



Coalition Meeting Agenda
Thursday, March 21, 2019 - 9 am to Noon
Bill Posey Conference Center, 2555 Judge Fran Jamieson Way, Viera, Florida 32940

or via webinar/conference call at:

<https://global.gotomeeting.com/meeting/join/684815309>

Use your microphone and speakers (VoIP) - a headset is recommended. Or call in using your telephone.
 United States: +1 (626) 521-0015, Access Code/Meeting ID: 684-815-309

All lines are muted – press *6 to unmute and mute

NOTE: This meeting will be recorded

Time	Topic
9:00 – 9:10 am	Welcome & Introductions – Lynda W.G. Mason, CFDMC Board Chair If on webinar/conference call, please confirm your attendance by emailing: info@centralfladisaster.org
9:10 – 10:00 am	NFPA 3000 Presentation: Juan Atan, Commander, Central Florida Disaster Medical Team, Training Officer- DMAT FL-6
10:00 – 10:15 am	Hospital Evacuation Assessment Update – Bob Stolz, Regional Manager, Southwest & Florida, ARC (MedSled)
10:15 – 10:30 am	AHCA ESS Update: Mandi Manzie
10:30 – 10:45 am	Break
10:45 – 11:30 am	Project Updates: <ul style="list-style-type: none"> • Mass Fatality Update – Sheri Blanton • EID Update – Eric Alberts • Great Tornado Drill – Lynne Drawdy • Coalition Surge Tool Exercise – Lynne Drawdy & Matt Meyers • April Mass Casualty Exercise – Matt Meyers & Lynne Drawdy • Draft Operations Plan – Lynne Drawdy • Supply Chain Integrity Assessment – Lynne Drawdy • New ASPR Funding Opportunity – Lynne Drawdy
11:30 – 11:50 am	Coalition Awards: <ul style="list-style-type: none"> • Larry Lee 2018 Leader of the Year Awards: Eric Alberts, Orlando Health Dr. Peter Pappas, Region 5 Trauma Advisory Board Executive Director • Bill McDeavitt 2018 Member of the Year Award Todd Stalbaum, Orange County Office of the Medical Director & Central Florida Disaster Medical Team Commander & Recognition of All Nominees • Recognition of 2018 Board Chair: Dr. Karen van Caulil
11:50 am - Noon	Wrap-up – Lynda W.G. Mason <ul style="list-style-type: none"> • Other Announcements • Next meeting: June 20 at Viera • Meeting Evaluation & Training Needs Assessment



3-31-19 CFDMC Meeting Minutes

Participants: See attached sign-in and webinar attendees

Welcome & Introductions: Lynda W.G. Mason, CFDMC Board Chair, welcomed all. Those in the room introduced themselves and Lynda reminded those attending by webinar to email the coalition to confirm attendance.

NFPA 3000 Presentation: Juan Atan, Commander of the Central Florida Disaster Medical Team and Training Officer for DMAT FL-6, provided a presentation on the NFPA 3000 requirements (see attached presentation).

Hospital Evacuation Assessment Update: Bob Stolz, Regional Manager, Southwest & Florida, ARC (MedSled), provided an update on the regional hospital evacuation assessment (see attached assessment update). Bob will continue to reach out to hospitals.

AHCA ESS Update: Mandi Manzie provided an update on the implementation of the ESS system (see attached presentation). She answered questions including working with hospitals to assist in adding additional users, and working with the coalition and others to ensure access to data. She stated that she will be providing additional training, and the coalition invited her to provide training to the June meeting. She stated that she will work with the coalition in the future in using ESS during drills.

Project Updates:

Mass Fatality Update: Sheri Blanton reported that a mass fatality tabletop was held in December with the region's medical examiners, FEMORS, and representatives from hospitals, county indigent programs, funeral home association and the national guard. The after action report has been completed and the priorities will be to develop a regional mass fatality response plan, PPE and training, use of 311 for victim identification, and exploring additional crematory capacity.

EID Update: Eric Alberts provided an update on the emerging infectious disease project. The Coalition formed a collaborative effort to look at how we respond to a patient with a highly infectious disease, standardize efforts and equipment, and optimize training. This is high priority as there are still threats like Ebola, Yellow Fever, MERS-CoV, measles, etc. across the world. The Coalition hosted an EID tabletop in December with DOH, FDLE, the Orlando International Airport, EMS, the Florida Infectious Disease Transportation Network, and Florida Hospital, Orlando Health, Nemours and VA. The tabletop revealed that the region's strengths are that all hospitals have plans & protocols & are front-line ready; collaboration among all partners; ICAR assessments were beneficial; and communications channels. Areas of opportunities included lack of standardized protocols, equipment, training; hospital PPE expiring; sustaining EID teams at most hospitals and the potential for a collaborative response team; a single vendor used by most hospitals for waste management raising concerns re capacity; no standardized communications processes; and the need for regular exercises including a full scale exercise activation of the FIDTN (Florida Infectious Disease Transportation Network). The Coalition has engaged a consultant, A. C. Burke, who will assist the group with identifying PPE standards, preparing an EID best practices report, updating the regional response plan, and standardizing protocols, and developing a train-the-trainer program. A meeting has been scheduled for April 17 to identify equipment needs.

Great Tornado Drill: Lynne Drawdy reported that the Great Tornado Drill was held on January 16 and more than 150 healthcare organizations across the region participated. The Coalition holds this type of drill twice a year. There is an active shooter drill in September and the severe weather drill in January. These help healthcare organizations meet their requirement for a community-based drill and to allow them to practice and improve their response to these types of events. Another benefit is that these drills bring many new members to the Coalition. This is being presented as a best practice at the Georgia Emergency Management Conference in April. Lynne asked members to share this information with their peers and encourage them to join the Coalition.

Coalition Surge Tool Exercise: Matt Meyers reported that the Coalition completed its Coalition Surge Tool exercise in February, with nine hospitals playing as evacuating facilities and all others participating as receiving facilities. The drill focuses on finding appropriate bed placements and transportation for 20% of the region's acute care beds (more than 2,000). Lynne stated that we had good participation from hospitals and clinicians and the after action report will be completed within the next week. Matt stated that we will move this exercise to the fall so as not to conflict with the regional mass casualty exercise held in April.

April Mass Casualty Exercise: Matt reported that 40 hospitals across eight counties are participating in this year's regional mass casualty exercise. Lynne stated that we are still seeking evaluators, volunteer management staff, and victim volunteers in some counties.

Draft Operations Plan: Lynne reported that last year, the Coalition developed a preparedness plan that focuses on how the Coalition supports the healthcare system in being prepared through regional plans, training, and exercises. This year, the coalition will draft a response plan. The Coalition's current role in response is to share situational awareness with members, focusing on a regional view, and to assist with resource coordination. The draft plan will be sent to members in April for review and input. Over the next few years, we will focus on building out the ASPR-required response capabilities, including strategies for when the emergency overwhelms regional capacity of specialty areas such as trauma, burn or pediatric capabilities, a patient tracking system, a strategy for patient distribution across the region, and processes for joint decision-making and engagement.

Supply Chain Integrity Assessment: Lynne stated that in every after action report, supply chain failures are noted. ASPR requires coalitions to work with members to assess the supply chain strengths and opportunities for improvement, and to develop strategies to mitigate any weaknesses or gaps. Lynne served on a statewide workgroup to develop a supply chain assessment survey. The Coalition will send this survey to hospitals and nursing homes in the first phase, and the data will be aggregated and used to identify vulnerabilities. In the second phase beginning in July, the survey will be sent out to other healthcare members.

New ASPR Funding Opportunity: Lynne reported that we are in year two of a five-year federal grant cycle. However, ASPR, our federal funding partner, is ending the current grant on June 30 and has put out a new five-year funding guidance document. We are waiting for guidance from the state on the impact of this guidance in the Coalition's contract with the state. We do not expect any decrease in funding and we do not expect any significant changes in projects based on the grant guidance. The Board will review the guidance and the fiscal year 2019-2020 work plan and budget in April.

Coalition Awards: Lynda W. G. Mason presented the following awards:

For the Larry Lee 2018 Coalition Leader of the Year Awards, the Executive Committee reviewed a total of three nominations for two individuals. It was a difficult decision and, in the end, the Executive Committee felt that both individuals deserve this award. The first went to Eric Alberts, Orlando Health Emergency Preparedness Manager. Eric received two nominations. Eric thanked Lynda and the Board and stated that he feels the Coalition is critical to the region's ability to effectively respond, and encouraged all members to engage with the Coalition.

Dr. Peter Pappas, Region 5 Trauma Advisory Board, also received the 2018 Larry Lee Leader of the Year Award. Dr. Pappas was unable to attend today and will receive the plaque at the summer Trauma Advisory Board meeting.

Todd Stalbaum, Orange County EMS, received the 2018 Bill McDeavitt Member of the Year Award. Todd thanked Lynda and Dave and stated that Dave was a mentor.

Lynda also recognized the other 2018 Bill McDeavitt Member of the Year nominees, including Robin Ritola, Pediatric Nurse at Advent Health; Paula Bass, Emergency Preparedness, Advent Health; Kurt Myers, St Lucie County Emergency Operations; and Steven Lerner, Seminole County Emergency Management.

Lynda thanked all who took the time to nominate these individuals.

Lynda also recognized Dr. Karen van Caulil for her service as the 2018 Coalition Board Chair. Karen was unable to attend today and will receive her plaque at the April Board retreat.

Wrap-up:

Dave Freeman announced that the Central Florida Disaster Medical Response Team is supporting the TICO Airshow and the Disney marathons, and invited interested individuals to join the team.

Lynda thanked all for attending. The next meeting is scheduled for June 20 at Viera. She thanked DOH-Brevard for hosting the meetings. Lynda asked members to complete a meeting evaluation which will be sent out following today's meeting.



Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

Thursday, March 21, 2019

Note: Meeting is being recorded



Lynda W. G. Mason, 2019 CFDMC Chair

Introductions

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

National Fire Protection Association (NFPA) 3000 Presentation

Juan Atan, Commander

Central Florida Disaster Medical Team Training
Officer– DMAT FL-6



Hospital Evacuation Assessment Update

Bob Stolz, Regional Manager
Southwest & Florida,
ARC (MedSled)



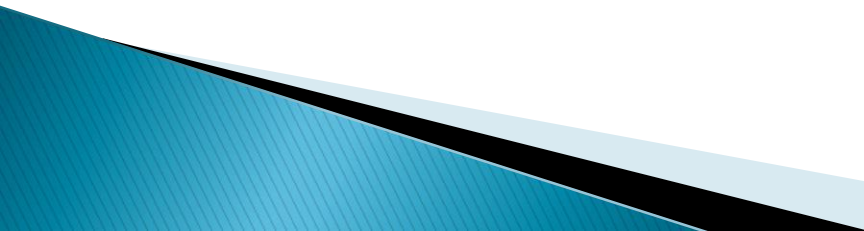
AHCA ESS Update

Mandi Manzie, Agency for Healthcare Administration



TIME 😊
FOR A
BREAK

Project Updates

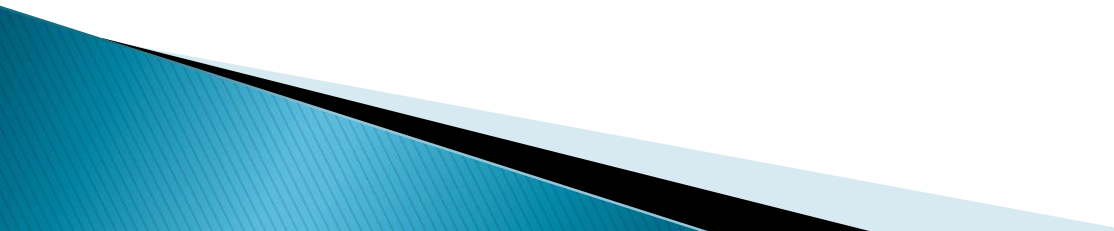
- ▶ **Mass Fatality Update – Sheri Blanton**
 - ▶ **EID Update – Eric Alberts**
 - ▶ **Great Tornado Drill – Lynne Drawdy**
 - ▶ **Coalition Surge Tool Exercise – Lynne Drawdy & Matt Meyers**
 - ▶ **April Mass Casualty Exercise – Matt Meyers & Lynne Drawdy**
 - ▶ **Draft Operations Plan – Lynne Drawdy**
 - ▶ **Supply Chain Integrity Assessment – Lynne Drawdy**
 - ▶ **New ASPR Funding Opportunity – Lynne Drawdy**
- 

Recognition



Larry Lee Leader of the Year Awards for 2018

- ▶ **Eric Alberts, Orlando Health**

 - ▶ **Dr. Peter Pappas**
 - ▶ **Region 5 Trauma Advisory Board
Executive Director**
- 

Bill McDeavitt Member of the Year Award for 2018

Todd Stalbaum

**Orange County Office of the Medical
Director Central Fla Disaster Medical Team
Commander**

Recognition of All Nominees:

Robin Ritola

Paula Bass

Kurt Myers

Steven Lerner



Recognition

**Dr. Karen van Caulil
for Service as 2018 Board Chair**



Lynda W.G. Mason

- ▶ **Other Announcements?**
- ▶ **Next meeting: June 20 at Viera**
- ▶ **Meeting Evaluation & Training Needs Assessment
(online survey sent following meeting)**
- ▶ **Thank you!**

Implementing NFPA 3000™ (PS)

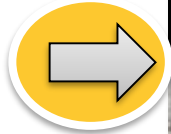
**Standard for an Active Shooter / Hostile Event
Response (ASHER) Program**

**Battalion Chief Juan M. Atan
Orange County Fire Rescue**

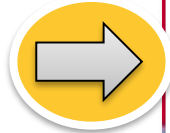


IT'S A BIG WORLD. LET'S PROTECT IT TOGETHER.®

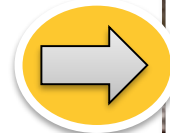
Need for Guidance Leads to New Standard



Active shooter/hostile events continue to happen all across the US.

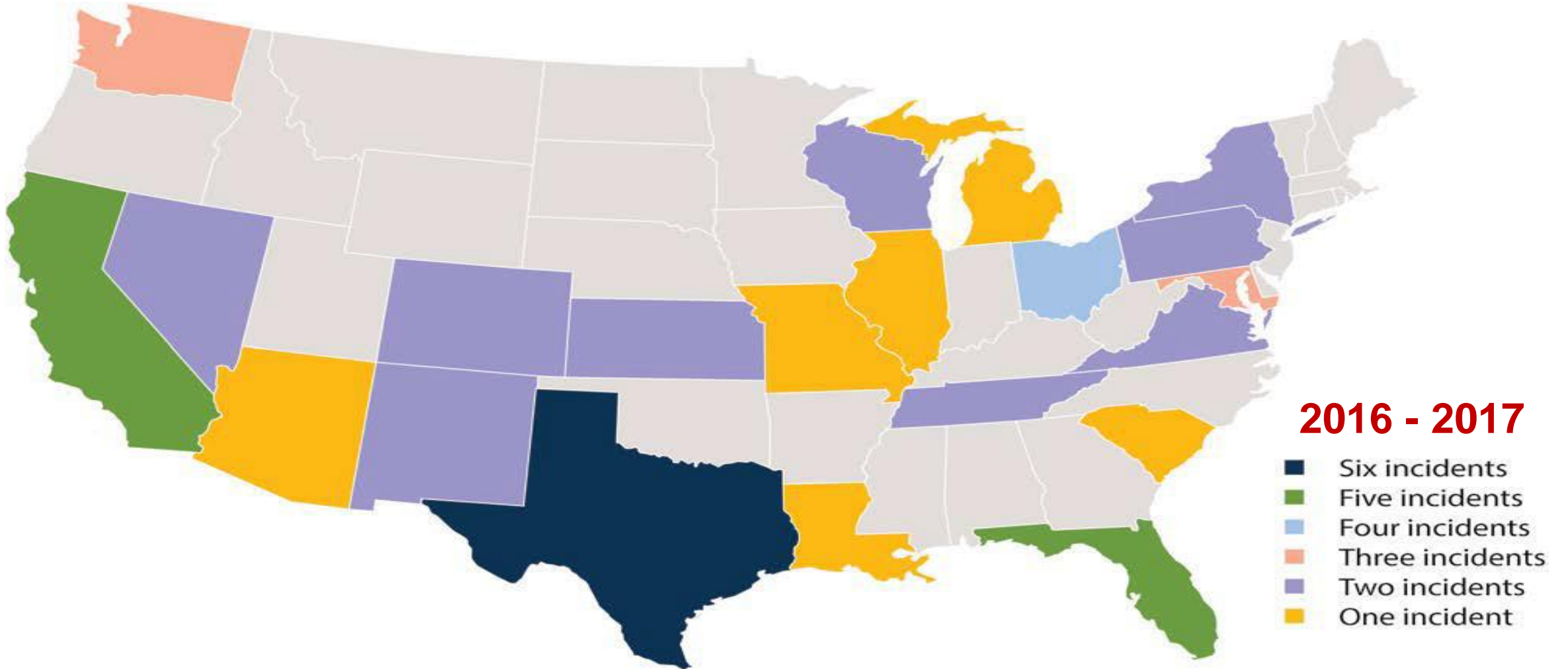


We're all looking for ways to better protect ourselves and our communities.

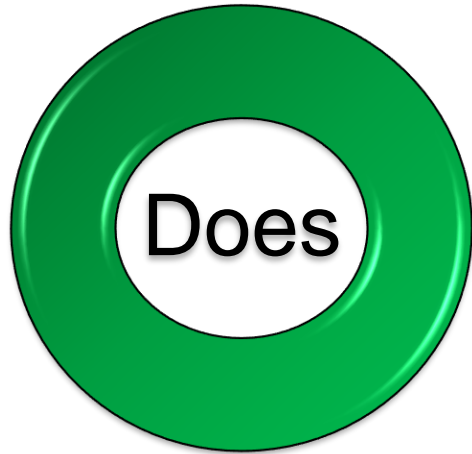


NFPA 3000™ (PS) provides some guidance for everyone.

Active Shooter Incidents

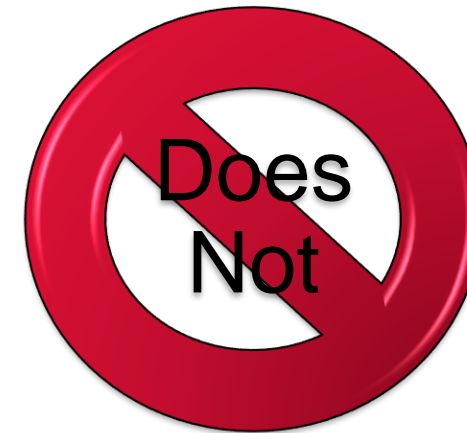


What Does NFPA 3000™ (PS) Do?



