plans year-round.

## 1.3 Overview/Background of CFDMC

Central Florida Disaster Medical Coalition's mission is to develop and promote healthcare emergency preparedness and response capabilities in East Central Florida, including Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia Counties. The CFDMC facilitates healthcare organizations and other partners in working together collaboratively to build, strengthen, and sustain a healthcare preparedness and response system within Central Florida and to assist Emergency Management and Emergency Support Function 8 (ESF-8 / Health and Medical) with the National Preparedness Goal identified five mission areas: Prevention, Protection, Mitigation, Response, and Recovery as related to healthcare disaster operations.

Central Florida is uniquely vulnerable to large scale disasters due to its population and critical infrastructure. The 2022 US Census data shows more than 4.6 million people reside in the nine counties representing Central Florida (Central Florida Regional Domestic Security Task Force, Region 5 or RDSTF-5 (see chart below). Winter residents dramatically increase this population. In addition, domestic and international tourists flock to Central Florida for golf, shopping, water sports, theme parks, conventions, and the speedway. Orlando is the number one most visited destination in the world. Orlando International Airport was the 10th busiest airport in the nation before the pandemic with approximately 50 million passengers each year and rebounded at twice the average rate of travelers since December 2020. Visitors also arrive in Central Florida via cruises at Port Canaveral, Florida's fastest growing port and the second busiest port in the world, with more than 5 million travelers annually. Kennedy Space Center in Brevard County has a rigorous launch schedule, with an average launch every four days. Patrick Force Base is also located in Brevard County. There are three large chemical manufacturing plants within the region, multiple international and commercial airports, major highways including I-4 and I-95, and both freight and passenger railroad service across the region. All these factors increase the potential for a large-scale event in Central Florida.

| Region 5 Population by County | |
|---|---|
| Brevard County | 630,693 |
| Indian River County | 167,352 |
| Lake County | 410,139 |
| Martin County | 162,006 |
| Orange County | 1,452,726 |
| Osceola County | 422,545 |
| Seminole County | 478,772 |
| St. Lucie County | 358,704 |
| Volusia County | 579,192 |
| Region 5 | 4,662,129 |

**County (US QuickFacts-Estimated Population July 2022**

The Region has a robust healthcare system, including a total of 80 hospitals and free-standing emergency departments, with a Level I trauma center and a Level 1 pediatric trauma center in the metro Orlando area, five Level 2 trauma centers across the region, and three children's hospitals.

Those potentially at higher risk during a chemical emergency include industrial/transportation workers, EMS/first responders, first receivers, and vulnerable populations (such as long-term care residents, those with limited evacuation options or in close proximity to a fixed chemical risk, and pediatric patients). Areas at high risk of a chemical incident include industrial plants, research facilities, terrorism targets, and transportation hubs.

Chemicals are a part of everyday life and are present everywhere. The US averages one chemical incident every two days (EPA). County-specific risk are documented in each county's Hazard Vulnerability Assessment and in the 2023 Hazardous Materials Emergency Response Plan prepared by the East Central Florida Regional Planning Council.

## 1.4 Assumptions

- Each facility or healthcare organization should understand expectations specific to them as part of the coalition, especially within the first minutes and hours of a large-scale chemical incident.
- Hospitals may need to shelter in place (or, less likely, evacuate) in response to a chemical release or plume.
- There should be an understanding of the general expectations for EMS and fire/rescue personnel during a chemical incident response that is appropriate to regional resources.