Provide resources for community leaders

Offer tools to help **plan** for, **respond** to, and **recover** from these events

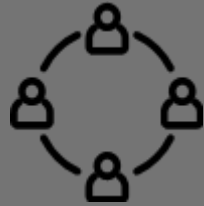


List prevention tips

Detail local tactics

4 Main Concepts

Whole Community



Unified Command



**NFPA
3000™ (PS)**

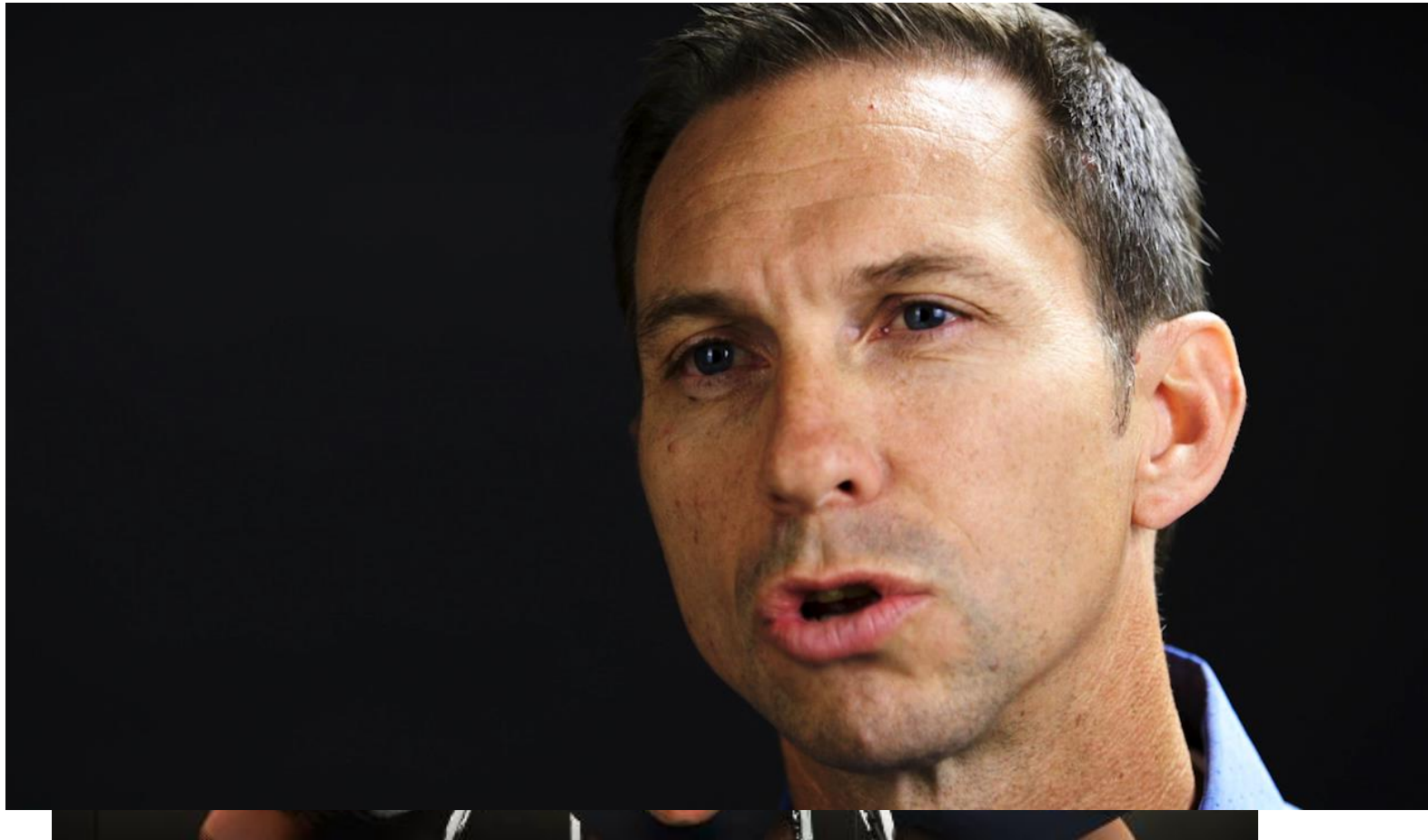
Integrated Response



Planned Recovery



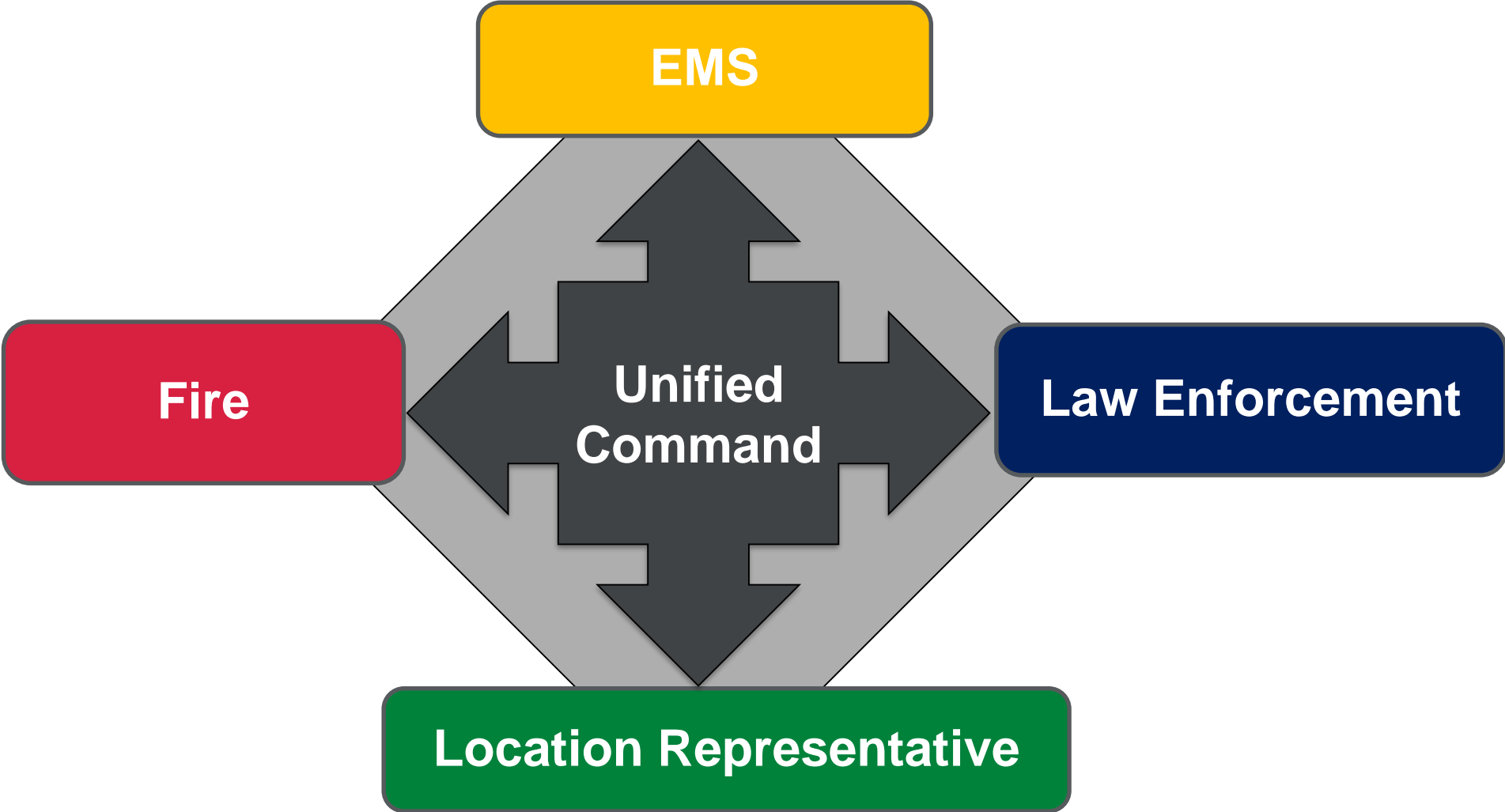
Concept 1: Whole Community



ay



Concept 2: Unified Command



Concept 3: Integrated Response



Law Enforcement Competencies

- Knowledge
- Federal requirements
- Threat-

How do you achieve an integrated response?

Competencies

- Knowledge and competencies
- Federal requirements



Fire/EMS Competencies

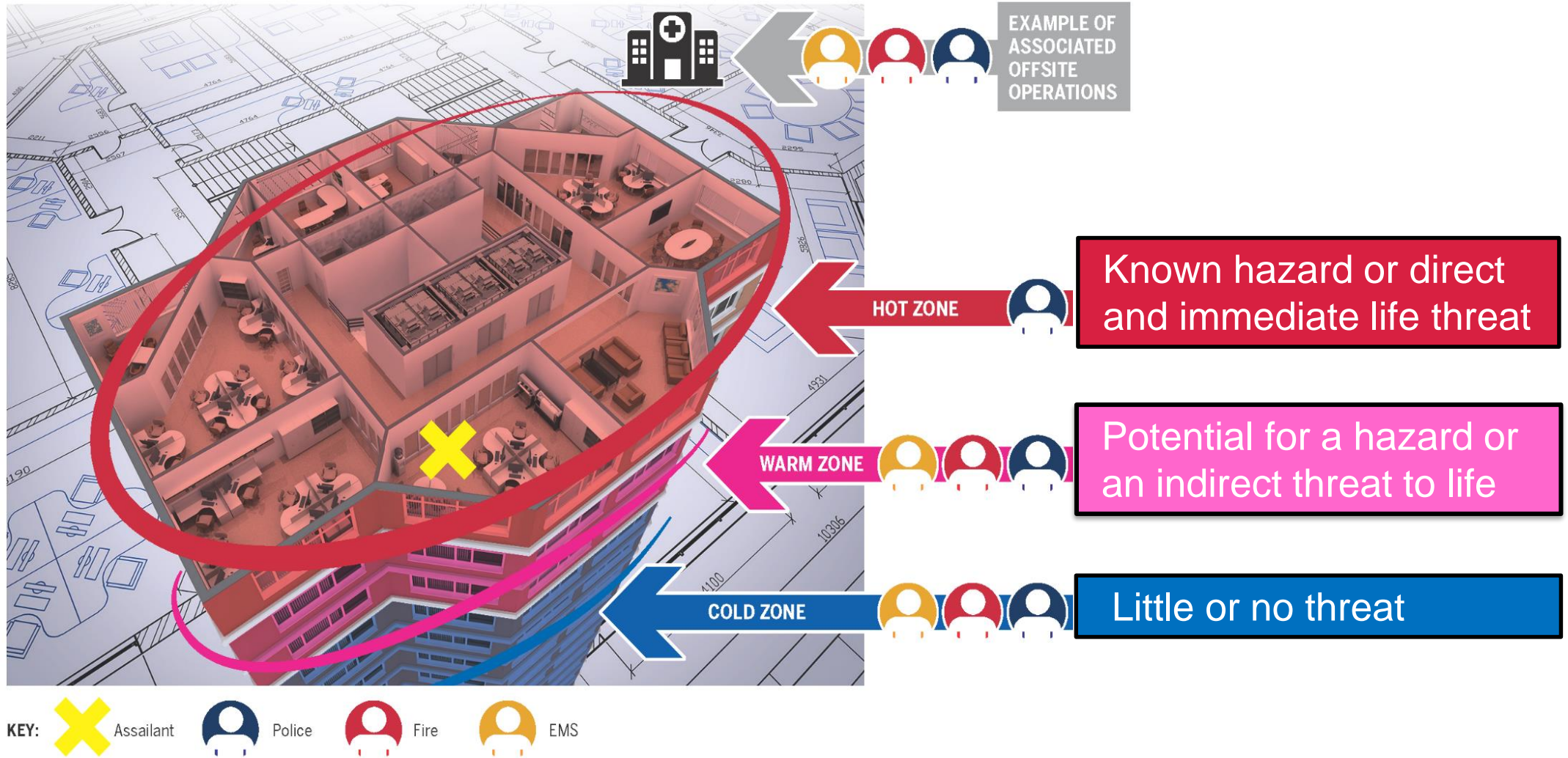
Shared knowledge



Competencies

- Competencies (shooter, vehicle, IED, fire)

Incident Response Zones



Why Integrated Response Matters



Personal Protective Equipment Requirements



Law Enforcement (All Zones)

- Ballistic vest
- Identifiable garment
- Means of communication



Fire/EMS (Warm and Hot Zones)

- Ballistic vest
- Identifiable garment
- Means of communication

Concept 4: Planned Recovery



Planning for Recovery



NFPA 3000™ (PS) Roadmap

PLAN

- Chapter 4**
ASHER Program Development Process
- Chapter 5**
Risk Assessment
- Chapter 6**
Planning/Coordination
- Chapter 7**
Resource Management
- Chapter 8**
Incident Management
- Chapter 9**
Facility Preparedness
- Chapter 10**
Financial Management



RESPOND

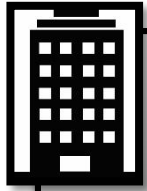
- Chapter 8**
Incident Management
- Chapter 11**
Communications Center Support
- Chapter 12**
Competencies for Law Enforcement Officers
- Chapter 13**
Competencies for Fire and EMS Responders
- Chapter 14**
Personal Protective Equipment
- Chapter 15**
Training
- Chapter 16**
Public Education
- Chapter 17**
Public Information



RECOVER

- Chapter 18**
Continuity of Operation
- Chapter 19**
Hospital Preparedness and Response for Out-of-Hospital ASHER Incidents
- Chapter 20**
Recovery

Risk Assessment



Facility Assessment



Community-Wide Assessment

NFPA 3000™ (PS) ACTIVE SHOOTER / HOSTILE EVENT RESPONSE PROGRAM RISK ASSESSMENT TOOL

Purpose
The purpose of this tool is to provide a resource for communities and facilities to perform a risk assessment as part of the development of an ASHER program. Determining risk levels is a critical part of assigning resources and developing mitigation plans.

Risk Rating Instructions
Communities/facilities are strongly encouraged to use the following pages to formulate a risk probability and risk consequence rating. The ratings will be used as plot points on a probability/consequence graph. The graph will determine which risk category the facility is considered:

- Maximum Risk
- High/Special Risk
- Moderate Risk
- Low/Isolated Risk

Step 1: Threat Identification (5.2 & 5.4.3)
Identify all locations where ASHER incidents are capable of causing death, injury, property or environmental damage, and system disruptions.

Name or other identification of area/facility: _____

Identify the location's at-risk characteristics:

- Large numbers of people
- National or public significance
- Easy access
- Target of threats as gathered by intelligence groups

Examples of At-Risk Locations

- Community festivals
- Concert venues
- Educational facilities
- Protests/demonstrations
- Public gatherings
- Religious facilities
- Sporting events
- Schools

© 2018 National Fire Protection Association

Everyone is informed and working on the same page:

- AHJ
- Facilities
- Community Members

Risk Assessment



ASHER Program



NFPA 3000™ (PS) PROGRAM TEMPLATE CONTINUED

Resources / Needs Assessment (6.2.3)
The planning team must perform a needs or gap assessment of any resources (such as personnel and equipment) and capabilities needed to meet the mission identified in the plan and the risk identified at target locations. This includes identifying existing resources and capabilities.

RESOURCES & CAPABILITIES	GAPS IDENTIFIED

NFPA 3000™ (PS) PROGRAM TEMPLATE CONTINUED

Risk Assessment Results (Chapter 5, 6.2.6)
Perform a risk assessment for each area/facility to determine if the location is considered to be one of the following:
 Maximum risk
 High/special risk
 Moderate risk
 Low/isolated risk

If the overall results from the risk assessment here:

1	High Probability Low Consequence <i>Moderate Risk</i>	2	High Probability High Consequence <i>Maximum Risk</i>
3	Low Probability Low Consequence <i>Low/Isolated Risk</i>	4	Low Probability High Consequence <i>High/Special Risk</i>
CONSEQUENCES			



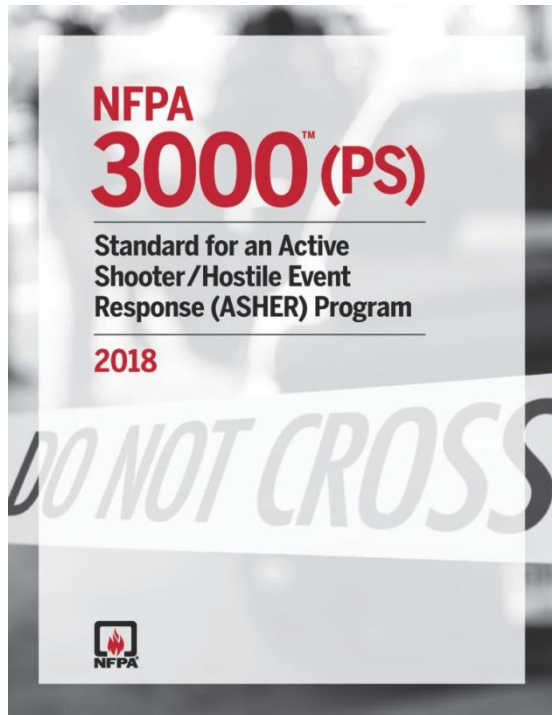
Facility Readiness

Identify facility
characteristics

Create an
emergency
action plan



Door Security and Safety



Chapter 9 Facility Preparedness

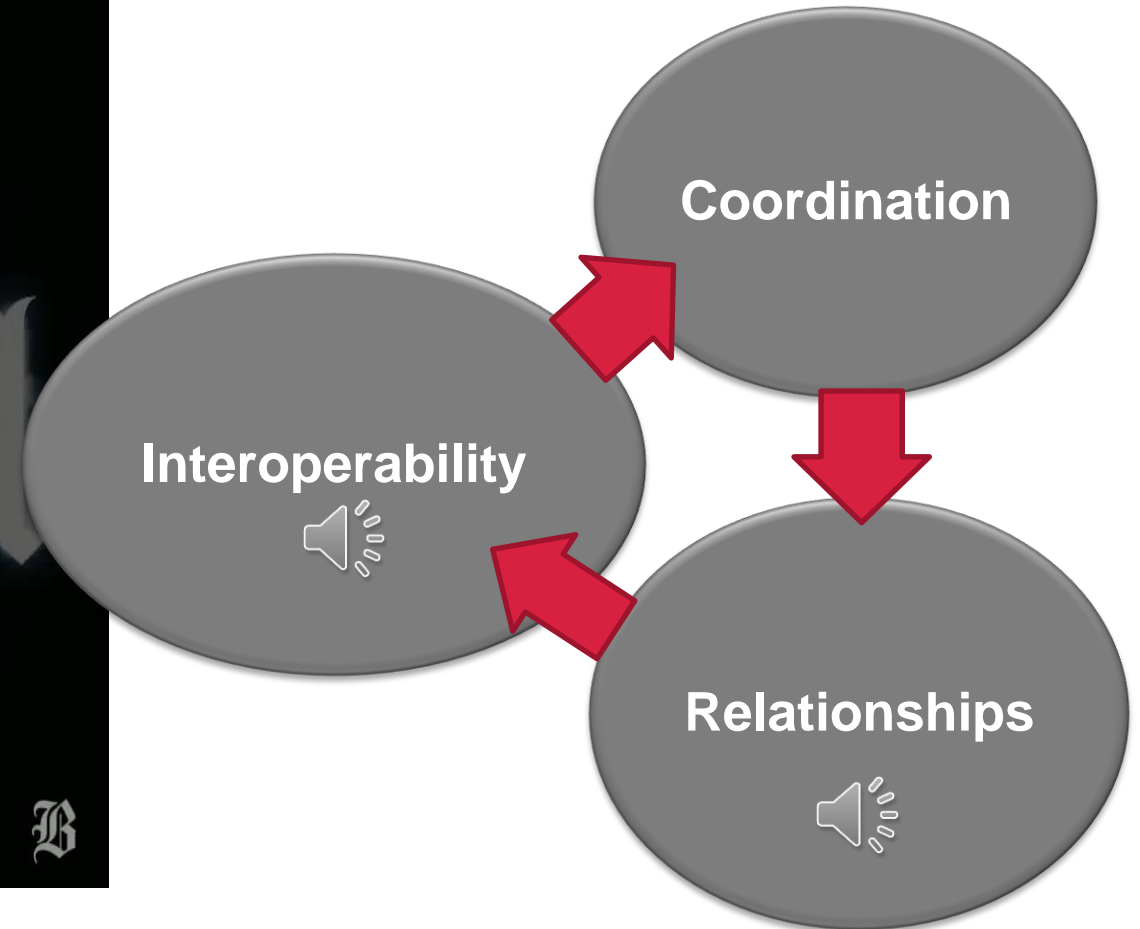
Evacuation

Relocation

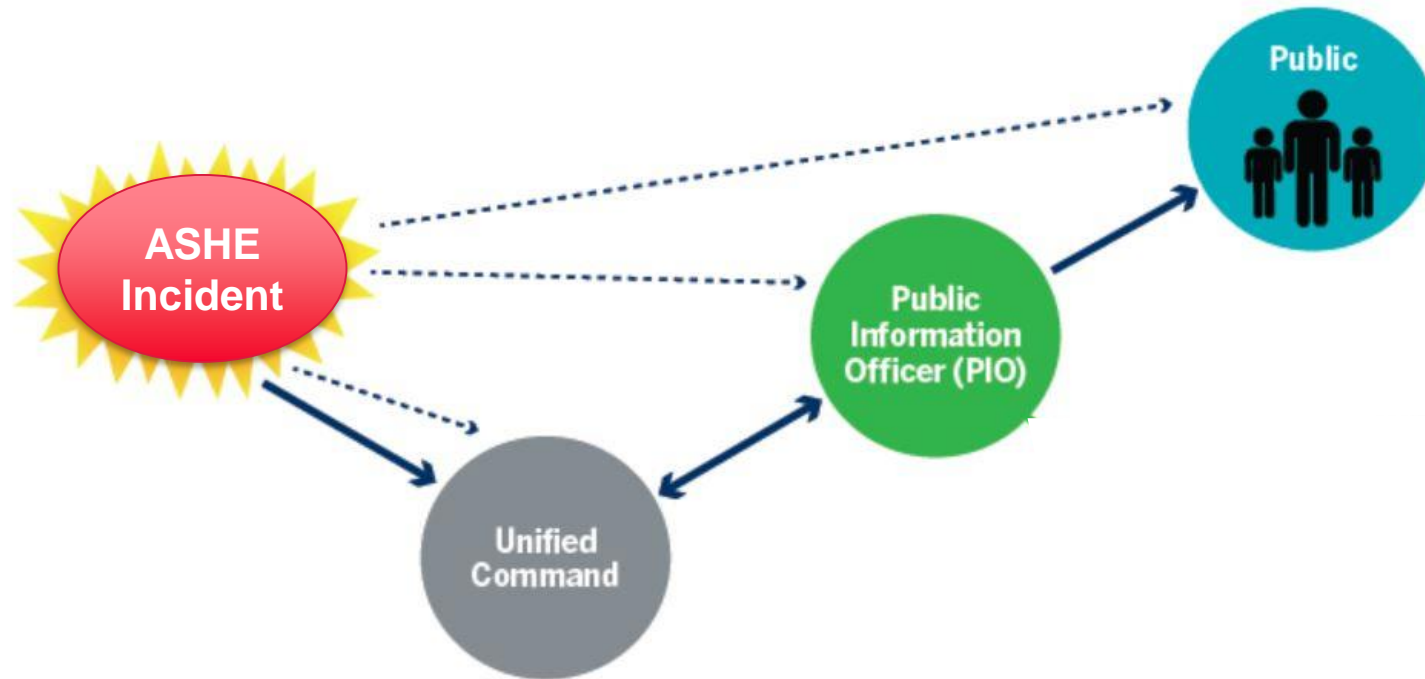
Secure-
in-place

Comply with requirements
of NFPA 101

Communications Center Support



Warning, Notification, & Crisis Communications



KEY:

- Direct lines of communication (responders, facility, and dispatch)
- - - Indirect lines of communication (victims, witnesses, and associated parties)



Visit www.nfpa.org/3000news for more information.