- Hospitals must have appropriate plans, PPE, and equipment to receive and decontaminate patients as self-referral is common.
- On-duty staff will need to quickly evaluate a large number of real versus possible exposures.
- Job aids will be needed to help initiate response, decontamination, and treatment guidance for these uncommon events
- Specialty consultation (e.g., poison control center, regional HAZMAT experts, hospital medical toxicologists) will be needed
  quickly to provide specific care recommendations for agent type and magnitude of release.
- Depending on the scale of the chemical incident, establishment of alternate decontamination or screening locations may be required to assess low-risk patients and provide basic decontamination needs.
- There may not be an adequate local supply of specific countermeasures and antidotes for a large-scale chemical emergency.
- Health concerns, prolonged response requirements, fatigue, difficult work environments, and stress may contribute to behavioral health challenges among coalition members and the general public.
- Depending on the scale, severity, and type of chemical emergency, it may be necessary to contract with private organizations to assist with large-scale containment and clean-up efforts.
- Severe stress reaction will present with similar symptoms as chemical exposure

# 2. Concept of Operations

## 2.1 Activation

Local governments have the primary role in implementing protective actions to reduce risks to first responders and the general public from a chemical surge event. The impacted county(ies) are responsible for directing the initial response to a chemical event and the county will coordinate and direct such actions through their emergency management organization and other county emergency response agencies.

As the emergency situation progresses, the county emergency manager may recommend that the chair of the county commission declares a local state of emergency and makes a formal request for regional and/or state assistance. The request is forwarded to the Governor's Office through the Division of Emergency Management or the State Emergency Response Team, depending on the State Emergency Operation Center's level of activation. In support of the State Emergency Response Team, the Division of Emergency Management drafts an Executive Order which recommends that the Governor declare a state of emergency, as warranted.

The Coalition staff activate whenever the state EOC is activated or for any event in the region that has the potential to impact more than a single county, in order to share situational awareness with member agencies that is not provided via other partners, such as regional status.

The Hazardous Materials Classifications Levels provide guidance on triggers in a chemical event. In a hazardous materials incident, the response is based upon the characteristics of the chemical involved, the size or potential size of the spill, and the threat posed to life, property, and the environment.

It is highly recommended that participating Coalition members establish a relationship with their corresponding regional hazmat team for efficient and effective hazmat preparedness and response efforts. Considerations should be taken with level I and II incidents for non-incident-responding fire department hazmat technicians to supplement hospital emergency response teams (HERT).

| CLASSIFICATION LEVEL | ACTIONS |
|---|---|
| Level I – Probable Emergency Conditions | No evacuation is necessary other than from the immediate scene. The level of the incident does not pose a chemical exposure hazard to first responders from fire services using dermal and respiratory gear. Examples of Level I incidents are:<br>• minor releases of fuel from vehicular accidents.<br>• small releases of corrosives and illegally discarded chemical containers that are not in danger of releasing substances.<br>Normally the HCC Annex and Emergency Response Plan (ERP) are not activated. |
| Level II – Limited Emergency Situation | An incident involving a greater hazard or larger area that poses a potential threat to life or property which may require a limited evacuation of the surrounding area. This incident may require outside assistance to stop the release. Examples of this level are:<br>• releases of significant quantities of volatile organics at a fixed facility or a transportation or storage cargo tank release.<br>In this situation the HCC Annex and ERP may normally be activated (depending on the needs of the healthcare community). |
| Level III – Full Emergency Situation | This type of incident/accident involves severe potential exposure for the responders or the public. Mitigation may require a large-scale evacuation or proper sheltering-in-place. Response will include the expertise or resources of private industry, mutual aid partners, as well as State or Federal government agencies.<br><br>The HCC Annex and ERP will be activated if the incident involves the healthcare community or if requested by the State Emergency Support Function 8 (ESF8). |

## 2.2 Notifications

In the event of a chemical emergency, the incident site will notify the county warning points. If the event is within the scope and capability of the local jurisdiction, local response will handle the event. If the event exceeds scope and capability of the local jurisdiction, then the county warning point will notify the state warning point. Event information is communicated through WebEOC and EMResource. CFDMC also uses Everbridge to notify healthcare and response partners across the region. Hospitals, EMS, and emergency management agencies within the region will be implementing the use of Pulsara in 2024 to enhance communication between EMS agencies and hospital systems. This platform will serve as an active two-way communication system between EMS and hospital emergency departments with emergency management monitoring capabilities. Pulsara will be used in conjunction with EMResource.

Through the State Watch Office, the Florida Division of Emergency (DEM) is responsible for: receiving notification of an emergency from anywhere in the state; verifying information contained in the notification messages; and, alerting key state, local, and federal emergency response personnel. The Emergency Coordinating Officers will be responsible for alerting and activating necessary personnel within their respective emergency support functions.

## 2.3 Roles and Responsibilities

All agencies involved in chemical surge response develop and maintain internal standard operating procedures. Roles and responsibilities include:

**Fire/Rescue/First Responders:** First responders are responsible for on-scene assessment to determine if a chemical is present, identify the chemical, determine PPE needed, and determine patient decontamination needs (e.g., dry and wet decontamination).

**EMS:** EMS provides triage, care and transport for contaminated patients, including appropriate medical countermeasure administration. EMS agencies routinely perform gross decontamination prior to transport.

**Hospitals**: Hospitals provide decontamination of patients upon arrival, prior to allowing patients into the emergency department. Hospitals receive a decontamination equipment package from the Coalition. Triage and treatment is based on the chemical involved. Chempacks are available at many hospitals (see Section 2.4.3).

**Emergency Management**: The city and county emergency management offices provide incident coordination and support, including coordinating with and advising local government officials and providing requested resources to responders. Emergency management and public health are also responsible for communicating to the public and for the activation of community reception centers if needed.

**HAZMAT Teams:** A HAZMAT team is an organized group of professionals who are specially trained to handle hazardous materials or dangerous goods. HAZMAT is an abbreviation for "hazardous materials," which refers to any substance that poses a significant risk to people, property, or the environment.

HAZMAT teams are generally responsible for the following:

- Facilitating the safe evacuation of anyone in the affected area
- Handling hazardous materials with minimum harm to life, the environment, or property
- Removal or cleanup of hazardous materials
- Arranging medical support for anyone exposed to hazardous materials

Region 5 has multiple Type I and Type II HAZMAT teams based on FEMA typing classifications. See Section 2.4.2 for team typing and listing of Region 5 HAZMAT Teams

**Civil Support Teams:** A weapon of mass destruction Civil Support Team (WMD-CST or CST) supports civil authorities in the event of the use, or threatened use, of a weapon of mass destruction. CSTs are federally funded units established under Presidential Decision Directive 39. There are two Civil Support Teams in Florida: the 44$^{th}$ CST in Camp Blanding, and the 48$^{th}$ CST in Clearwater.

**Poison Control:** Florida's Poison Control Centers are dedicated to providing emergency services 24 hours a day to the citizens of Florida by offering poison prevention and management information through the use of a nationwide, toll-free hotline: 1-800-222-1222. The Poison Control Centers can assist first responders and receivers in identifying a chemical agent and appropriate countermeasures. Poison Centers should be included in the response EOC rhythm to be aware of developments, provide medical expertise, and assist in risk communication or public health surveillance needs.

**LEPCs**: The Local Emergency Planning Committees (LEPCs) are responsible for coordinating the development and distribution of the regional Hazardous Materials Emergency Plans. They provide subject matter expertise in developing chemical response plans, trainings, and

exercises to stakeholders within their region. The LEPC can help hospitals identify high risk chemical facilities within their facility. There are two LEPCs in Region 5: East Central Florida Regional Planning Council and the Treasure Coast Regional Planning Council (see Section 3.3).

**Central Florida Disaster Medical Coalition:** The Coalition's response role is two-fold: providing situational awareness to members and resource coordination. The Coalition's role in information sharing is to monitor communications from local and State ESF8 and share information with member organizations that is not provided via other partners, such as regional status. During exercises and grey skies, the Coalition uses multiple methods to provide information to its members, including email, the Everbridge health alert network, and EMResource. The Coalition's role in resource coordination is to monitor local county requests for resources and coordinates with state and local emergency management and member agencies to try to fill those requests. The Coalition also shares just-in-time training materials, including topics on donning and doffing and personal protective equipment (PPE) with its members during an event. In some events, the Coalition will also support or facilitate the transfer of patients to specialty facilities.