Receiving Hospitals

Communications

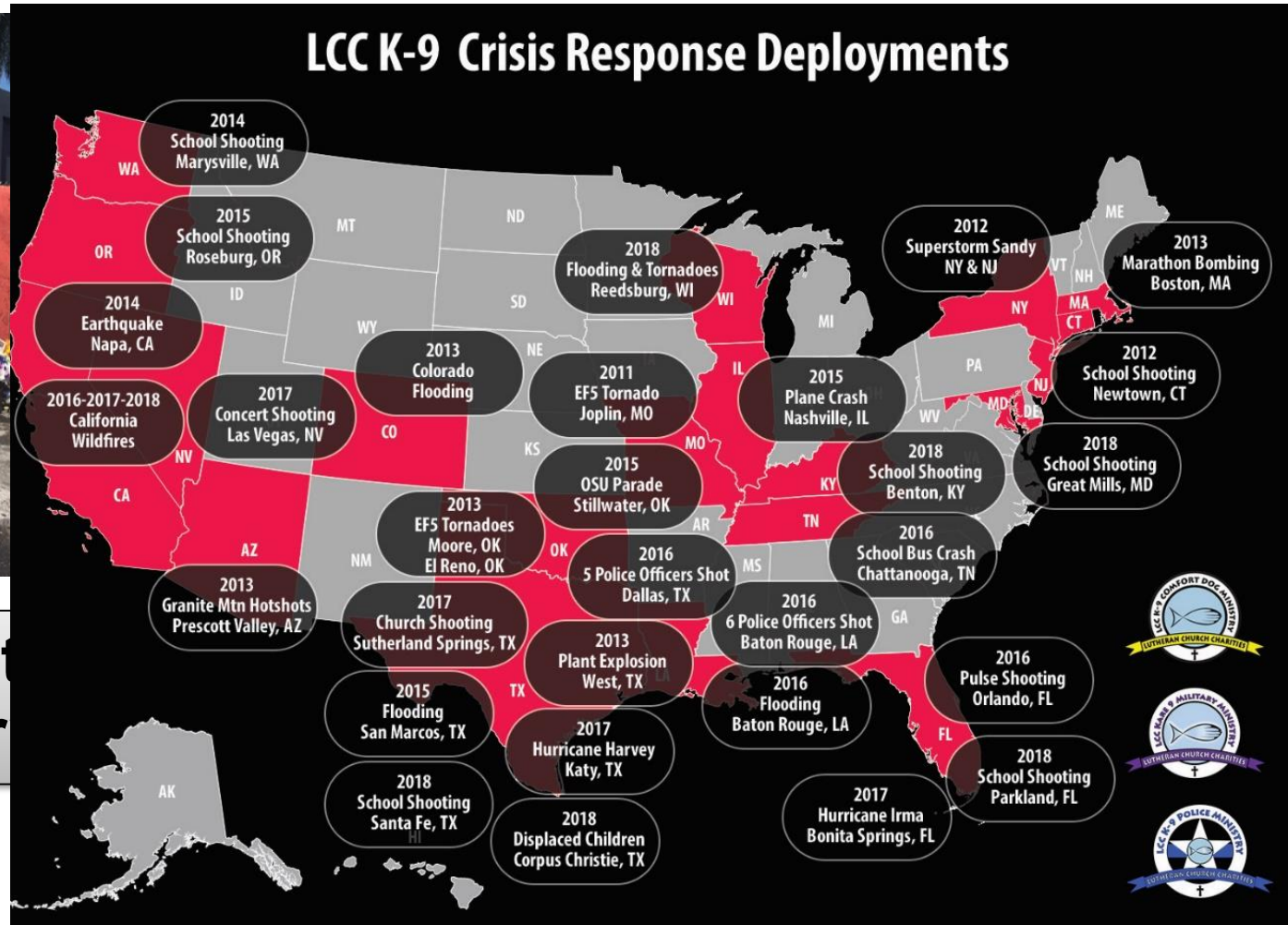
Victim Identification



Facility Security

Recovery Integration

Phases of Recovery



Immediate
Recovery

Continued
Recovery



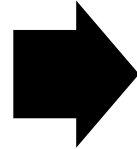
Phases of Recovery



Call to Action: Plan, Prepare & Implement

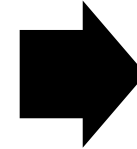
STEP 1

Learn more about NFPA 3000™ (PS) and how to get involved in the standards development process.



STEP 2

Identify and implement the components that are relevant in your community.

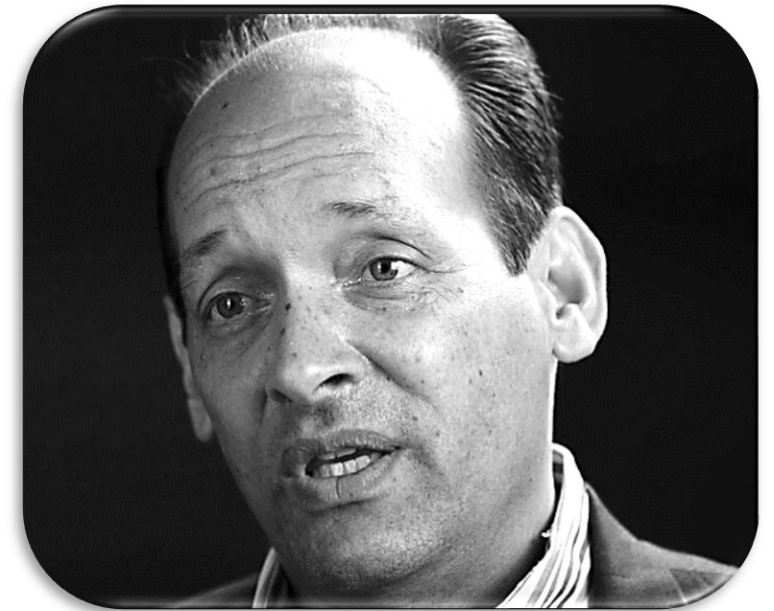


STEP 3

Visit [nfpa.org/3000news](https://www.nfpa.org/3000news) to access resources, information, and knowledge.



STORY DRIVEN | REAL LIFE CASE STUDIES | EXPERT INSIGHTS | VALUABLE TOOLS



Thank you. Questions?



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Visit [nfpa.org/3000news](https://www.nfpa.org/3000news) to learn more.

HOSPITAL SYSTEM & FACILITIES (updated 3-20-2019)	9/19 Intro Email	2/11-12 F/U Email	3/5-6 Email for	Info Rcvd	Walk Thru	Assmt. Rev.	Final Equ/Quoted
Central Florida Regional Hospital	No Reply	No Reply	No Reply	No			
AdventHealth Central Division, South (was Florida Hospital)	9/28 Phone disc	No Reply	Not Ready	No	*****		
AH Altamonte Springs							
AH Apopka							
AH Celebration							
AH East Orlando							
AH Kissimmee							
AH Orlando							
AH Winter Park							
AH Winter Garden							
AdventHealth DeLand (was Florida Hospital)	10/3 working on	2/15 Provided	3/12 to perform	Some			
Digestive Health Surgery Center							
AdventHealth New Smyrna Beach (was Florida Hospital)	No Reply	Amy Johnson to	Set up walk thro	Yes	Done		
Halifax Health	No Reply	No Reply	3/13 need to co	No	*****		
HH Medical Center - Daytona Beach							
HH Medical Center - Port Orange							
HH Medical Center - Deltona							
Health First Inc.	No Reply	No Reply	Set up walk thro	Some	*****		
Holmes Regional Medical Center					No info allowed to be taken		
Cape Canaveral Hospital					No info allowed to be taken		
Palm Bay Hospital					No info allowed to be taken		
Viera Hospital					No info allowed to be taken		
Lawnwood Regional Medical Center	9/25 will gather	n/a	n/a	Yes			
Martin Health System	Provided Info	n/a	n/a	Yes	*****		
Martin Medical Center							
Martin Hospital South							
Tradition Medical Center							
Nemours Children's Hospital	n/a	Awaiting feedb	Still awaiting fee	Yes	Done	Done	Yes
Orlando Health, Inc.	n/a as ongoing	n/a as ongoing	n/a as ongoing	Yes	*****		
Orlando Regional Medical Center					Done	Done	
Winnie Palmer Hosp. for Women & Babies					Done	Done	
Arnold Palmer Hospital for Children					Done	Done	
Dr. P. Phillips Hospital					Done		
Health Central Hospital					Done		
South Lake Hospital					Done		
South Seminole Hospital					Done		
OH Emergency Room and Medical Pavilion-Blue Cedar					Done		

OH Emergency Room and Medical Pavilion-Four Corners					Done		
OH Emergency Room and Medical Pavilion-Horizon West					Done		
Poinciana Medical Center	No Reply	Not Interested	n/a	n/a	n/a	n/a	n/a
Saint Cloud Regional Medical Center	No Reply	Will assist and	Set up walk thro	No	Cancelled		
Oviedo Medical Center	No Reply	Interested in di	Set up walk thro	No	Done		
Leesburg Regional Medical Center	per John Maze	n/a	Will survey for i	Some			
The Villages Regional Hospital							
AdventHealth Fish Memorial (was Florida Hospital)	No Reply	Provided inform	Set up walk thro	Most	Done		
AdventHealth Daytona Beach (was Florida Hospital Mem)	No Reply	No Reply	No Reply	No			
Parrish Medical Center	No Reply	No Reply	No Reply	No			

Info to CFDMC

*was Joe Khayat through 9/7/18, went to Osceola Regional MC to lead Cardiovascular Service line

include AH for Women? / include AH for Children?

n/a

Assess needs but not in this coalition region so will not be funding in any way

Central Florida Disaster Medical Coalition Meeting Emergency Status System Overview March 21, 2019

Mandi Manzie

Bureau of Central Services

Division of Health Quality Assurance
Agency for Health Care Administration





- Provider Types in ESS
 - Adult Family Care Home
 - Assisted Living Facility
 - Crisis Stabilization/Short Term RTF
 - End Stage Renal Disease Dialysis Facility (not required to use)
 - Homes for Special Services
 - Inpatient and Residential Hospice
 - Hospitals and Standalone Emergency Department
 - Intermediate Care Facility
 - Nursing Home
 - Residential Treatment Center
 - Residential Treatment Facility
 - Transitional Living Facility
 - VA Hospital (not required to use)



- Preseason/Planning Info
 - Provider Contacts & System Users
 - Utilities/Service Provider Info
 - Generators
 - Potential Evacuation Locations
 - Available Transportation
 - Hospital Resources
 - Evacuation Zone



Sample Registration Invitation

From: no-reply@ahca.myflorida.com [mailto:no-reply@ahca.myflorida.com]
Sent: [REDACTED]
To: W [REDACTED] <[REDACTED]@ahca.myflorida.com>
Subject: Register for the Agency for Health Care Administration's Emergency Status System (ESS)

DO NOT FORWARD THIS REGISTRATION REQUEST. THIS INVITATION CANNOT BE FORWARDED OR USED BY ANOTHER USER.

You have been invited to register for access to the Emergency Status System.

Facility Name: NCH NORTHEAST

The Agency for Health Care Administration (AHCA) has implemented a newly developed emergency management database called the Emergency Status System (ESS).

Please complete registration, log-in, and input all of the requested information within 7 days of receipt of this email. You are required to designate a safety liaison and encouraged to create additional users for your provider/ facility.

Click the below link to begin your registration process.

[Click here to Create Your Account](#)

DO NOT FORWARD THIS REGISTRATION REQUEST. THIS INVITATION CANNOT BE FORWARDED OR USED BY ANOTHER USER.

Please note: this invitation will expire if not used before 11/20/2018 6:00:05 AM.

Florida Statute 408.821 requires a residential or inpatient provider/facility to utilize this agency approved database for reporting the provider's emergency status, planning, or operations. ESS replaces both EMResource and FLHealthSTAT as the agency approved database.

Please visit our website for informational materials. http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml

Registration Quick Steps:

1. Click on link to go to Emergency Status System (ESS).
2. Read the instructions and click 'Start My Registration'.
3. User 'Sign Up' will open and automatically contain your registration email address.
4. Create your password and click 'Log in'.
5. Verify your contact information and click 'Save'.
6. If adding more contacts or users, click 'Add New Contact'
7. Enter individual's information and click 'Save'
8. Click 'Invite Contact to Register' next to name of contact, select role, and click 'Create'

Remember to enter information into Facility Info, Utilities, Generators, Planned Evacuations and Transportation tabs; this task may be delegated to another system user.



How to Gain Access

MEMORIAL HOSPITAL JACKSONVILLE
HOSPITAL - DUVAL County - Lic# 4447
3625 UNIVERSITY BLVD S

- AHCA Licensed Providers
 - CEOs and Administrators have been emailed invitations to register automatically
 - Once registered, able to maintain other system users for provider
 - Add and send invitations
 - Revoke access to provider

Facility Info | **Contacts** | Utilities | Generators | Planned Evacuations

Add New Contact

		Name	Title	Primary Phone	Pr
Details	Invite Contact to Register	Test User9	Other-Staff Member	(888) 888-7777	96
Details	Invite Contact to Register	User80 Sample	Maintenance Director	(525) 423-5435	Us
Details	Revoke Registration	Sample Test	Other-Staff Member	(000) 000-0000	te
Details	Revoke Registration	User 88 Sample	Maintenance Director	(767) 647-4745	Us
Details	Resend Invitation	User91 Sample	Other-Staff Member	(564) 545-6466	Us
Details	Invite Contact to Register	Test User 0	Maintenance Director	(222) 222-2222	06
Details	Revoke Registration	User41 Sample	Other-Staff Member	(424) 222-2442	Us
Details	Revoke Registration	Sample User19	Maintenance Director	(333) 333-3333	us
Details	Revoke Registration	Dewey McDuck	Maintenance Director	(850) 412-4462	te
Details	Invite Contact to Register	User 8	CEO/Administrator	(222) 222-2222	TE

Navigation: Home, Previous, 1, Next, End



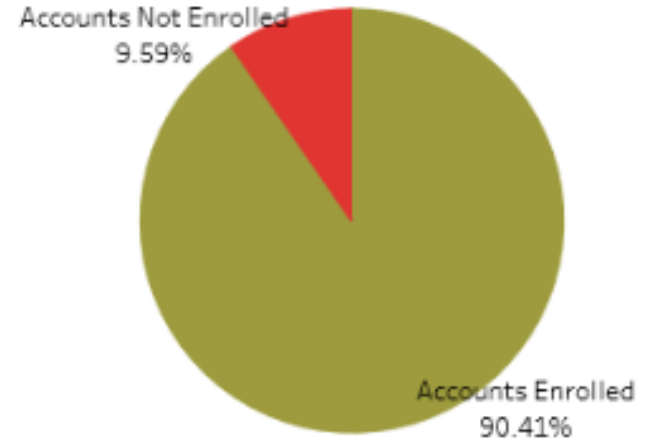
How to Gain Access

- Florida Department of Health Staff
 - Contact the Bureau of Preparedness and Response, Community Preparedness Section
- Partners (Other State Agencies, Federal Agencies, Health Care Trade Associations)
 - Email AHCAESS@ahca.myflorida.com with your name and affiliation
 - If your affiliation has an Administrator (Super User), you will be given that person's contact for access
 - If your affiliation does not, AHCA staff will work with you to address approval and access

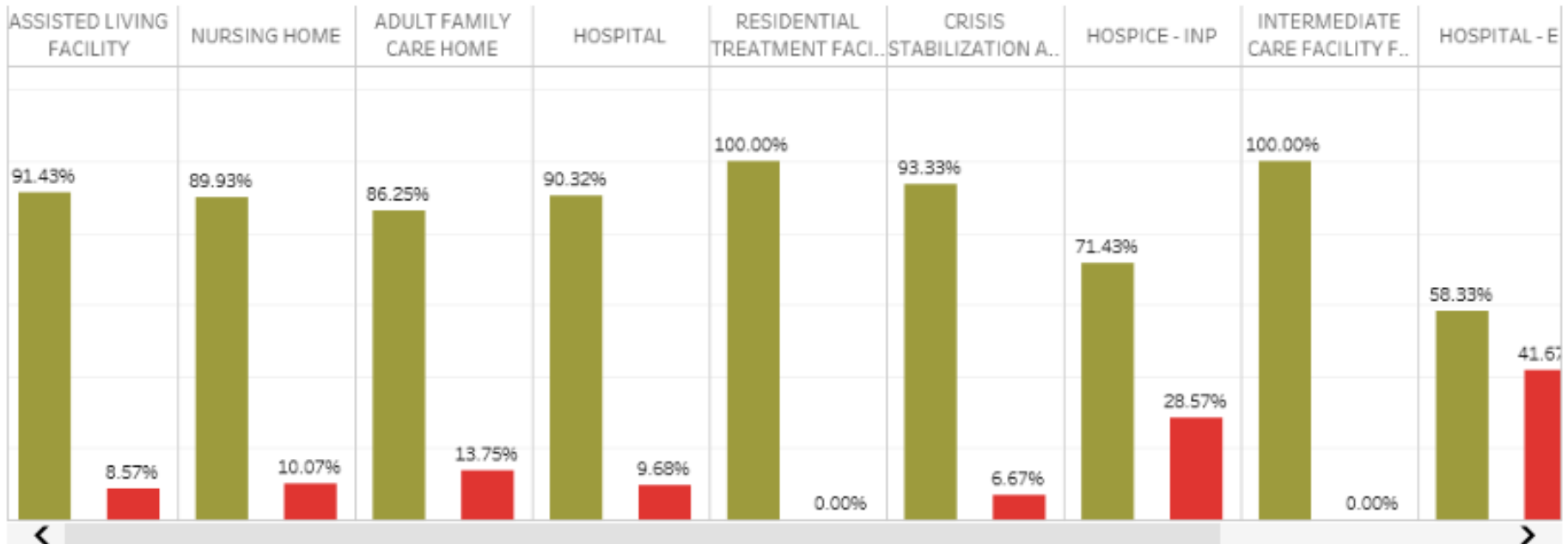


Current Enrollment

- Required Enrollment Within 9 CFDMC Counties (as of 3/19/19)
 - 90% Overall
 - 81% of CEOs/Admins



User Account Details By Pri



Event Info

- Census & Bed Availability
- Evacuation Status & Re-Entry or Accepting Evacuees
- Utilities & Services
- Generators
- Damages
- Resource Needs

Are you currently running any generators at your facility?