**Lead Agency**: The Florida Department of Environmental Protection is the designated lead agency for chemical response in Florida, supported by the Florida Division of Emergency Management and the Florida Department of Health.

## 2.4 Logistics

### 2.4.1 Space

The region has identified hospital minimum readiness equipment standards by hospital size, and the Coalition provides funding to equip hospitals to these standards. This equipment includes a tent that hospitals use for mass decontamination. In addition, many hospitals have external shower capabilities for mass decontaminations. The county emergency management/ESF8 is responsible for identifying and operating community reception centers.

### 2.4.2 Staff

Hospitals within the region and across the nation are struggling to keep staff trained in decontamination. This has been an improvement opportunity noted in recent exercises and in the regular monthly hospital calls. Hospitals have shared their best practices, including

developing an in-house train-the-trainer program and incentives for decon team members. The Coalition will continue to support hospitals in maintaining trained decon teams.

Hazmat Teams:

| CLASSIFICATION TYPE | ACTIONS |
|---|---|
| Type I Teams | Designed to respond to, assess, and mitigate a large-scale, complex, and sustained-duration incident that may involve multiple hazards comprised of known and/or unknown hazardous materials, and especially including known or suspected weapons of mass destruction (WMD) materials and substances including CWAs.<br>• Advanced testing instruments, such as gas chromatography and mass spectrometry devices for increased ability to detect and identify contaminants.<br>• Advanced real-time field instruments for perimeter air monitoring, such as surface acoustic wave (SAW) or nanotechnology devices; these are used to detect both liquid and gas CWAs and toxic industrial chemicals (TICs), organic and inorganic gases, explosives, illicit drugs, and in some instances, biological agents.<br>• Type II Team equipment |
| Type II Teams | Designed to respond to, assess, and mitigate a large-scale, complex, and sustained-duration incident that may involve multiple hazards comprised of known and/or unknown hazardous materials.<br>• Intermediate testing equipment, such as Fourier transform infrared spectroscopy (FTIR) or Raman spectroscopy devices, can be used to detect and identify unknown solids, liquids, and gases including explosives, CWAs, TICs, and narcotics.<br>• Intermediate real-time field instruments, such as volatile organic compound (VOC) instruments with parts-per-billion sensitivity<br>• Type III Team equipment |
| Type III Teams | Designed to respond to, assess, and mitigate an incident for specific known hazardous materials.<br>• Basic testing instruments, such as chemical testing kits and testing strips<br>• Basic real-time field instruments, such as a multi-gas meter and Photo Ionization Detector (PID), enabling detection of common gases such as carbon monoxide (CO), carbon dioxide (CO2), hydrogen sulfide (H2S), sulfur dioxide (SO2), methane (CH4), and oxygen (O2), and VOCs at parts-per-million sensitivity, respectively.<br>• Printed and electronic reference resources<br>• Safety data sheets – SDSs contain information on chemical properties, human health and environmental risks, and handling, storage, and transportation precautions. |

**Region 5 HAZMAT Teams**

| Type | Agency | Contact | Address |
|---|---|---|---|
| 2 | Brevard County Fire Rescue | Richard Connor<br>Assistant Chief<br>(321) 508-2558 | 1040 S. Fla Ave<br>Rockledge, FL 32955 |
| 1 | Seminole County Fire Rescue | Jason Prather<br>Assistant Chief<br>jpather@seminolecountyfl.gov<br>321-377-8283 | 150 Eslinger Way<br>Sanford, FL 32773 |
| 2 | Volusia County Fire | Heather Lorimor<br>Battalion Chief<br>hlorimor@volusia.org<br>386-473-5914 Cell | 125 W. New York Ave,<br>Ste. 220<br>DeLand, FL 32720 |
| 2 | Orange County Fire Rescue | Alexander Ralls-Novo<br>Battalion Chief<br>Alexander.rallsnovo@ocfl.net<br>407-403-3418 | 12252 Winter Garden<br>Vineland RD<br>Orlando, FL 32836 |
| 1 | Martin County Fire Rescue | Rick Sterl<br>Battalion Chief<br>rsterl@martin.fl.us<br>772-463-2823 | 800 SE Monterey Road<br>Stuart, FL 34994 |
| 1 | Orlando Fire Department | Adrian Fernandez<br>District Chief<br>adrian.fernandez@cityoforlando.net<br>(407) 246-5246 | 78 West Central Blvd.<br>Orlando, FL 32801 |
| 2 | St. Lucie County Fire Department | Dan Mikels<br>Battalion Chief<br>Dmikels@slcfd.org<br>772-621-3312 | 1616 SE Port St. Lucie Blvd<br>Port St. Lucie, FL 34952 |
| 2 | Indian River Fire Rescue | Ron Angelone<br>Bureau Chief of Training<br>R.angleone@ircgov.com<br>772-226-3965 | 4225 43 Ave<br>Vero Beach, FL 32967 |
| 1 | Lake County Fire Rescue | Christopher Sievert<br>Deputy Fire Chief<br>csievert@lakecountyfl.gov<br>(352) 343-9458 | 306 W. Hermosa St.<br>Lady Lake, FL 32159 |
| 2 | Osceola Fire Rescue & EMS | John Haskett<br>Deputy Chief<br>john.haskett@osceola.org<br>407-791-9639 | 2586 Partin Settlement Rd.<br>Kissimmee, FL 34744 |

2.4.3 Supplies

**Hospital Minimum Readiness Equipment:** The region has identified hospital minimum readiness standards by hospital size, and the Coalition provides funding to equip all hospitals to these standards. The supplies include PPE suits, boots, gloves, patient decontamination kits and CBRN PAPRs. The Coalition's equipment management policy outlines how equipment and supplies can be deployed during an emergency (see the minimum hospital readiness equipment list and equipment management policy at https://www.centralfladisaster.org/resources).

**Chempacks:** Florida has multiple chempacks located across the state. Region 5 has twelve (12) chempack caches that pre-position nerve agent antidotes at EMS and hospitals across the region which can be rapidly deployed. Chempacks are activated through a mission request from a local emergency management agency to the State ESF8.

Locations of these chempacks in Region 5 can be found in EMResources.

**Strategic National Stockpile (SNS):** The SNS is part of the federal medical response infrastructure and can supplement medical countermeasures needed by states, tribal nations, territories, and the largest metropolitan areas during public health emergencies. The supplies, medicines, and devices for lifesaving care contained in the stockpile can be used as a short-term, stopgap buffer when the immediate supply of these materials may not be available or sufficient. The federal SNS response time is at a minimum 12 hours. Florida has an SNS cache staged at the state warehouse in Central Florida, which can be deployed within the region in four hours or less. Local jurisdictions will go through their Emergency Operations Centers to request activation of the SNS.

## 2.5 Operations - Medical

All EMS agencies within the region assess and decon patients as needed prior to transport. Hospitals within the region are able to screen, triage, assess contamination, decontaminate patients, treat and prepare to transport to a specialized facility as needed.

See Section 3.3 for chemical surge resources and subject matter experts. These will be vetted and updated during the March 2024 statewide chemical surge annex tabletop exercise.

During the March 2024 full scale medical surge exercise, the region will assess decontamination capabilities and identify and plan for any regional gaps.