No

What is the status of the following:

Electricity

NO POWER

Water

Operational

Sewer

Non-Operational

Telephone

Operational

Internet

Operational

Natural Gas

N/A

Propane

Empty Tank

Hot Water Heater

Non-Operational

Heating & Air Condition Status

Not Able to Run

Are you able to maintain a safe temperature for all residents/patients and staff in your facility?

Yes



Census & Availability

Hospital Census and Available Beds

Emergency Department Status:

	Licensed Beds	Current Bed Census	Staffed Capacity	Available Beds
Total Beds	418	202	274	72
Total Acute Care	367	162	222	60
Adult ICU		50	50	0
Pediatric ICU		14	19	5
Adult Med Surg		31	49	18
Pediatric Med Surg		8	9	1
Burn		2	5	3
General Acute Care		57	90	33
NICU Level2	10	6	9	3
NICU Level3				
Adult Psych	41			
PediatricPsych				
Adult Substance Abuse				
Pediatric Substance Abuse				
Skilled Nursing				
Long Term Care	0	34	43	9
Comp Med Rehab				

ESRD Stations Census and Availability

Total ESRD Stations

Peritoneal Patient Census

Home Peritoneal Patient Census

Hemodialysis Patient Census

Home Hemodialysis Patient Census

Percentage of Patients Accounted For %

Are you able to take displaced patients?

Do you have isolation stations available?

Number Available

Census and Available Beds

Licensed Beds

Current Resident Census

Current Total Bed Available

Non-Gender Specific Beds Available

Male Beds Available

Female Beds Available



Damages

Entering damages in ESS

Did the facility sustain any damages? Yes

Is the facility out of service due to damages? No

Damage Type Floor

Damage Severity Moderate

Date Damage Occurred

Date Resolved

Out of Service: Currently unable to occupy the facility due to damages.

Minor: Damage has occurred but does not affect the safety of patients, residents, or staff or the ability to deliver care; can be fixed at a later date.

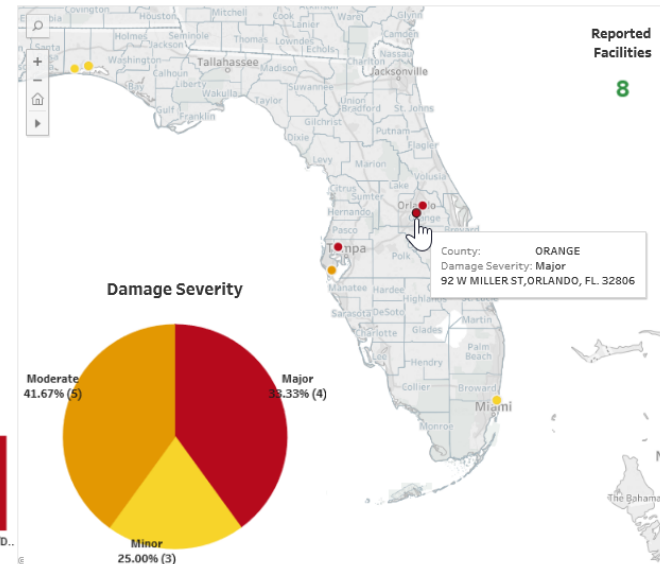
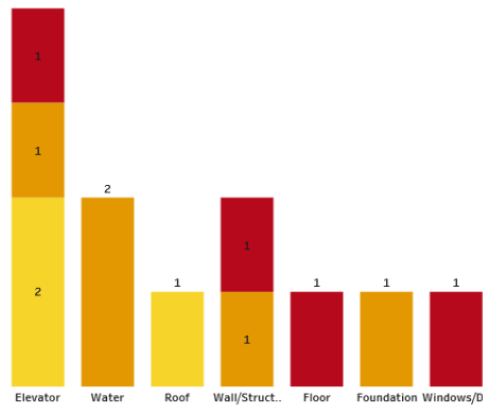
Moderate: Damage has occurred but is isolated; partial patient/resident evacuation/relocation may be necessary, but the facility is safe and able to deliver care; repairs will be needed before the area or system affected can be used.

Major: Damage has occurred and safety and/or patient/resident care is effected; facility evacuation is necessary (if occupied); repairs will be needed before the facility can be reoccupied.

Damage Description

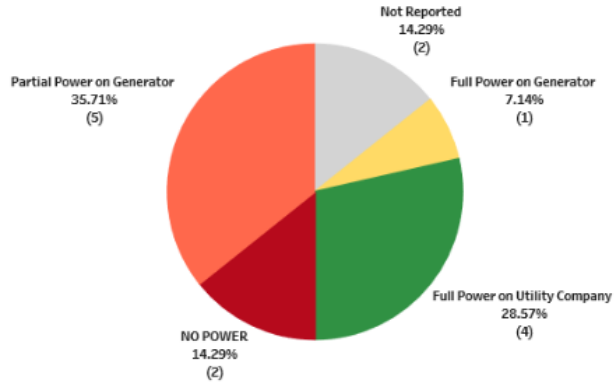
Report showing damages entered

Damage Type
Data Last Updated: 9/21/2018 11:07:40 AM

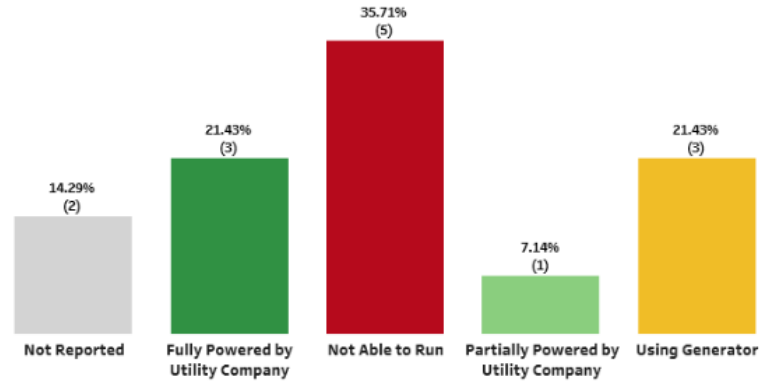


Utilities Statuses

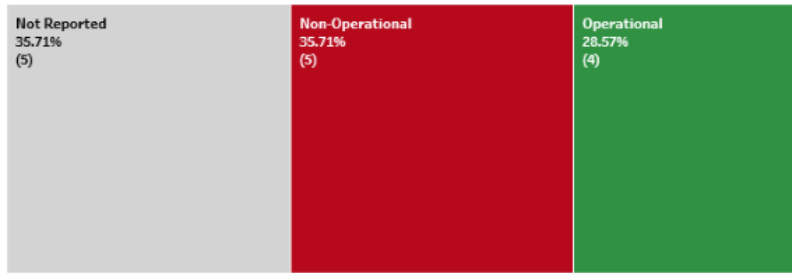
Electricity Service Status Last Data Update: 9/21/2018 11:01:56 AM



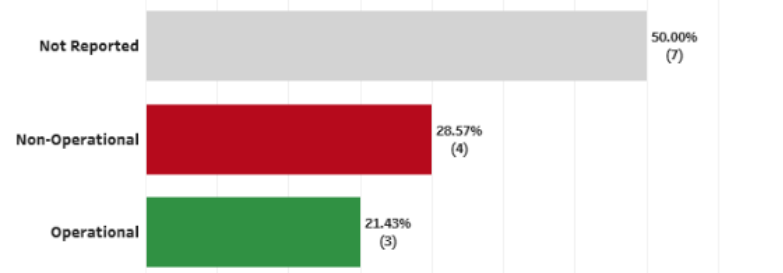
HVAC Status



Water Service Status



Sewer Service Status



Provider Type: 52,11,17,18,21,22,23,25,35,57,32,34,83

AHCA Region: 01,02,03,04,05,06,07,08,09,10,11,13

RDSTF Region: Florida RDSTF 1,Florida RDSTF 2,Florida RDSTF 3,Florida RDSTF 4,Florida RDSTF 5,Florida RDSTF 6,Florida RDSTF 7

Electric Service Statuses: No Power, Partial Power on Generator, Full Power on Generator

POWER STATUS AND GENERATOR INFORMATION

EVENT NAME: TEST EVENT

Provider Type	Provider Name	File Number	Address	City	Zip Code	County	AHCA Region	RDSTF Region	Phone Number	Electric Service Status	Electric Utility Name	Electric Account Number	Is Generator Running	Generator Type	Gener
ASSISTED LIVING FACILITY	BELVEDERE COMMONS OF FORT WALTON BEACH	11965472	2000 PRINCIPAL LANE	FORT WALTON BEACH	32547	OKALOOSA	01	Florida RDSTF 1	221-222-2122	Partial Power on Generator	Powerman	ABCDEF	Yes	Permanently Installed	Power
	BROOKDALE BLUEWATER BAY	11964709	1551 MERCHANTS WAY	NICEVILLE	32578	OKALOOSA	01	Florida RDSTF 1	221-222-2122	Partial Power on Generator	power on	ABCDE	No	Portable	Test



CFDMC Meeting Sign-In Sheet

March 21, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Carl Chasette	Graystone Health Lady Lake Specialty Care	Carl.Chasette@graystonehealth.com	352-552-5545
Cory Zawadzki	Community Health Centers	c.zawadzki@chcfl.org	407-905-8827 x 1068
Edward Bradley	FDH-MARTIN	EDWARD.BRADLEY@FLHEALTH.GOV	772-530-9830
Melanie Blacik	DOH-Yolusia	melanie.blacik@flhealth.gov	386-274-0576
Karen Street	DOH-Brevard	Karen.Street@flhealth.gov	321-634-3597
Mandi Manzie	AHCA	Mandi.Manzie@ahca.myflorida.com	850 412 4462
Lydia Williams	DOH-St. Lucie	Lydia.Williams@flhealth.gov	772 873 4911
Valerie Risher	FDH	Valerie.Risher@flhealth.gov	772 473 5195
Dave Fontana	CFDme	dave@commzfaflsaber.org	321-231-8800
Ana Neves	FDH Brevard	ana.neves@flhealth.gov	321-690-6488
Nancy Woloshin	FDH Brevard	Nancy.Woloshin@flhealth.gov	321-843-0303 321-634-6339
Sheri Blanton	D9 ME	Sheri.Blanton@ocfl.net	407-836-9432

CFDMC Meeting Sign-In Sheet

March 21, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Todd Stalbaum	OCOMD	Todd.Stalbaum@ocfl.net	407-836-5515
Ann Cully	VNA Space Coast	acully@vnate.com	321-506-2934
Megan Milarese	DoH-Lake	Megan.Milarese@flhealth.gov	352-516-0190
Claudia Baker	FDEM	claudia.baker@em.myflorida.com	850-519-6734
Susan Nichols	Commun. Health, Inc.	s.nichols@chcfl.org	407-765-4156
Eric Alberts	Orlando Health, Inc.	Eric.Alberts@orlandohealth.com	407-304-6283
Matt Meyers	DOH / CFDMC	Matt.Meyers@flhealth.gov	407-801-142
Samantha Taylor	DoH - Seminole	Samantha.taylor@flhealth.gov	407-665-3107
Ashley Lee	Universal Health Group	Ashley.lee@uhsinc.com	561 339-0212
Lyndal Weir Mason	CFDMC Board Northland Church	claplain27@gmail.com	407- 272-5649

3/21/19 CFDMC Meeting Webinar Attendees

Juan Atan, Orange Fire/Rescue

Bob Stolz, MedSled

Liz Hamlett, DOH-Orange

Amy Johnson, Advent New Smyrna

Addison Hassell, Lake EM

Jemima D. Desir, MD, MBA, Healthcare Education Specialist, Florida Poison Information Center – Tampa General Hospital

Becky Hale, Halifax Hospice

Stephen Spencer, Villa Health and Rehab

Darrold M. Gooley, RN, Performance Improvement Specialist, Vitas Healthcare Lake- Sumter

Lisa Spalding, MSW, LCSW, Nephrology Social Worker, Central Florida Kidney Centers, Inc. (Orange & Seminole)

Luis Hernandez, Brevard EM

Donna Walsh, Administrator, DOH-Seminole

Kelly Jenkins, Lawnwood

Maureen “Molly” Ferguson, Community Health Centers

Spencer Kostus, Lake EM

Richard Ross

Nancy Handweg | Corporate Manager, Environmental Risk/Emergency Management | nancy.handweg@uhsinc.com | Office: (561) 753-2618 | Cell (561) 312-3863 , **Universal Health Services, Inc**

Judy Moschette, RN, Director of Performance Improvement and Education, Community Home Health Services

Steven Hellyer, Treasure Coast FQHC

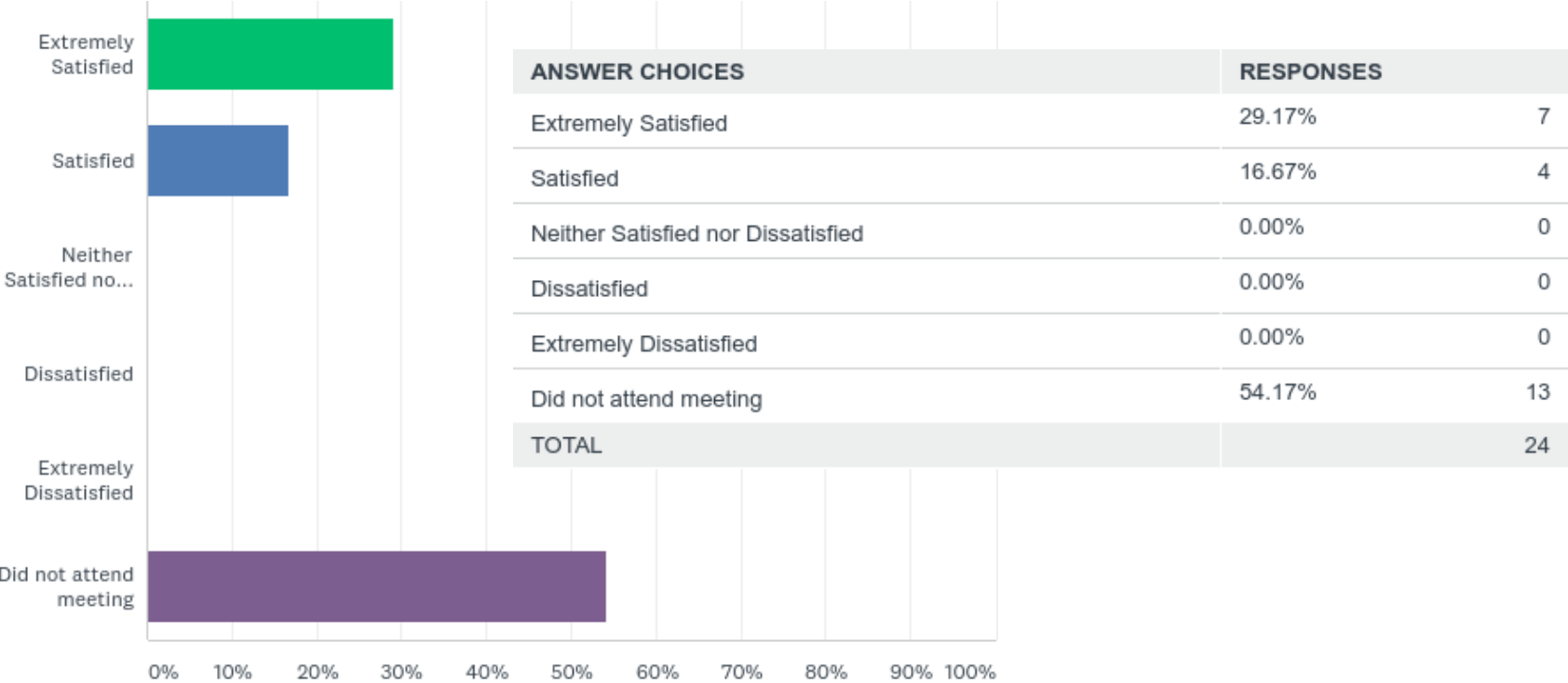
Wayne Struble, Health First

Gerí Figueredo, Administrator, Select Physicians Surgery Center

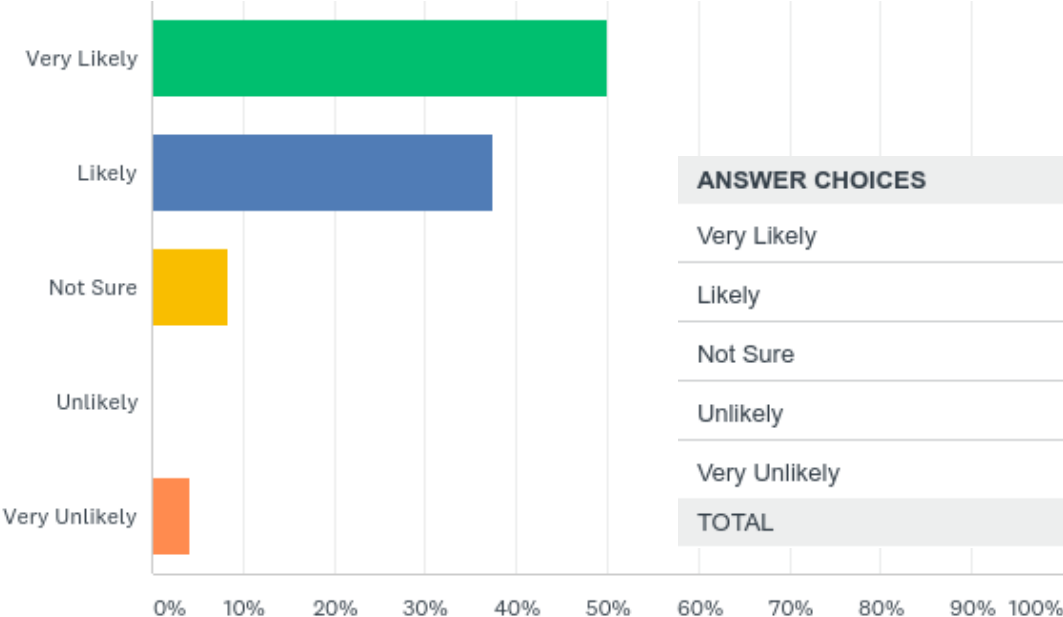
March 2019 CFDMC Meeting Survey Results

24 Responses

Satisfaction with the meeting: 100% Satisfaction Rate

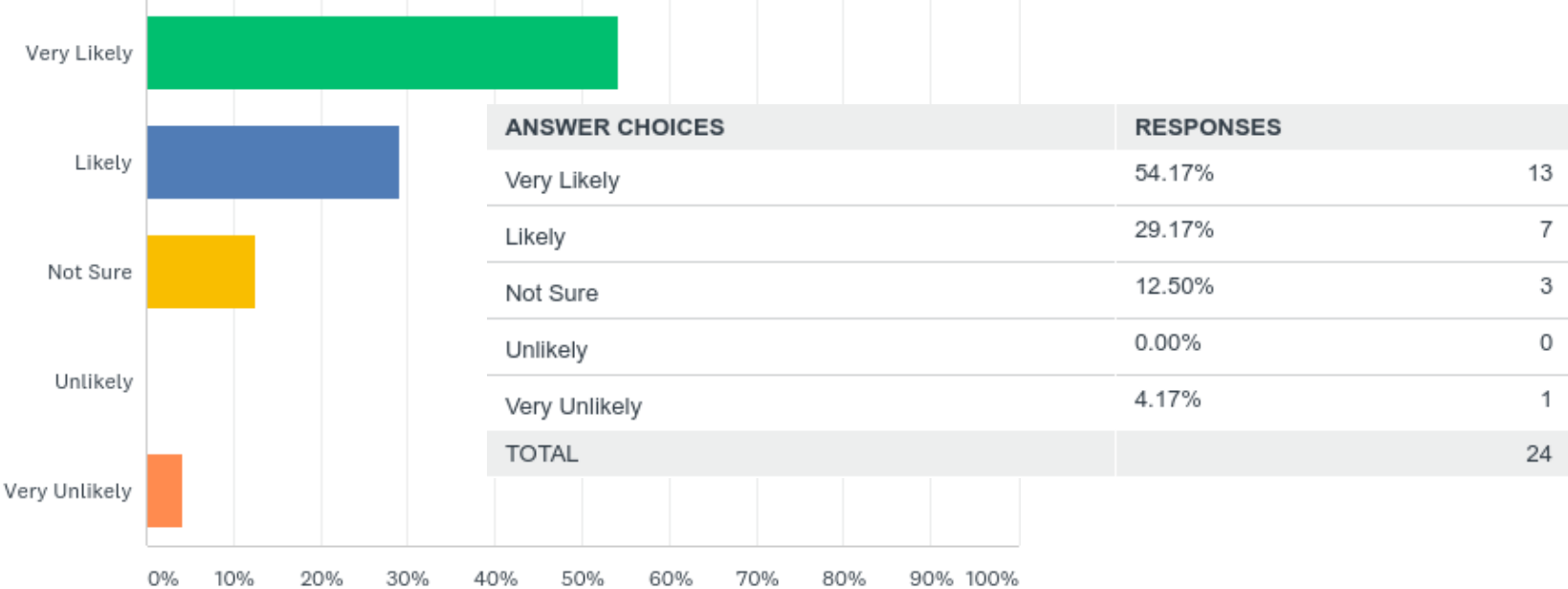


Likely are you to attend future coalition meetings: 88% Engagement Rate



ANSWER CHOICES	RESPONSES
Very Likely	50.00% 12
Likely	37.50% 9
Not Sure	8.33% 2
Unlikely	0.00% 0
Very Unlikely	4.17% 1
TOTAL	24