### 2.5.1 Triage and Screening

EMS first responders are trained to recognize a chemical event, based on:

- Occupancy/Location/Containers
- Smoke, color, odor
- Dead animals, discolored plants, trees, and vegetations
- Signs and symptoms in a cluster of people
- Multiple persons down with no obvious trauma

In a chemical event, EMS conducts gross decontamination prior to transport. EMS agencies follow their established protocols for prioritizing patient decontamination, treatment and transport.

### 2.5.2 Patient Care/ Management

Care for patients suffering from chemical injuries varies depending on several external factors including the type of chemical, level of exposure, and preexisting conditions that can cause complications. Chemical incidents may require an immediate supply of antidotes and medical supplies both on-scene and at hospitals. EMS and hospitals have established protocols for decontamination. The region is developing a plan to use Pulsara to track patients in an MCI, including chemical emergencies. Hospitals are encouraged to use EMS liaisons and participate in LEPC meetings to develop stronger relationships with local hazmat subject matter experts.

### 2.5.3 Treatment

Exercises have demonstrated and hospitals continue to report that they are struggling to maintain trained decontamination personnel. We are exploring national best practices to share with all hospitals.

Hospitals will follow established treatment protocols for chemically exposed patients. Additional resources and information on treatment and regional and state subject matter experts can be found in 3.3.

### 2.5.4 Safety and Control Measures

Hospitals, EMS, emergency management and HAZMAT teams have developed protocols for safety and control during a chemical emergency. See Section 3.3 for OSHA best practices.

### 2.5.5 Laboratory Support

Many agents cause non-specific and overlapping clinical presentations and some chemical agents may have delayed presentations. Many clinicians may lack knowledge/experience about certain chemical injuries. Resources may not be available for testing in a mass casualty incident.
Laboratory testing may not be available for specific agent. Hospitals have received training on submitting specimens to the state public health laboratories and are offered an opportunity to exercise this each year. See Section 3.3 for the state public health laboratories.

### 2.5.6 Fatality Management

The CFDMC Fatality Management Plan outlines the roles and responsibilities of partners within Region 5 in managing mass fatalities. This plan includes information on how CFDMC and member organizations manage a mass fatality event within the region. Mass fatality management involves emergency management organizations, public health agencies, medical examiners, funeral homes, hospitals, and other stakeholders, depending on the nature of the emergency (see the mass fatality plan at https://www.centralfladisaster.org/resources). Medical examiners within the region will follow internal protocols, the guidelines in the regional plan, and the State Mass Fatality Plan and will request State assistance through the local ESF8 desk to request subject matter expertise or to deploy appropriate FEMORS team members/equipment and the National Guard CBRNE team as needed.

### 2.5.7 Transport

EMS agencies follow the county specific protocols and SOPs. EMS agencies have mutual aid agreements in place, and the County Emergency Operations Centers (EOC) may request additional EMS resources during a disaster to supplement ground and air ambulances and EMS personnel in counties when their resources are overwhelmed by a major emergency or catastrophic disaster, including activation of the state ambulance strike teams. The State EOC may request EMS resources to fulfill missions from other states under EMAC when state resources are overwhelmed.

### 2.5.8 Deactivation and Recovery

The Coalition supports local jurisdictions in the transition to recovery by sharing appropriate recovery information with its members.

The Coalition's equipment management policy requires that response equipment purchased by the Coalition be made available to other partners, and also requires that the requesting agency ensure that the equipment is returned to the Coalition or member agency in good condition or replace equipment as needed.

After all significant events and exercises within the region, the Coalition queries its members and produces an after-action report and then works to close any identified regional gaps.

## 2.6 Special Considerations

### 2.6.1 Behavioral Health

The region has a disaster behavioral health plan which provides subject matter experts as liaison to local emergency operations and uses the Florida Crisis Response Team members to provide individual and group crisis intervention (see the behavioral health plan at https://www.centralfladisaster.org/resources).

### 2.6.2 Pediatric and At-Risk Populations:

At risk populations include:

- Children
- Pregnant women
- Nursing mothers
- Elderly people requiring assistance
- Immunocompromised individuals
- Disabled persons requiring the use of wheelchairs or other mobility aids
- Workers or Emergency responders
- Transient or migrant workers or commuters
- Homeless people
- Institutionalized individuals who may or may not be able to evacuate or relocate
- Hospital patients

- Residents of nursing homes or other institutions
- Prison inmates, guards, and workers

County emergency plans identify and prioritize special populations in the community that have special needs in a chemical surge event. The Coalition has developed a regional pediatric response plan to address the needs of children (see the CFDMC pediatric annex at RESOURCES | cfdmc (centralfladisaster.org).

### 2.6.3 Communications

The Coalition has redundant communication capabilities with its members. During exercises and events, the Coalition uses the SERVFL Everbridge network as the primary mechanisms for sharing information, and EMResource and Constant Contact as redundant methods for sharing information. These systems are drilled each quarter. The region is working to develop an MCI coordination plan using Pulsara which will improve communications.

### 2.6.4 Jurisdictional- Specific Considerations

The Hazardous Materials Plans developed by the LEPCs and the county specific HVAs contain jurisdictional-specific considerations.

## 3. Appendices

### 3.1 Training and Exercises

**Trainings**:

EMS agencies and hospitals provide trainings specific to individual roles. Additional training opportunities are available through the LEPC (see the 2023 ECFRPC Hazardous Materials Plan) and the Center for Domestic Preparedness in Anniston, Alabama (https://cdp.dhs.gov/training). Coalition members can contact their LEPC coordinator for more information.[1]

**Exercises**:

[1] Florida LEPC Contact
https://www.floridadisaster.org/dem/response/technological-hazards/serc/lepc/

The chemical surge annex will be vetted during a tabletop exercise on March 6, 2024 and the annex will be updated based on the after action report.

Through the U.S. Department of Health and Human Services' Administration for Strategic Preparedness and Response, the CFDMC sponsors an annual regional medication surge exercise. This exercise consistently includes exercising hospital decontamination and incorporates and promotes regional hazmat cross-sectoral collaboration. This year's exercise is scheduled for April 25, 2024 and the annex will be updated based on the AAR/IP.

## 3.2 Legal Authorities

**Federal:**

- SARA Title III (the Emergency Planning and Community Right-to-know Act of 1986)
- Occupational Safety and Health Administration
- 40 CFR Part 310, Reimbursement to Local Governments for Emergency Response to Hazardous Substance Releases
- 40 CFR Part 302, Comprehensive Environmental Response Compensation and Liability Act (CERCLA) List of 717 Substances
- 40 CFR Part 310, Reimbursement to Local Governments for Emergency Response to Hazardous Substance Releases, Interim Final Rule
- 40 CFR Part 355 and Appendix A, List of 406 Extremely Hazardous Substances
- 40 CFR Part 370, Hazardous Chemical Reporting: Community Right to Know, Tier I and Tier II Forms, Chemical Inventory Reporting
- 40 CFR Part 372, Toxic Chemical List, Toxic Chemical Release Reporting: Community Right to Know
- Section 319 of the Public Health Services Act (PHSA)

**State**

- Florida State Statute Chapter 252, Emergency Management
- Florida being a Home Ruled state grants counties the power to enable the county to conduct government, perform functions, and render services, and may exercise any power for county government purposes. Florida Statutes 166.021)