Likely are you to recommend joining the coalition to others: 83% Engagement Rate



Most Valuable Part of Meeting:

- Reports & networking
- Announcements
- The AHCA ESS was very helpful.
- Information shared
- Meeting people
- I enjoyed the AHCA ESS Update and the Fire Dept. presentations.
- All
- Information about drills past and present
- Active shooter training
- Regional information sharing
- Networking

Improvement Opportunities/Topics for Future Meetings:

- Helping NGO's connect to GO's before, during and after disasters
- Continue to work on improving the technology
- Hold in Orlando
- Have more directed towards Home Health and how we can be of value during an emergency.
- if you could localize some of the meetings in Lake County. It is impossible to leave the office for to long due to short staff.
- I appreciated the contact and presentation from AHCA. Presentations like that help clear up widespread confusion and give me something to bring back to the office.
- These meeting need to rotate around the region. I would like to be able to actually attend one but the location is way too far for my work schedule.
- No new suggestions. All went well.
- Home health tends to be forgotten about in most areas when discussing emergency mgmt
- I think that we should add a section in the agenda for provider types updates so that we know what the other providers are doing to be prepared and included into the discussions.
- n/a
- Have presentations from the partners! :)
- Infectious disease outbreaks
- Juan Atan's NFPS 3000 message stated the need for planning. A lot of this has already taken place through the planning committee after post. Maybe more emphasis on this to tag onto the NFPA 3000 recommendations.
- No issues
- I like the venue in Viera, otherwise, I have the option to webinar the meeting. It is all good

6-20-19 CFDMC Member Meeting

Welcome, Announcements, Introductions: Lynda W. G. Mason, 2019 Board Chair, welcomed all attendees. She let the group know that the meeting was being recorded. She asked those attending virtually to confirm their attendance via email to the coalition. Each participant introduced him/herself.

Hepatitis A Outbreak: Kimberly Kossler of DOH-St. Lucie and the Region 5 Epi Team Leader, gave an update on the Hepatitis A outbreak. Region 5 has 458 cases or about 20% of the total number of cases in Florida. All counties in Region 5 are impacted with the exception of Indian River County, with Orange and Volusia having the largest number of cases. She provided a flyer with additional information (see attached). The response is focused on targeting vaccinations in high-risk populations.

2018-2019 Accomplishments: Lynne Drawdy provided a recap on the Coalition's projects over the past year (see attached presentation). Eric Alberts, Corporate Director, Emergency Preparedness, Orlando Health, presented results from the April regional mass casualty exercise. He reported that 37 hospitals across eight counties played, with 1,500 victim volunteers and more than 100 agencies participating. He stated that the regional opportunities for improvement included communication across counties and disciplines, the need to recruit and sustain decontamination teams, the need to ensure hospitals have a decedent coordinator and morgue space, and the need for a process for providing information on foreign nationals. The After Action Report has been completed and the Coalition will lead the improvement planning efforts. Lynda W. G. Mason advised that the Coalition Board updated its strategic plan, with a focus on succession planning. She announced that Dave Freeman has retired as Coalition Executive Director but Dave will remain as an RDSTF Co-Chair and Board Member. She advised the Board appointed Lynne Drawdy as Executive Director, and a new response coordinator will onboard in July.

2020 & Beyond Exercise: Lynne reviewed the ASPR Hospital Preparedness Program (HPP) capabilities, and provided an overview of funding restrictions. Participants broke into one of four break-out sessions (inpatient, outpatient, response and mass fatality). A survey was sent to all members to allow input from those participating virtually or not in attendance. During the breakouts, facilitated discussions were held to seek member input on needs to achieve and sustain the ASPR HPP capabilities, including plans, equipment, training, exercises and other needs. Each breakout group reported on the information captured (see attached). This information will be combined with the input received in the survey and will be used to update this year's and next year's work plans

Wrap-up: Lynda W. G. Mason thanked Brevard for hosting the meeting, and thanked all participants for attending. She announced that the next meeting is scheduled for September 19. A meeting survey will be sent via email following the meeting and she encourage all participating to provide input on how we can make these meetings more meaningful.

ESS Training: Mandi Manzie, Agency for Healthcare Administration, provided training on the AHCA ESS system (see attached). Mandi's contact information is: 850-412-4462 (Office) or Mandi.Manzie@ahca.myflorida.com.



Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

June 20, 2019

Note: Meeting is being recorded



Lynda W. G. Mason, 2019 Chair

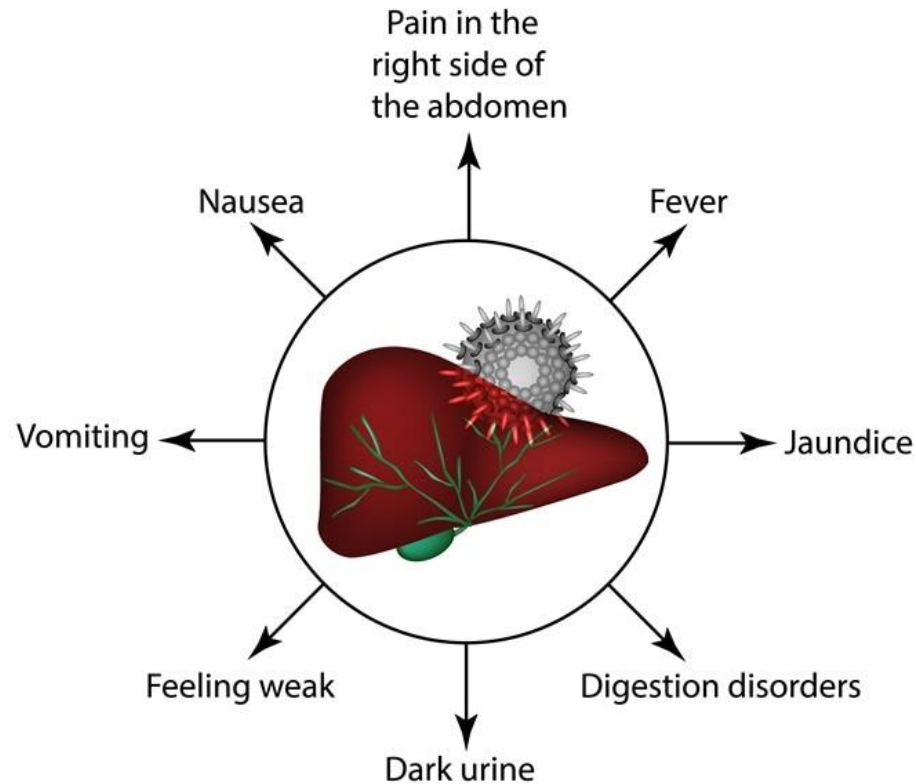
Introductions

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

Hepatitis A Update

Kimberly Kossler,
Region 5 Epi Team Leader

SYMPTOMS OF HEPATITIS A



2018–2019 Accomplishments:



Plans



- ▶ Updated ACS Logistics Plan
- ▶ Updated HVA
- ▶ Updated Preparedness Plan
- ▶ Updated Disaster Behavioral Health Plan
- ▶ Updated Family Assistance Center Plan
- ▶ Updated Emerging Infectious Disease Plan / Best Practices
- ▶ Drafted Coalition Operations / Response Plan
- ▶ Completed Phase I of Supply Chain Assessment

Equipment

- ▶ Maintaining minimum hospital readiness equipment (decontamination, PPE, mass fatality) – New Hospitals & Expiring Equipment
- ▶ Highly Infectious Disease PPE



Training



- ▶ Human Trafficking
- ▶ Dementia Awareness
- ▶ HICs / NH ICS
- ▶ COOP
- ▶ SAVE
- ▶ FCRT
- ▶ CHEP
- ▶ Promoted training provided by others

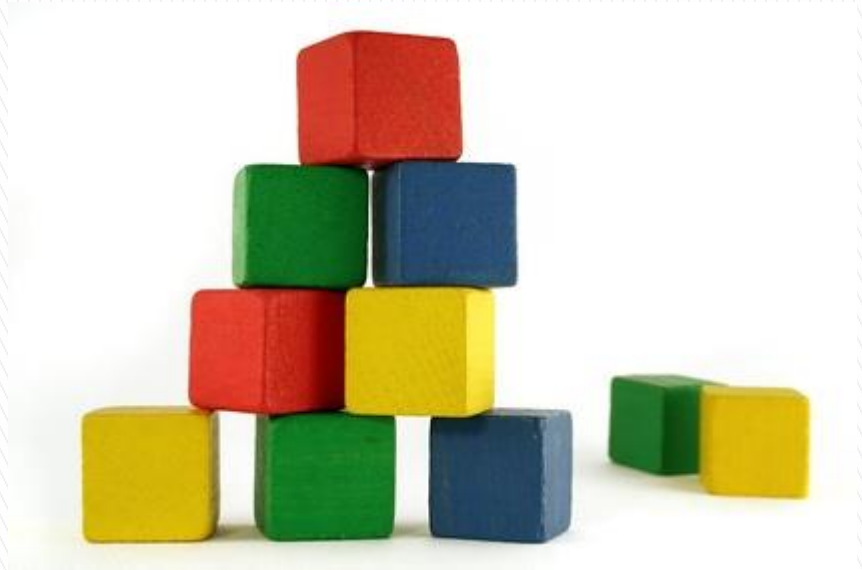
Exercises

- ▶ 7/18 ACS Tabletops (Lake, Orange, Osceola)
- ▶ 9/18 Operation Protect & Secure
- ▶ 12/18 Mass Fatality Tabletop
- ▶ 12/18 Emerging Infectious Disease Tabletop
- ▶ 1/19 Great Tornado Drill
- ▶ 2/19 Coalition Surge Tool Exercise
- ▶ 4/19 Region 5 Full Scale Mass Casualty Exercise



Other Projects

- ▶ Regional Medical Assistance Team (EDC, Disney Marathons, TICO Airshow)
- ▶ Region 5 Trauma Advisory Board (Clinical Leadership Committee, Preparedness Committee, System Support Committee, Executive Committee)

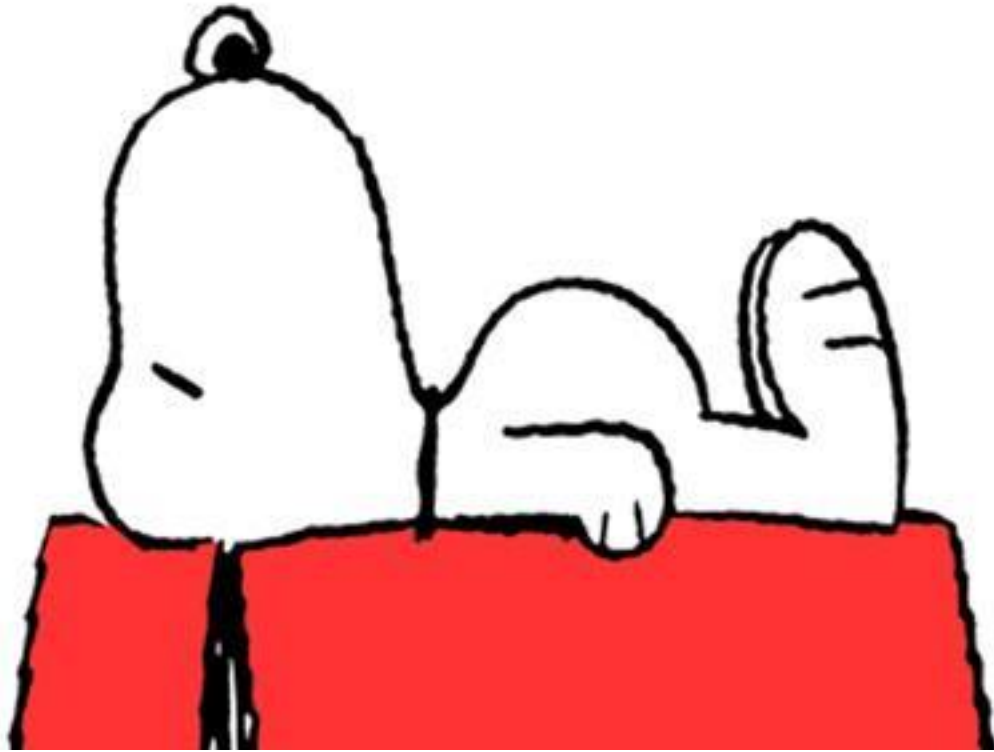


Strategic Plan

- ▶ Focus on Succession Planning & Long-Term Sustainability
- ▶ Balanced Scorecard
- ▶ Engaging Community/Government Leaders
- ▶ Marketing Strategy
- ▶ Building/Sustaining Hospital Preparedness Program Capabilities



Break



2020 & Beyond Exercise

- ▶ For Those Who Are Virtual:
Complete Survey & Rejoin for Recap
- ▶ ASPR Hospital Preparedness Capabilities
- ▶ Funding Restrictions
- ▶ Four Breakout Groups
- ▶ 5 Minute Report-outs





Lynda W. G. Mason

- ▶ **Other Announcements**
- ▶ **Next Meeting: September 2019**
- ▶ **Meeting Evaluation (e-survey following meeting)**
- ▶ **ESS Training**



Hepatitis A virus is a vaccine-preventable form of infectious hepatitis.

Florida Department of Health • FloridaHealth.gov

Hepatitis A is contagious & can harm your liver.

Hepatitis A virus is in the poop of people who have the virus. If a person with the virus doesn't wash his or her hands after going to the bathroom, poop can transfer to people, objects, food and drinks.

Symptoms

You can have hepatitis A for up to 2 weeks without feeling sick, but during that time you may be spreading the virus to others.

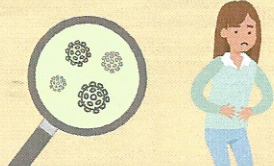
Symptoms usually start 2–6 weeks after infection and last less than 2 months. Some people can be sick for up to 6 months.

COMMON SYMPTOMS:

- Stomach pain.
- Nausea and vomiting.
- Yellow skin or eyes (jaundice).

OTHER SYMPTOMS:

- Diarrhea.
- Loss of appetite.
- Joint pain.
- Pale or clay colored stool.
- Fever.
- Tired.
- Dark-colored urine.



Think you're at risk? See your health care provider.

You're at risk if you:

- Are in close contact, care for or live with someone who has hepatitis A.
- Have recently visited a country where the virus is common—or been in close contact with someone who has.
- Are having sex with someone who has the virus.
- Are a man who has had sex with other men.
- Use injection or non-injection drugs.
- Are homeless or in temporary housing.

- Have recently been incarcerated.

Your health care provider:

- Will talk to you about your risks and symptoms.
- May take a blood sample to test you for the virus.

If you have hepatitis A, you will need to:

- Get lots of rest.
- Eat healthy food.
- Drink plenty of fluids.
- Keep all medical appointments with your health care provider.

Stay home from work if you have hepatitis A.

If you have some symptoms and a close friend, relative or roommate who has been diagnosed with hepatitis A in the past 30 days, see a health care provider immediately.

LET YOUR BOSS KNOW IF:

- You're seeing a health care provider because you have symptoms.
- You've seen a health care provider and you have hepatitis A.

Prevent the spread of hepatitis A.



Talk to your health care provider about getting vaccinated.

Hepatitis A can spread person-to-person from any sexual activity with a person who has the virus—using a condom will not prevent the virus. People who have the virus should avoid sexual contact, and people who are at-risk should get vaccinated.

Wash your hands after you use the bathroom.

Wash with soap and warm, running water for at least 20 seconds:

BEFORE YOU

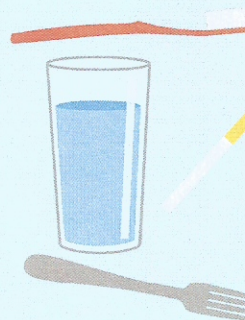
- Prepare food.
- Work with food that isn't already packaged.

AFTER YOU

- Touch people or public surfaces.
- Use the restroom.
- Change a diaper.
- Cough, sneeze or use a handkerchief or tissue.
- Use tobacco, eat or drink.



ALCOHOL-BASED HAND SANITIZERS DON'T KILL HEPATITIS A GERMS!



DON'T SHARE:

Towels, toothbrushes or eating utensils.

DON'T TOUCH:

Food, drinks, drugs or cigarettes that have been handled by a person with hepatitis A.

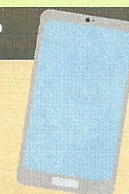
The hepatitis A vaccine is safe & effective.

- If you're at risk, you should get vaccinated.
- The vaccine is given as 2 shots, 6 months apart. You need both shots for the vaccine to work long-term.
- Contact your county health department if you don't have health insurance at this time and you need help getting a vaccination.

Have questions? Like to learn more?

Contact the Florida Department of Health's Hepatitis Section: 850-245-4303 or visit FloridaHealth.gov/HepA.

Learn more: CDC.gov/Hepatitis, Immunize.org/Hepatitis-A



2020 & Beyond Breakout Groups

June 20, 2019

Inpatient:

- Evacuation equipment
- Patient tracking and transfer
- Communication system (including Public safety repeaters, and comms between facilities)
- Decedent storage – capacity and cooling
- Mass patient movement planning
- EID training (including clinical staff, patient transport plans, negative airflow areas, etc.)
- Radiological training (clinical staff, decon, etc.)
- Decon operations continuity and recovery (technical decon and cleaning equipment)
- ACS equipment and teams
- Pandemic -u nit isolation equipment (negative air flow) and training
- Regional hospital mutual aid 9equipment lists) and transporting it
- Regional Hospital Incident Management Team (including nursing homes, etc.)