## 3.3 Additional Resources/ References/Subject Matter Experts

Federal

- https://chemm.hhs.gov/chemmist.htm
  CHEMM Intelligent Syndrome Tool
  (for first responders, questions that identify likeliness of a nerve agent)
- fourth generation - Chemical Hazards Emergency Medical Management Search Results (usa.gov)
- Chemical Hazards Emergency Medical Management - CHEMM (hhs.gov)
- PRISM Decontamination Guidance Volumes 1-3:
  PRISM Volume 1: Strategic Guidance (medicalcountermeasures.gov)
  PRISM - Volume 2: Tactical Guidance (medicalcountermeasures.gov)
  PRISM Volume 3: Operational Guidance (medicalcountermeasures.gov)
- ASPIRE (Algorithm Suggesting Proportionate Incident Response Engagement a prototype decision aiding tool. ASPIRE Beta (hhs.gov)
- WISER- Wireless Information System for Emergency Responders. WISER Home (nih.gov)
- U.S. Department of Transportation 2020 Emergency Response Guidebook
- U.S. Department of Health & Human Services Chemical Hazards Emergency Medical Management
- OSHA Best Practices for Hospital-Based First Receivers. osha3249.pdf
- Long-term Care considerations for evacuation. Chemical Hazard Spills Near Long-Term Care Facilities (hhs.gov)
- The ATSDR ToxFAQs™ is a series of summaries about hazardous substances. Information for this series is excerpted from the ATSDR Toxicological Profiles. Each fact sheet serves as a quick and easy to understand guide. Answers are provided to the most frequently asked questions (FAQs) about exposure to hazardous substances found around hazardous waste sites and the effects of exposure on human health. ToxFAQs™ - Letter A | Toxic Substance Portal | ATSDR (cdc.gov)
- Shelter in Place. Stay Put and Seal Off Your Space in a Chemical Emergency (cdc.gov)
- Evacuation. Evacuate In a Chemical Emergency (cdc.gov)
- Personal cleaning and disposal of contaminated clothing. Get It Off (cdc.gov)
- Response to a suspicious letter/container. Guidance on Initial Responses to a Suspicious Letter/Container with a Potential Biological Threat (cdc.gov)
- NIOSH Guidance for Protecting Building Environments. guidance1 (cdc.gov)
- Agency for Toxic Substance and Disease Registry (ASTDR): Available 24 hours a day, and comprised of toxicologists, physicians, and other

scientists available to assist during an emergency involving hazardous substances in the environment. Emergency Response at ATSDR - (770) 488-7100

- ATSDR Emergency Response Resources. Emergency Responders (cdc.gov)
- ASTDR Healthcare Professionals and Clinician Resources. Healthcare Professionals & Clinicians (cdc.gov)
- The Pediatric Environmental Health Specialty Units (PEHSUs) are a national network of experts in the prevention, diagnosis, management, and treatment of health issues that arise from environmental exposures from preconception through adolescence. Find an expert: Pediatric Environmental Health Specialty Units - PEHSU
- Managing Hazardous Materials Incidents. Managing Hazardous Materials Incidents | ATSDR (cdc.gov)
- Public Health Emergency Response Guide. cdcresponseguide.pdf
- Federal Emergency Management Agency (2010). Comprehensive Preparedness Guide (CPG) 101 – Version 2.0 Developing and Maintaining Emergency Operations Plans
- OSHA Best Practices for Protecting EMS Responders: OSHA SILICA EXPOSURES
- OSHA Best Practices for Protecting Hospital Based First Receivers: https://www.osha.gov/sites/default/files/publications/osha3249.pdf
- www.acmt.net
- www.clintox.org
- America's Poison Centers

ASPR-TRACIE Resources - ASPR TRACIE | Healthcare Emergency Preparedness Information Gateway (hhs.gov)

- COOP/Business Continuity Planning TC
- Healthcare Challenges in Chemical Incidents Webinar
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Southern Regional Disease Response System (SRDRS): SRDRS@emory.edu

**State:**

- State Mitigation Plan: https://flshmp-floridadisaster.hub.arcgis.com/pages/hazardous-materials-incident
- State Hazardous Material Plan: Hazardous Materials Incident | FL SHMP (arcgis.com)
- Florida Public Health Laboratories: Bureau of Public Health Laboratories | Florida Department of Health (floridahealth.gov)

**Regional:**

**CFDMC preparedness and response plans and annexes, mission ready packages and equipment are located at:**
**https://www.centralfladisaster.org/resources**

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