Outpatient (included home health, FQHCs)

- List of Standardized PPE by event and purchase of equipment
- Expand medical surge planning/exercises to whole healthcare system
- Home health – need tabletop on safety after event (e.g. trees down, power lines, flooding, etc.)
- Want to participate in medical countermeasures planning, training, exercises - can be a force multiplier
- Need to connect to local EM – ESF8 (some don't have any contact)
- Need resources on how to conduct a tabletop
- Communications – where they fit in response (e.g. what hospitals and how many medical surge – when will the hospitals start discharging home, POC at hospital). Keep Everbridge drills open longer (at least 8 hours -suggest 24). Need some sort of cell phone alert system. Volo? If all comms out – how can they communicate with EM – radios?

Marketing: The Coalition should provide a narrative about the value it provides to members, along with some testimonials from members.

Response

Capability 2: Healthcare and medical response

- Medical surge
- Behavioral health – training
 - Victims in the community
 - Short on subject matter experts
- Behavioral health for DOH staff
- Nonprofit agencies – through emergency management
- Faith-based organizations
 - Difficult to depend on volunteers during event. Most may be available after an incident.

Capability 3: Continuity of Healthcare service delivery

- Information out to the public
- Outreach to those who may need SPNS
- Patient tracking and getting info to EOC
- Consistent patient tracking
- Additional training on WebEOC. Make sure that numbers are accurate
- Share CEMP for nursing homes, etc.
- AHCA sites CEMP info, generator, transportation, etc. (get with AHCA to give them more information) ability to see other counties
- ESS

Capability 4: Medical Surge

- Hospital participation
- Training
- Build with ESF8 meeting with partners
- ESF8 boot camp – Region 1
- Managing mass fatalities training

Other

- Infectious disease training, emerging diseases
- Recommend using medical students to volunteer, make it mandatory if possible

Mass Fatality

Communications with local partners

- # of channels
- First Net (purchase of device for medical personnel – first responder network)
- Works best for responders when cell service is jammed

Increase in staff

- Can the coalition become the broker?
- Ins. Falls under whom?
- Drafting up a mutual aid agreement. NGO?
- Collaborating with EM to help aid initiative

Response Transportation

- Mobile truck/trailer for deceased (RMAT)
- Recruitment from local funeral homes? Educating
- Body bags – count? Each district can purchase their own

Family Assistance Plan (Behavioral Health) Response Team

1. Continuing education on mass fatality
2. Aspire, Life Stream (county) – state funded
3. 311

Mass Fatality Plan

- Regional

Emergency Status System Overview June 20, 2019

Mandi Manzie

Division of Health Quality Assurance
Agency for Health Care Administration
Florida





- Provider Types in ESS
 - Adult Family Care Home
 - Assisted Living Facility
 - Crisis Stabilization/Short Term RTF
 - End Stage Renal Disease Dialysis Facility (not required to use)
 - Homes for Special Services
 - Inpatient and Residential Hospice
 - Hospitals and Standalone Emergency Department
 - Intermediate Care Facility
 - Nursing Home
 - Residential Treatment Center
 - Residential Treatment Facility
 - Transitional Living Facility
 - VA Hospital (not required to use)



Emergency Preparedness Resources

Below are links to resources available to providers, partners and the public to assist with preparing for any emergency.

- Emergency Preparedness Resources website:
http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml
 - Link to ESS for login purposes
 - List of providers who use ESS
 - Instructional Materials

Online Emergency Reporting System - ESS

The Agency requires all licensees providing residential or inpatient se emergency status, planning or operations. The Agency has transition information: [Emergency Status System \(ESS\)](#). This new system rele new enrollment process.

Instructional Documents for Emergency Status System (ESS)

Details	Summary
AHCA Providers	
How to Log Into the Emergency Status System (ESS)	How to Log Into the Emergency Status System (ESS)
How to Gain Access to the Emergency Status System (ESS)	How to Gain Access to the Emergency Status System (ESS)
How to Create and Maintain Provider User Accounts	How to Create and Maintain Provider User Accounts
How to Locate and Enter Preseason Information	How to Locate and Enter Preseason Information
How to Locate and Enter Event Information	How to Locate and Enter Event Information
How to Locate Providers	How to Locate Providers

Sample Registration Invitation

From: no-reply@ahca.myflorida.com [mailto:no-reply@ahca.myflorida.com]
Sent: [REDACTED]
To: W [REDACTED] <[REDACTED]@[REDACTED].rg>
Subject: Register for the Agency for Health Care Administration's Emergency Status System (ESS)

DO NOT FORWARD THIS REGISTRATION REQUEST. THIS INVITATION CANNOT BE FORWARDED OR USED BY ANOTHER USER.

You have been invited to register for access to the Emergency Status System.

Facility Name: NCH NORTHEAST

The Agency for Health Care Administration (AHCA) has implemented a newly developed emergency management database called the Emergency Status System (ESS).

Please complete registration, log-in, and input all of the requested information within 7 days of receipt of this email. You are required to designate a safety liaison and encouraged to create additional users for your provider/ facility.

Click the below link to begin your registration process.

[Click here to Create Your Account](#)

DO NOT FORWARD THIS REGISTRATION REQUEST. THIS INVITATION CANNOT BE FORWARDED OR USED BY ANOTHER USER.

Please note: this invitation will expire if not used before 11/20/2018 6:00:05 AM.

Florida Statute 408.821 requires a residential or inpatient provider/facility to utilize this agency approved database for reporting the provider's emergency status, planning, or operations. ESS replaces both EMResource and FLHealthSTAT as the agency approved database.

Please visit our website for informational materials. http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml

Registration Quick Steps:

1. Click on link to go to Emergency Status System (ESS).
2. Read the instructions and click 'Start My Registration'.
3. User 'Sign Up' will open and automatically contain your registration email address.
4. Create your password and click 'Log in'.
5. Verify your contact information and click 'Save'.
6. If adding more contacts or users, click 'Add New Contact'
7. Enter individual's information and click 'Save'
8. Click 'Invite Contact to Register' next to name of contact, select role, and click 'Create'

Remember to enter information into Facility Info, Utilities, Generators, Planned Evacuations and Transportation tabs; this task may be delegated to another system user.



How to Gain Access

- AHCA Licensed Providers
 - CEOs & Administrators emailed invitations automatically
 - Once registered, able to maintain other system users
 - Add & send invitations
 - Revoke access to provider
 - Change role

MEMORIAL HOSPITAL JACKSONVILLE
HOSPITAL - DUVAL County - Lic# 4447
3625 UNIVERSITY BLVD S

Facility Info Contacts Utilities Generators Planned Evacuations

Add New Contact

		Name	Title	Primary Phone	Pr
Details	Invite Contact to Register	Test User9	Other-Staff Member	(888) 888-7777	96
Details	Invite Contact to Register	User80 Sample	Maintenance Director	(525) 423-5435	Us
Details	Revoke Registration	Sample Test	Other-Staff Member	(000) 000-0000	tes
Details	Revoke Registration	User 88 Sample	Maintenance Director	(767) 647-4745	Us
Details	Resend Invitation	User91 Sample	Other-Staff Member	(564) 545-6466	Us
Details	Invite Contact to Register	Test User 0	Maintenance Director	(222) 222-2222	06
Details	Revoke Registration	User41 Sample	Other-Staff Member	(424) 222-2442	Us
Details	Revoke Registration	Sample User19	Maintenance Director	(333) 333-3333	us
Details	Revoke Registration	Dewey McDuck	Maintenance Director	(850) 412-4462	tes
Details	Invite Contact to Register	User 8	CEO/Administrator	(222) 222-2222	TE

Role	Switch Role
User	Switch
Superuser	Switch



How to Gain Access

- Partners
 - Designate Superuser
 - Once registered, able to maintain other system users for partner group
 - Add & send invitations
 - Revoke access
 - Change role

Test Partner State Agencies

Add New Contact

		Name	Primary Phone	Primary Email	Invitation Sent	Invitation Expires	User Registered	Role	Switch Role
Details	Revoke Registration	Ernie Orange	(850) 111-1111	Ernie@sesame.com	06/12/2018 8:20 AM	06/13/2018 8:26 AM	06/12/2018 8:27 AM	Partner User	Switch
Details	Revoke Registration	Big Bird	(850) 412-4462	mm1613@hotmail.com	06/12/2018 8:17 AM	06/13/2018 8:05 AM	03/17/2019 4:06 PM	Partner User	Switch
Details	Invite Contact to Register	Test Partner3	(333) 333-3333	test@partner.info	09/07/2018 1:44 PM	09/08/2018 1:46 PM			
Details	Revoke Registration	Test Partner	(111) 111-1111	blue.ice@gmail.com	06/15/2018 9:22 AM	07/21/2018 11:29 AM	07/20/2018 11:36 AM	Partner Superuser	Switch
Details		Test Partner	(850) 123-4567	testahca5@gmail.com	06/14/2018 3:00 PM	06/15/2018 3:00 PM	06/14/2018 3:02 PM	Partner Superuser	Switch
Details	Invite Contact to Register	test info	(999) 999-9999	info@fr.ee	12/18/2018 6:15 PM	12/19/2018 6:15 PM			
Details	Revoke Registration	Scrooge McDuck	(850) 412-4462	testacha4@gmail.com	06/13/2018 11:58 AM	06/14/2018 11:58 AM	06/13/2018 12:03 PM	Partner Superuser	Switch
Details	Revoke Registration	Blue Power Ranger	(888) 888-8888	blue@power.ranger	08/29/2018 8:27 AM	08/30/2018 8:27 AM	03/17/2019 4:03 PM	Partner Superuser	Switch
Details	Invite Contact to Register	Oscar Grouch	(850) 412-4462	oscar@sesame.com	03/16/2019 12:17 PM	03/17/2019 12:17 PM			
Details	Invite Contact to Register	User90 Sample	(321) 312-3123	User90@sample.info	03/16/2019 12:17 PM	03/17/2019 12:17 PM			





Dashboard - Facility

Please remember to use the "Log Out" button to log out of ESS; closing your browser is not the same as logging out.

You will be logged out after 20 minutes of inactivity.

Note: The accuracy of the data contained within the Emergency Status System is solely based on provider-reported information.

This system is used by the Agency for awareness and reporting purposes.

	Facility	Provider Type	Address	In Event
Select	BAYFRONT HEALTH PORT CHARLOTTE	HOSPITAL	2500 HARBOR BLVD, PORT CHARLOTTE, FL 33952	None
Select	BROOKDALE BLUEWATER BAY	ASSISTED LIVING FACILITY	1551 MERCHANTS WAY, NICEVILLE, FL 32578	2019 v3.0 UAT Testing
Select	PORT CHARLOTTE ARTIFICIAL KIDNEY CENTER	END STAGE RENAL DISEASE	4300 KINGS HWY STE 406 D17, PORT CHARLOTTE, FL 33952	None
Select	DESTIN EMERGENCY CARE CENTER	HOSPITAL - ED	200 TEQUESTA DR, DESTIN, FL 32541	2019 v3.0 UAT Testing





Dashboard - Partner

Please remember to use the "Log Out" button to log out of ESS; closing your browser is not the same as logging out.

You will be logged out after 20 minutes of inactivity.

Note: The accuracy of the data contained within the Emergency Status System is solely based on provider-reported information.

This system is used by the Agency for awareness and reporting purposes.

Active Events

Event Name	Event Type	Event Description	Affected Provider Types	Affected Counties
------------	------------	-------------------	-------------------------	-------------------



Facilities

Facility Name
Provider Type
AHCA Region

License Number
County
RDSTF Region

File Number
Event
CMS Region


Search

= Facility is currently in an active event

		Name	Street Address	License Number	File Number	Provider Type	County	AHCA Region	RDSTF Region	CMS Region	Out of Service?
Details		APALACHEE CENTER	202 SW CARSON AVE, MADISON, FL 32340	8629	32960351	RESIDENTIAL TREATMENT FACILITY	MADISON	Field Office 2	Florida RDSTF 2	TAL	N/A
Details		APALACHEE CENTER	2634K CAPITAL CIR NE, TALLAHASSEE, FL 32308	8628	32960342	RESIDENTIAL TREATMENT FACILITY	LEON	Field Office 2	Florida RDSTF 2	TAL	N/A
Details		APALACHEE CENTER	2634E CAPITAL CIR NE, TALLAHASSEE, FL 32308	8663	32960395	RESIDENTIAL TREATMENT FACILITY	LEON	Field Office 2	Florida RDSTF 2	TAL	Unknown
Details		APALACHEE CENTER	2634G CAPITAL CIR NE, TALLAHASSEE, FL 32308	441	32910141	RESIDENTIAL TREATMENT FACILITY	LEON	Field Office 2	Florida RDSTF 2	TAL	N/A
Details		APALACHEE CENTER	77 LASALLE PATH, QUINCY, FL 32351	8650	32960381	RESIDENTIAL TREATMENT FACILITY	GADSDEN	Field Office 2	Florida RDSTF 2	TAL	N/A
Details		APALACHEE CENTER	2634B CAPITAL CIR NE, TALLAHASSEE, FL 32308	446	17910052	CRISIS STABILIZATION AND SHORT TERM RTF	LEON	Field Office 2	Florida RDSTF 2	TAL	N/A
Details		APALACHEE CENTER	2600 N POINT CIR, TALLAHASSEE, FL 32308	444	32910142	RESIDENTIAL TREATMENT FACILITY	LEON	Field Office 2	Florida RDSTF 2	TAL	N/A
Details		APALACHEE CENTER	2634B CAPITAL CIR NE FL 1, TALLAHASSEE, FL 32308	8538	17960158	CRISIS STABILIZATION AND SHORT TERM RTF	LEON	Field Office 2	Florida RDSTF 2	TAL	Unknown
Details		APALACHEE CENTER INC	79 LASALLE PATH, QUINCY, FL 32351	8673	32960410	RESIDENTIAL TREATMENT FACILITY	GADSDEN	Field Office 2	Florida RDSTF 2	TAL	N/A



Facility Details

License Status	LICENSED
Current Moratorium	No
Physical Address	1551 MERCHANTS WAY NICEVILLE, FL 32578
Phone Number	(850) 729-3323 ext:
Email Address	TEST3718@BETA.COM
Website	WWW.BROOKDALE.COM
Mailing Address	1551 MERCHANTS WAY NICEVILLE, FL 32578
Owner	BROOKDALE SENIOR LIVING COMMUNITIES, INC.
AHCA Inspection Region	Field Office 1
RDSTF Region	Florida RDSTF 1
CMS Region	PEN
Evacuation Zone	Select 

Save



License Status	LICENSED
Current Moratorium	No
Physical Address	1611 NW 12TH AVE MIAMI, FL 33136
Phone Number	(305) 585-1111 ext:
Email Address	TEST9918@BETA.COM
Website	http://www.jacksonhealth.org/jackson-north.asp
Mailing Address	1611 NW 12TH AVE MIAMI, FL 33136
Owner	PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY
AHCA Inspection Region	Field Office 11
RDSTF Region	Florida RDSTF 7
CMS Region	MIA
Hospital Class	Class 1 Hospital

Evacuation Zone

Does facility have decontamination facility?

Does facility have airborne infection isolation rooms?

Does facility have dialysis stations?

Does facility have ventilators?

Save



Facility Utilities

	Type	Utility/Service Company Name	Account Numbers	Phone Number
Details	Electricity	power on	653343, 5423523, 653465234, 8957, 542, 65346524	
Details	Water	waterworks	54234523, 7647647, 5423542354	
Details	Sewer			
Details	Piped Natural Gas			
Details	Telephone	hear me	5423, 8975, 784356, 653, 7645, 653542, 65345423, 4324231432	
Details	Internet	worldwide	5423333, 763574576	

Facility Generators

Does the facility have a quick connection for a temporary generator?

Yes

[Add New Generator](#)

	Make/Model	Type	Fuel Type
Details	todays best	Permanently Installed	Diesel
Details	Test Gen 4	Portable	Gasoline

Facility Planned Evacuation Locations

Add New AHCA Licensed Evacuation Location

Add New Other Evacuation Location

	Evacuation Location Name	Address	Phone Number	AHCA Facility?	Has MOU?
Details	LOWER KEYS MEDICAL CENTER	5900 COLLEGE RD, KEY WEST, FL,	(305) 294-5531	Yes	Yes
Details	no name location	ad, asd, asdff, LA,		No	Yes
Details	NORTHWEST BROWARD AKC	2514 N STATE ROAD 7, MARGATE, FL,	(954) 977-7555	Yes	Yes
Details	NORTHDALE ALF, INC	4815 CENTERBROOK CT, TAMPA, FL,	(813) 961-5425	Yes	No

Facility Transportation

Does this facility own or lease
Ambulance/Aeromedical transportation?

Yes

[Save](#)

Contracted Carrier Transportation

[Add New Carrier](#)

	Carrier Name	Phone	Passenger Capacity
Details	test	(333) 333-3333	100

1 - 1 of 1 items

Facility Owned Transportation

[Add New Vehicle](#)

	Make/Model	Passenger Capacity	Fuel Type
No items to display			



- Event Info

- Census & Bed Availability
- Evacuation Status & Re-Entry or Accepting Evacuees (if not evacuating)
- Utilities & Services
- Generators
- Damages
- Resource Needs
- National Reporting
- Communication Log (AHCA & Partners only)



Hospital Census and Available Beds

Emergency Department Status: Select ▾

	Licensed Beds	Current Bed Census	Staffed Capacity	Available Beds
Total Beds	304	0	0	0
Total Acute Care	304	0	0	0
Adult ICU				
Pediatric ICU				
Adult Med Surg				
Pediatric Med Surg				
Burn				
General Acute Care				

NICU Level2				
NICU Level3				
Adult Psych				
PediatricPsych				
Adult Substance Abuse				
Pediatric Substance Abuse				
Skilled Nursing				
Long Term Care	0			
Comp Med Rehab				

Save **Save and Proceed** **Undo Changes**

Stand Alone Emergency Department Status

Emergency Department Status: Select ▾

Save **Save and Proceed** **Undo Changes**



ESRD Stations Census and Availability

Total ESRD Stations

12

Peritoneal Patient Census

Home Peritoneal Patient Census


Hemodialysis Patient Census

Home Hemodialysis Patient Census


Percentage of Patients Accounted For

%

Are you able to take displaced patients?

Select 

Do you have isolation stations available?

Select 

Save

Save and Proceed

Undo Changes



Census and Available Beds

Licensed Beds

77

Current Resident Census

55

Current Total Bed Available

25

Non-Gender Specific Beds Available

19

Male Beds Available

4

Female Beds Available

2

Resources

Does your facility have Bariatric Beds available?

Yes

How many are available?

What is the number of residents/patients with the following dependencies?

Electricity

Insulin

Life Support/Ventilator

Oxygen

Trach Care

Dialysis

Non-Ambulatory

Mental Health/Cognitive Impairments

Save

Save and Proceed

Undo Changes

History

Date Submitted

User

◀ ◀ 0 ▶ ▶

No items to display



Evacuation Status

Are you planning to or are you currently evacuating your facility?

Yes

Evacuation Status

Select

Evacuation Start Date

Evacuation Complete Date

Are ALL residents/patients being evacuated?

Select

Total Number of Residents/Patients Evacuating

Total Number of Staff Evacuating with Residents/Patients

Re-Entry After Evacuation

Is your facility Fully Operational?

Select

Facility Re-Entry Status

Select

Facility Re-Entry Start Date

Facility Re-Entry Completed Date

Select from Planned Evacuation Locations

Add AHCA Licensed Evacuation Location

Add Other Evacuation Location

	Type	Name	Phone	Number of Residents/ Patients	Number of Staff
<div>Edit</div> <div>Remove</div>	Planned Evacuation Location	NORTHDALE ALF, INC	(813) 961-5425	15	2



Accepting Resident/Patient Evacuees

Are you willing and able to accept residents/patients into your facility from another evacuating healthcare provider?

Yes

Number of resident/patient evacuees you are able to accept at your current staffing level

Number of resident/patient evacuees you are able to accept with additional staffing

Number of additional staff needed

Number of Pediatric Ventilators Available

Number of Adult Ventilators Available

What is the number of resident/patient evacuees with the following dependencies your facility is able to accept?

Electricity

Insulin

Life Support/ Ventilator

Oxygen

Trach Care

Dialysis

Non-Ambulatory

Mental Health/Cognitive Impairments



⚠ System and Services Status

Are you currently running any generators at your facility?

Select

What is the status of the following:

Electricity

NO POWER

Facility Lost Power from the Utility Company at any point During the Event

Date Power Loss

Date of Power Restoration

Anticipated Date of Restoration

Waiting on Utility Company Repair

Waiting on Facility / Provider Repair

Water

Select

Sewer

Select

Telephone

Select

Internet

Select

Natural Gas

Select

Propane

Select

Hot Water Heater

Select

Heating & Air Condition Status

Select

Are you able to maintain a safe temperature for all residents/patients and staff in your facility?

Select



⚡ Generators Status

Make/ Model	Type	Fuel Type	Currently Running Generator	Generator Run Time at Current Fuel Supply (Hours)	Refill Status	Next Refill Date
-------------	------	-----------	-----------------------------	---	---------------	------------------

today's best	Permanently Install	Diesel	Select <input type="button" value="v"/>	<input type="text"/>	Select <input type="button" value="v"/>	<input type="text"/> <input type="button" value="📅"/>
Test Gen 4	Portable	Gasolin	Select <input type="button" value="v"/>	<input type="text"/>	Select <input type="button" value="v"/>	<input type="text"/> <input type="button" value="📅"/>



☹ Damages

Did the facility sustain any damages?

Yes

Is the facility out of service due to damages?

No

Damage Type

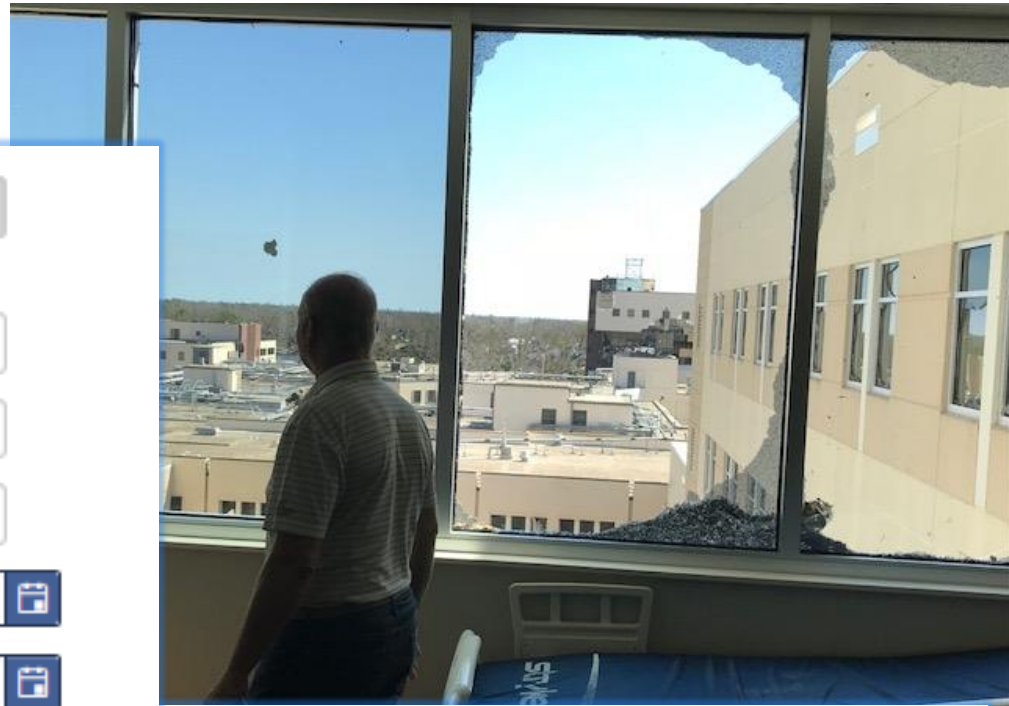
Floor

Damage Severity

Moderate

Date Damage Occurred

Date Resolved



Damage Description

* For Damage Description - Character Limit: 500



As a result of the emergency, do you currently have any needs for the facility?

Select all needs that currently apply:

- | | |
|---|---|
| <input type="checkbox"/> Diabetes Supplies | <input type="checkbox"/> Food |
| <input type="checkbox"/> Dialysis Supplies | <input type="checkbox"/> Fuel |
| <input type="checkbox"/> Gases | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Medical/Pharmaceuticals | <input type="checkbox"/> Ice |
| <input type="checkbox"/> Oxygen Equipment/Ventilators | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> PPE Supplies | <input type="checkbox"/> Portable Toilets |
| <input type="checkbox"/> Other Medical Supplies | <input type="checkbox"/> Transportation |
| | <input type="checkbox"/> Water |
| | <input type="checkbox"/> Other Resources Needed |

Provide a point of contact who can be reached to answer questions about these needs:

Name

Telephone Number

Have your needs been reported to your EOC?

Provide the Mission/Tracking Number(s)

Add

List of Mission/Tracking Numbers

Remove



Have any residents/patients been injured during this emergency event?

How many residents/patients have been injured?

Have any residents/patients expired during this emergency event?

How many residents/patients have expired?



Event Communication Log

Facility Name	DESTIN EMERGENCY CARE CENTER
Date and Time of Communication	5/10/2019 10:16 AM <input type="button" value="Calendar"/> <input type="button" value="Clock"/>
Communication Requestor	Select <input type="button" value="v"/>
Communication Type	Select <input type="button" value="v"/>
Communication Made	Select <input type="button" value="v"/>
Facility Contact Name	<input type="text"/>
Communication Email	<input type="text"/>
Communication Phone	<input type="text"/>
Information Collected By	<input type="text"/>
Information Entered By	Una Corn
Communication Details	<div style="border: 1px solid gray; height: 150px; width: 100%;"></div>

*Limit is 1000 characters.

*Reminder: Do not enter patient data or HIPAA protected information into ESS.

Save

Undo Changes



History

	Date & Time of Communication	Communication Type	Communication Made	Information Collected By	Date Submitted	Communication Details
Details	03/27/2019 4:55 PM	Phone - Mobile	No	Tommy	03/28/2019 4:56 PM	testing logging with event selected
Details	03/14/2019 8:00 PM	Email	No	Diane	03/18/2019 12:55 PM	
Details	03/12/2019 3:30 PM	On-Site Visit	Yes	Fran	03/18/2019 12:54 PM	New Event Tab - Facility Event Communication Log
Details	03/09/2019 11:00 AM	On-Site Visit	Yes	Lara	03/18/2019 12:53 PM	Under Event Communication Log, On-site Visit shoul ...
Details	03/07/2019 7:30 AM	Phone - Office	Yes	Sue	03/18/2019 12:51 PM	Verify "Facility Lost Power From Utility Company a ...
Details	03/07/2019 1:00 AM	Phone - Mobile	No	Fred	03/18/2019 12:52 PM	Left VM
Details	03/02/2019 3:00 PM	Email	Yes	Ed	03/18/2019 1:04 PM	New event tab - Like all the other event tabs, thi ...
Details	03/01/2019 9:00 AM	Phone - Office	Yes	Kyle	03/18/2019 1:01 PM	New event tab - Like all the other event tabs, thi ...



Communication Log

Search and Select an AHCA Licensed Facility

 Clear

(OR)

Enter Other Facility Name

Event Related To Communication

TS Michael/Hurricane Michael
test 3
2019 v3.0 UAT Testing
Beta Test 3.0 Event

Date and Time of Communication

5/10/2019 10:23 AM 📅 🕒

Communication Requestor

Select

Communication Type

Select

Communication Made

Select

Facility Contact Name

Communication Email

Communication Phone

Information Collected By

Information Entered By

Una Corn



Reporting Capabilities


 ESS_BedAvailability-Hospitals

 ESS_BedAvailability-Others

 ESS_Call Down List

 ESS_CEO-AdministratorChanges

 ESS_CEO-AdministratorContactInformation

 ESS_ContactAssociatedFacilities

 ESS_ContactsMissingInformation

 ESS_EmergencyDepartmentStatus

 ESS_ESRDCensusandAvailability

 ESS_EvacuationandRe-entryStatus

 ESS_EvacuationPowerDamageandNeedsStatuses

 ESS_EventCommunicationLog

 ESS_EventNotification

 ESS_HospitalResources

 ESS_PlanningInfoforPlanners

 ESS_PowerStatusandGeneratorInfo

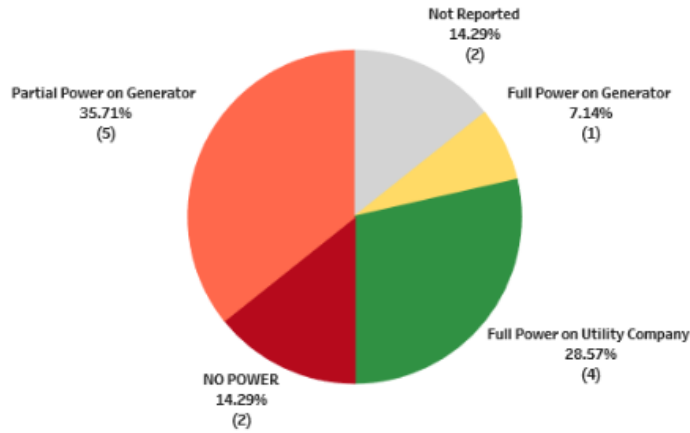
 ESS_SafetyLiasons

 ESS_UserAccountStatus

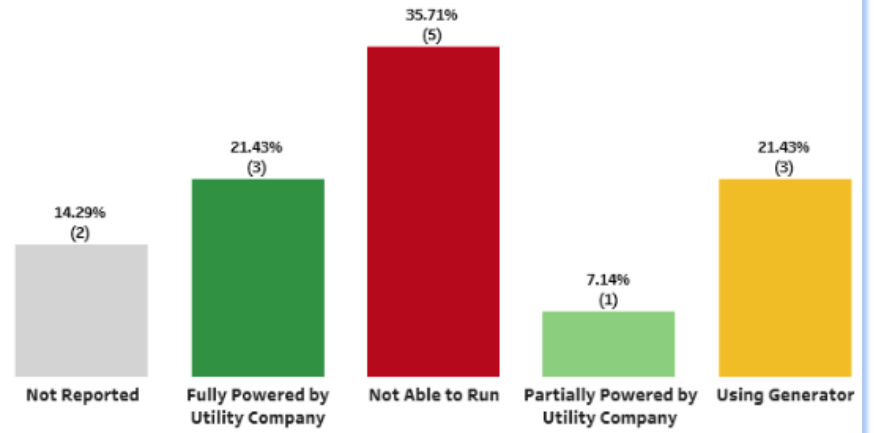
 ESS_UilitiesStatus



Electricity Service Status Last Data Update: 9/21/2018 11:01:56 AM



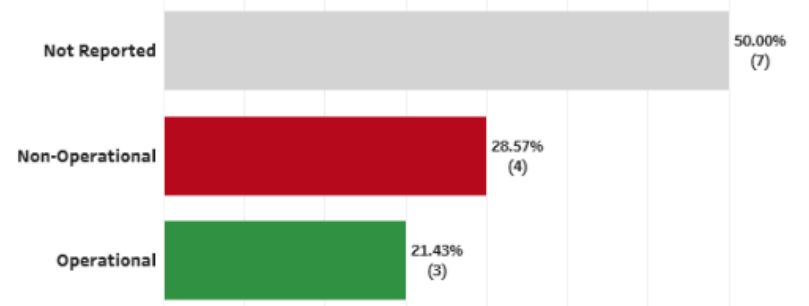
HVAC Status



Water Service Status



Sewer Service Status



Provider Type	Provider Name	File Number	Address	City	Zip Code	County	AHCA Region	RDSTF Region	Phone Number	Electric Service Status	Electric Utility Name	Electric Account Number	Is Generator Running	Generator Type	Gener
ASSISTED LIVING FACILITY	BELVEDERE COMMONS OF FORT WALTON BEACH	11965472	2000 PRINCIPAL LANE	FORT WALTON BEACH	32547	OKALOOSA	01	Florida RDSTF 1	221-222-2122	Partial Power on Generator	Powerman	ABCDEF	Yes	Permanently Installed	Power
	BROOKDALE BLUEWATER BAY	11964709	1551 MERCHANTS WAY	NICEVILLE	32578	OKALOOSA	01	Florida RDSTF 1	221-222-2122	Partial Power on Generator	power on	ABCDE	No	Portable	Yes



Reporting Capabilities

ESF-8 Sit Report

<https://bi.ahca.myflorida.com/#/site/ABICC/views/ESF-8/ESF-8?:iid=2>

Executive Dashboard with multiple

tabs: https://bi.ahca.myflorida.com/t/ABICC/views/ExecutiveDashboard/Overview?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no

Bed Availability Hospital:

https://bi.ahca.myflorida.com/t/ABICC/views/ESSHospitalBedAvailabilityReport/Sheet1?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no

Bed Availability Non-Hospital:

https://bi.ahca.myflorida.com/t/ABICC/views/ESSOtherBedAvailabilityReport/Sheet1?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no



Who to Contact?

Licensed Providers-AHCA Licensing Unit

Assisted Living Unit

850-412-4304, assistedliving@ahca.myflorida.com

Long Term Care Services Unit

850-412-4303, LTCStaff@ahca.myflorida.com

Hospital and Outpatient Services Unit

850-412-4549, hospitals@ahca.myflorida.com

Laboratory and In-Home Services Unit

850-412-4500, LabStaff@ahca.myflorida.com

Partners, Associations, Emergency Management- Systems Management Unit

AHCAESS@ahca.myflorida.com

DOH Staff-

Bureau of Preparedness and Response, Dayle Mooney



CFDMC Meeting Sign-In Sheet
June 20, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Lynda D.W. Et. Mason	CFDMC Board & Northland Church	choplain27@gmail.com	407-242-5699
Catherine Billen	CFDMC	adminasst@centralfladisaster.org	(407) 242-2848
Pat Bullock	FHS	dbullock@fhs.us	321 752 4495
LYDIA WILLIAMS	FDOH-S+LUCIE	lydia.williams@flhealth.gov	772-873 4911
Stacy Brock	DOH-Indian River	stacy.brock@flhealth.gov	772-294-2475
Mandi Manzie	AHCA	Mandi.Manzie@ahca.ny.florida.com	8504124462
Jean Pohl	Majestic Oaks @ John Knox Village	jpohl@johnknox.com	386-775-2008
Nancy Woloshin	DOH-Brevard	nancy.woloshin@flhealth.gov	321-634-6339
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Tom Stalbaum	OCOMD	Tom.Stalbaum@OCFL.net	407-836-6571
Elizabeth Hamlett	FDOH-Crange	elizabeth.hamlett@flhealth.gov	321-947-2994
Lynne Dravos	CFDMC		

CFDMC Meeting Sign-In Sheet
 June 20, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
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Kim Kossler	DOH St Lucie	Kimberly.Kossler@flhealth.gov	772-462-3951
Karen Street	DOH Brevard	Karen.street@flhealth.gov	321-634-3595
Eric Alberts	Orlando Health, Inc.	Eric.Alberts@orlandohealth.com	407-344-6083
Clint Sperber	DOH St Lucie	Clint.Sperber@flhealth.gov	772-873-4949
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Wayne Stuble	Hea Hh First In. Wayne.	Wayne.Stuble@HF.ORG	321-434-1534
Amanda Freeman	Advent Health	amanda.freeman@advent.com	311-438-7143
Amy Johnson	Adt New Smyrna	amy.l.johnson@adventhealth.com	386-804-2841
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CFDMC Meeting Sign-In Sheet

June 20, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
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SPURTE PARENE	DASH Family Home	karen.pain@fhealth.gov	821-454-7155
JENNIFER SANSSEVERINO	Health Serv.	j.sansseverino@fhs.us	386846904

CFDMC Meeting Sign-In Sheet

June 20, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Megan Milanesi	DoH - Lake	Megan.Milanesi@FlHealth.gov	352 516 0190
Lindsey Bayer	NEO DS/DZY	Lindsey.Bayer@MCH1onCountyFl.org	352-326-5461
Molly Ferguson	Community Health Strs	m.ferguson@chcfl.org	407 905-8827x1064
Norberto Cintion	Palm garden PSL	Norberto.Cintion@palmgarden.com	772-618-0560
Kyle Dawson	ucf student home volunteer	Kdawsah@gmail.com	954-655-7805
Joseph Chapman	Reedy Creek FD	JChapman@RCFD.org	407-488-2376

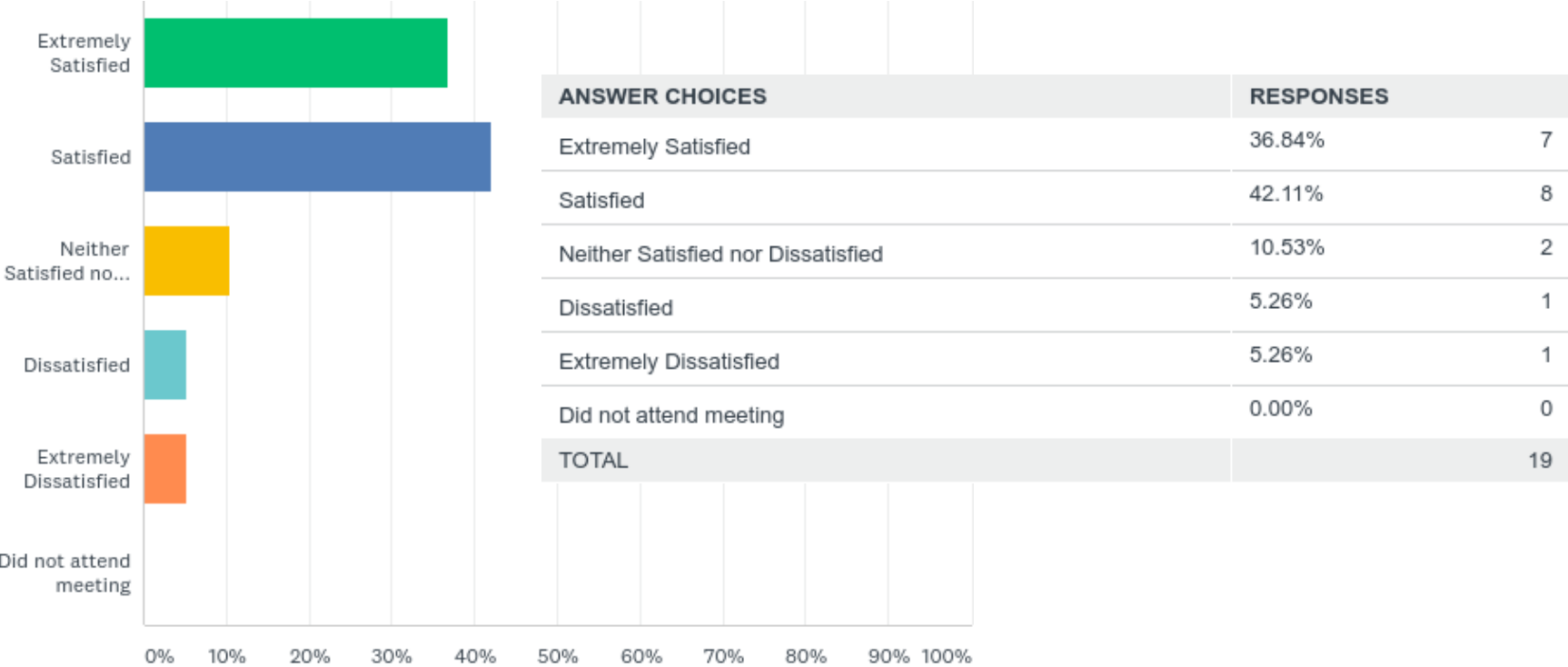
6/20/19 CFDMC Meeting Attendees Via Webinar/Conference Call

- Elmer Arcenal, Florida Homecare Specialists, 352-857-6410
- Kim Merkel <KMerkel@orthodb.com>, East Coast Surgery Center
- Judy Moschette, RN & Debbie Nunez, Community Home Health Services
- American Pride Home Care Services Corp
- Dr. Karen van Caulil, President/CEO, Florida Alliance for Healthcare Value (Board Member)
- Denise White <denisewhite1931@yahoo.com>
- Margaret Hart, EM Officer (Training & Exercise), Osceola County Office of Emergency Management
- Samuel W. Thurmond, Jr., ILO, Assistant Fire Chief – EMS Operations, Seminole County Fire Department
- Frank Denoff II, Ability Rehabilitation
- Aaron Kissler, Lake County Health Department (Board Member)
- Steve Wolfberg, Martin Health (Board Member)
- Brenda Steverson. DCC Dialysis
- John Infante, Facility Administrator, Superior Care
- Eric Whitwam, Bright Dialysis, American Renal Associates
- Becky Hale. Halifax Health Hospice
- Felicia Gaylord, RN, BSN, Clinical Manager, FKC Brevard #4718
- Paula Bass, AdventHealth Orlando
- Christen.Stewart, Orlando Health Home Care
- Tammy Holt RN, LHRM, Administrator, Orlando Ophthalmology Surgery Center
- David Warnick, EMT in attendance
- Melyssa Callahan, Osceola Regional
- Tim Fulford, Lakeshore Medical Center
- Georganna Kirk, FHCHC (Board Member)
- Robyn Connor, FHCHC
- Mark Wolcott, Volusia County Emergency Medical Administration
- Georgianne Cherry, Osceola Health Department

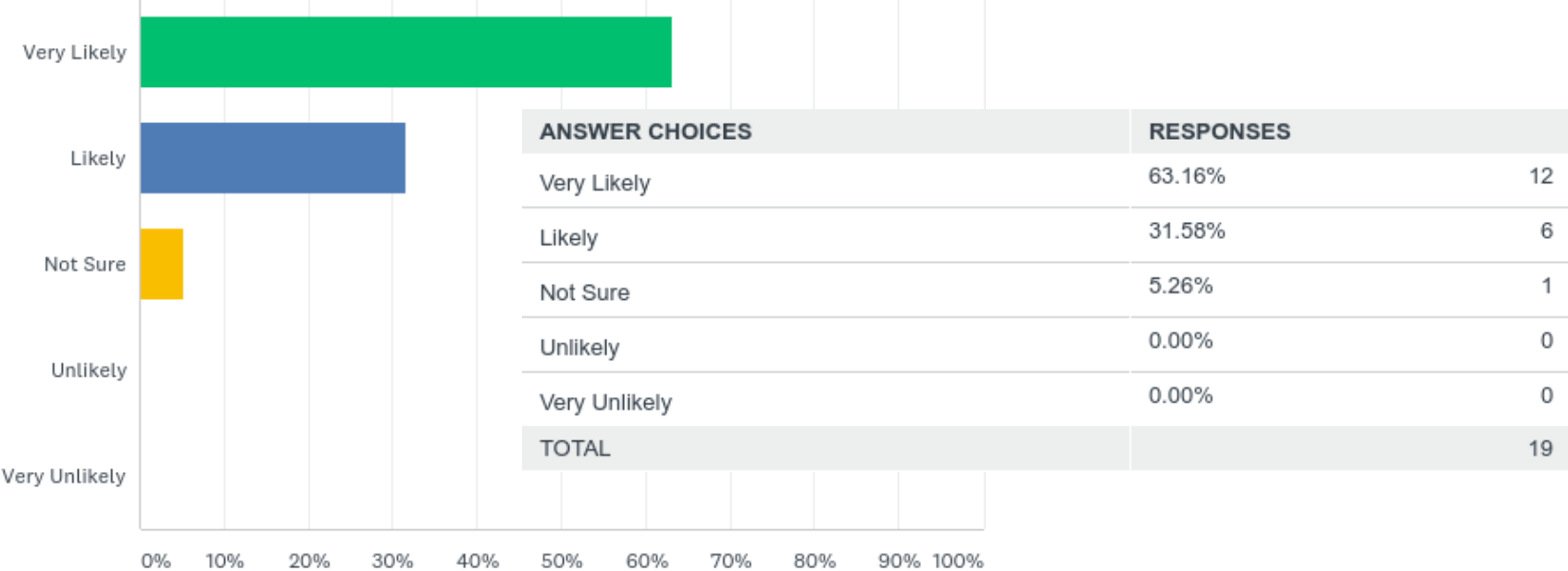
June 2019 CFDMC Meeting Survey Results

19 Responses

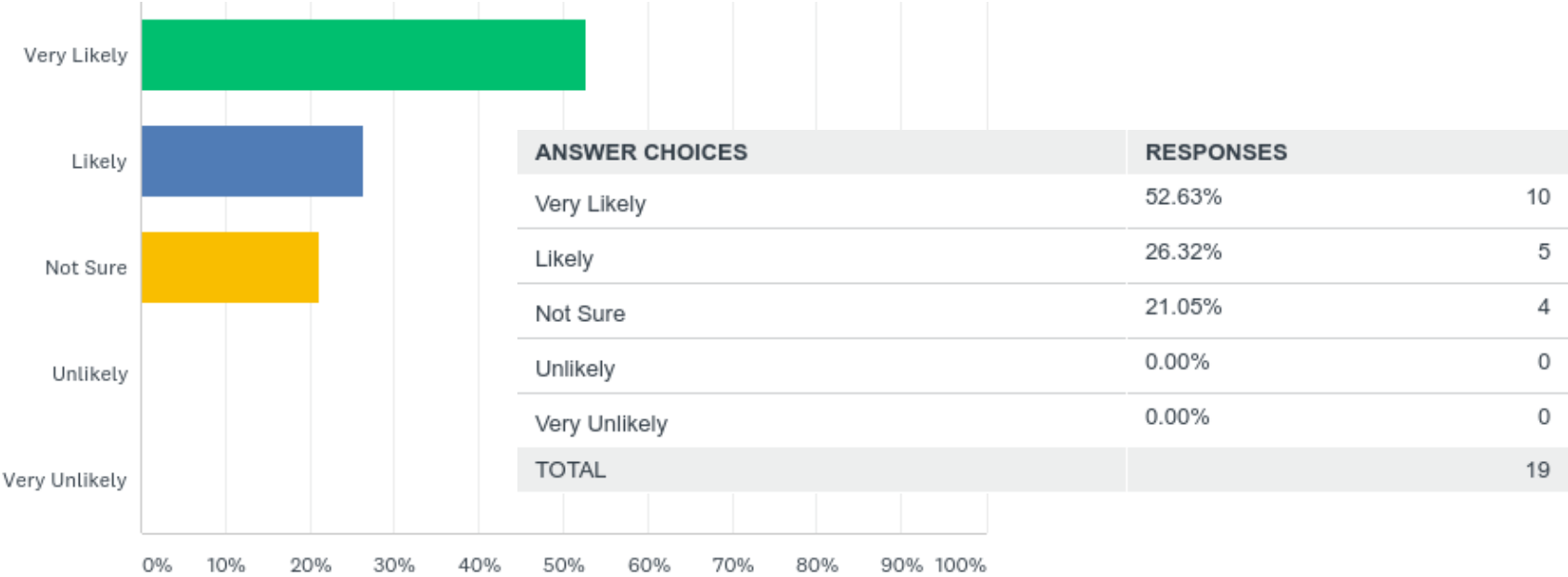
Overall satisfaction with the June 20 Coalition meeting: 79%



Likelihood to attend future coalition meetings: 95%



Likelihood to recommend joining the coalition to others: 79%



Most Valuable:

- The information that is provided is always valuable and meeting the different coalition members and getting different perspective on things and utilizing their knowledge and experience.
- The breakaway with group types and review of all of our results.
- Finally Home Health was recognized and contributed to the meeting.
- The break out session
- The communication, between the emergency agency
- ESS Training
- The content
- Keeps everyone up to date on latest issues
- Good information about the direction of the coalition and current situations to be aware of. Great information
- Different speakers
- Collaboration regarding assistance for home health services
- collaboration
- Hearing others opinions but I did have to leave for work reasons.

Suggestions for Improving Meetings/Future Topics

- Nothing at this time.
- Partnering with so many other groups
- Include Home Health's contribution as to how we can help more in disasters. Discuss the communication chain from hospitals to home health with anticipated census surge. Supply chain integrity with supplying home health clinicians with gas alongside first responders. provide some sort of definite communication to home health from emergency management with possibly crank hand radios should wireless phones not able to work.
- More paper work for my life safety book
- Unfortunately what I took to be valuable in item #4 became less so due to the constant interruptions by the caller shown as American Pride Home Care. I'm hoping that situation will be addressed prior to any future meetings.
- The online meeting was broken up, unable to hear the speakers
- It was difficult to hear at times. Some of the interference was from people that did not mute their lines, but in some cases it became very choppy with the connection. If there is a way to iron out the technical issues that would be great. Thanks
- Connection bad from time to time
- Re-entry safety post disaster for first (or second) responders
- n/a
- EXTREMELY difficult hearing the speaker. It was cutting out and we were only getting every other word or every third word. However, the speakers that were on the phone were fairly clear. I would say we missed half of the content. Wanted you to know so you could work on it for the future.
- Should would be nice if people would learn to mute their audio!!!

9/19/19 Central Florida Disaster Medical Coalition Meeting Minutes

Welcome, Announcements, Introductions: Lynda W. G. Mason, 2019 Board Chair, welcomed all and thanked those participating. She asked those present in person to introduce themselves, and asked those participating via webinar or conference call to email the coalition to document attendance.

NOTE: Due to technical difficulties, the recording of the meeting is not available.

Hurricane Michael: A Health Ministry's Response and Story of Healing (Sacred Heart Hospitals) Emily S. Avery, M.S.H.A., CHSP, Regional Director-Emergency Management EC & Safety: Emily presented on the hospital system's experiences during Hurricane Michael. See attached presentation. Questions included how coalitions can help in response. She explained that Florida's coalition structure differs from Alabama, but the most important element is the ability to form relationships so that you can call on a partner when needed. Communications is also critical and they are now using First Net. See attached presentation.

Hurricane Dorian Lessons Learned: Lynda W.G. Mason spoke about the impact of Dorian on the Bahamas and how that community responded. Lynda advised that the region is also focused on standardization, which was extremely helpful in the Bahamas following Dorian's impact. Coalition members shared their experiences and lessons learned from Dorian. Wayne Struble from Health First shared their experience in evacuating (see attached presentation). The hospital used Teletrack for patient tracking; the Coalition will follow-up with Health First to get additional information on this. Ashley Fisher shared information on Halifax's evacuation of behavioral health beds. She stated that lessons learned included the issue of pet sheltering, the shelter managing needing additional assistance, and the need to create time/task documentation. Alan Harris advised that Seminole County Emergency Management had previously worked with Nemours to create a shelter for 69 medically complex children and this was the first opening; they introduced telemedicine at the shelter. Bill Litton stated that Osceola Emergency Management worked with DOH on special needs shelter and evacuated one of the largest long-term care centers. Matt Meyers advised that the Coalition monitored local ESF8 mission requests; two requests were received but both were cancelled. The coalition also provided situational awareness to members. Clint Sperber reported on St. Lucie activation and stated that the State ESF8 pre-staged resources. He stated that a lesson learned is the need for AHCA at the EOC, and the need for additional training on ESS. There is a need to address the special needs criteria related to the homeless or transitional patients who need additional discharge planning service. There is also need for additional planning related to special needs children. Todd Stalbaum introduced a representative from Maxim Health Care as a partner in preparing for the needs of medically complex children. The Maxim representative provided an overview of the organization, operating in Brevard, Orange and Osceola Counties, and providing services to technology-dependent children.

Recognition of Dave Freeman: Lynda W. G. Mason and the Coalition recognized Dave Freeman on his retirement as Executive Director. Dave will continue to serve as an RDSTF Co-Chair and as a Coalition Board member. Lynda and Eric Alberts, 2020 Chair, presented a plaque to Dave in recognition. Other spoke about Dave's visionary leadership and mentoring.

Other Announcements: Eric Alberts reminded hospitals that in order to bring in federal grant dollars, they must work with the Coalition to submit the requested information in the surge estimator tool, and participate in the coalition surge test exercise scheduled for October 18. Eric advised that Orlando Health is holding its annual alternate care site exercise, Mannequin Apocalypse, on October 31, and invited members to attend. He encouraged all to save the date for the December 3 first annual conference; an agenda and registration will be sent out soon. Amanda Freeman invited members to participate in the Stolen Thunder tabletop on September 25.

Lynda thanked all for attending and reminded members to complete the meeting survey which will be sent out via email following the meeting.



Central Florida Disaster Medical Coalition (CFDMC) Member Meeting

September 19, 2019

Note: Meeting is being recorded



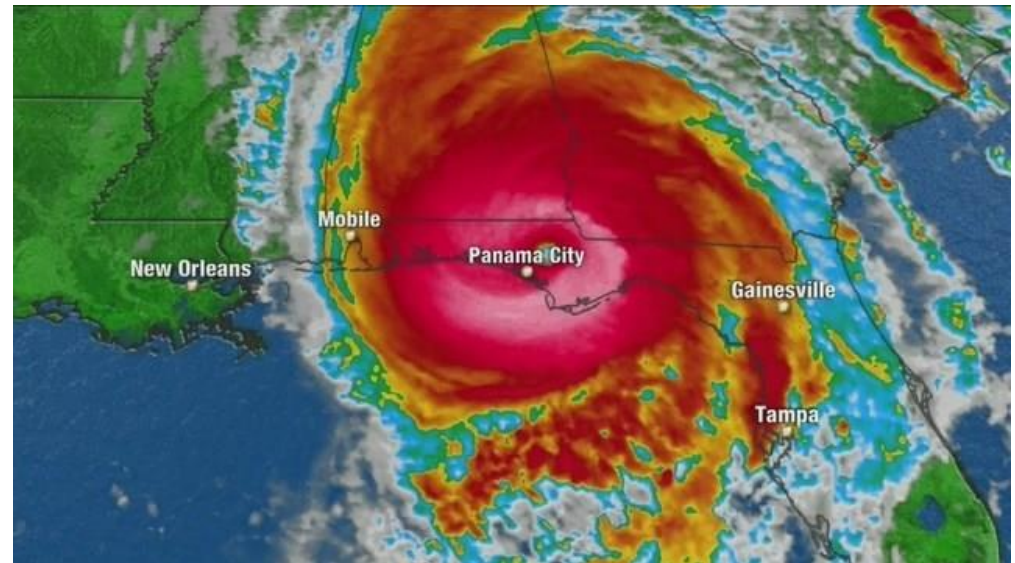
Lynda W. G. Mason, 2019 Chair

Introductions

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

Hurricane Michael: A Health Ministry's Response and Story of Healing

- ▶ Emily S. Avery, MSHA, CHSP, Regional Director, Emergency Management EC & Safety
- ▶ Mike Matroni, Regional Emergency Management Officer



Break



Hurricane Dorian: Experiences & Lessons Learned

- ▶ Health First: Wayne Struble
- ▶ Halifax: Ashley Fisher
- ▶ Other Hospitals
- ▶ Other Emergency Managers / ESF8s
- ▶ Other Partners



Recognition of Dave Freeman Founding CFDMC Executive Director





- ▶ **Other Announcements:**

- Eric Alberts: Coalition Surge Test Exercise & Coalition Surge Estimator Tool**

- ▶ **First Annual Coalition Conference on December 3
at Valencia College School of Public Safety**

- ▶ **Meeting Evaluation (e-survey will be sent following meeting)**



Hurricane Michael: A Health Ministry's Response and Story of Healing

Ascension Florida

September 19, 2019

Who is Medxcel?



Largest sole provider of healthcare facilities services in the U.S.

SERVICES

Medxcel Facilities Management

- Emergency Management & Safety
- Compliance Consulting
- Life Safety
- Mechanical, Electrical, Plumbing
- Heating, Ventilation and Air Conditioning
- Landscaping

Medxcel Planning, Design & Construction

- Capital Planning
- Master Planning
- Design & Construction Standards
- Construction Project Management

Medxcel Energy

- Energy Efficiency
- Waste & Chemical Management
- Education & Communication
- Water Conservation
- Energy Consumption



Largest sole provider of healthcare facilities services in the U.S., using an integrated model to best serve our customers.



Emergency Management, EC & Safety

Direct Chain of Command Ensures:



Standardization



Optimization

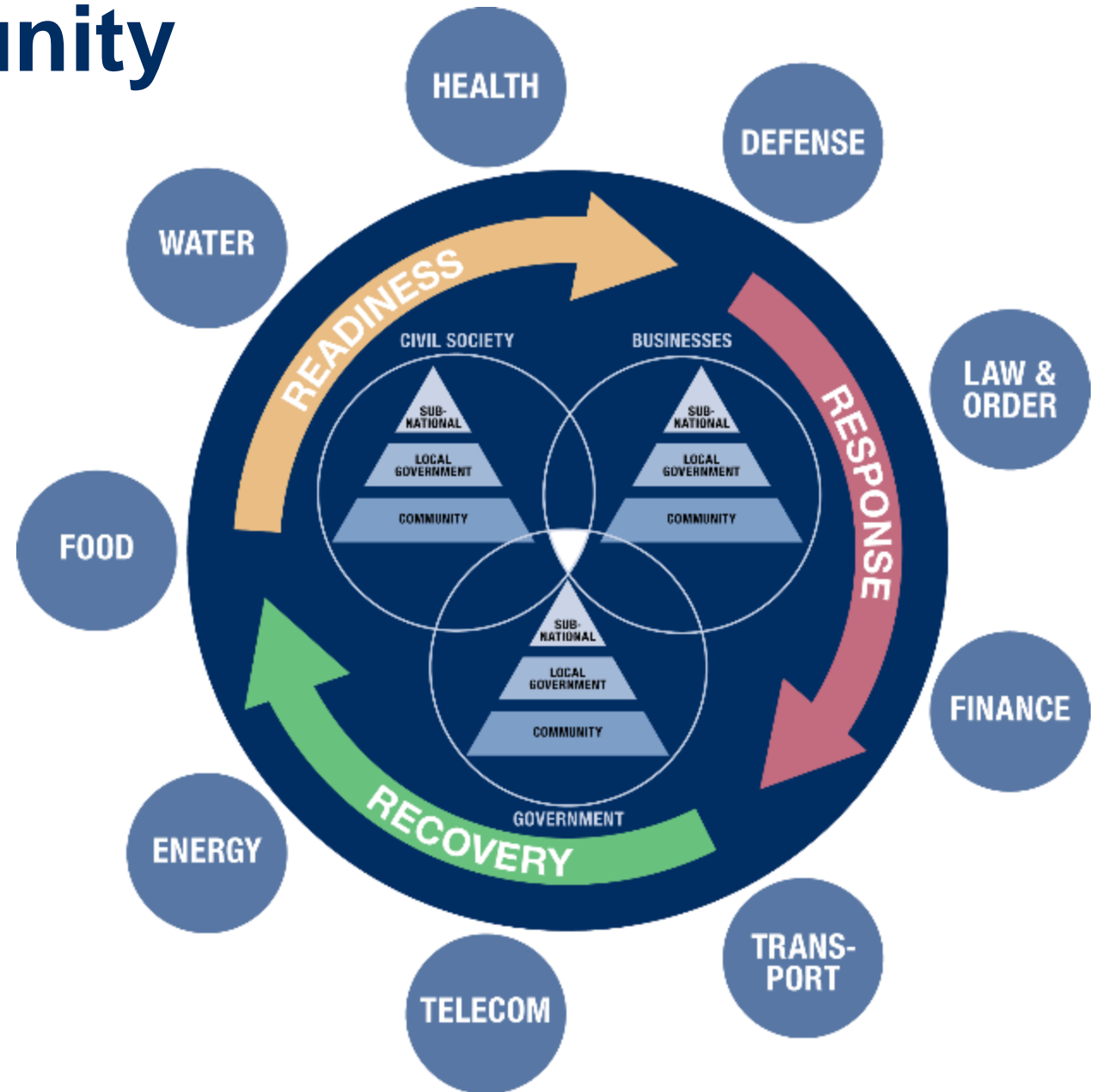


Communication

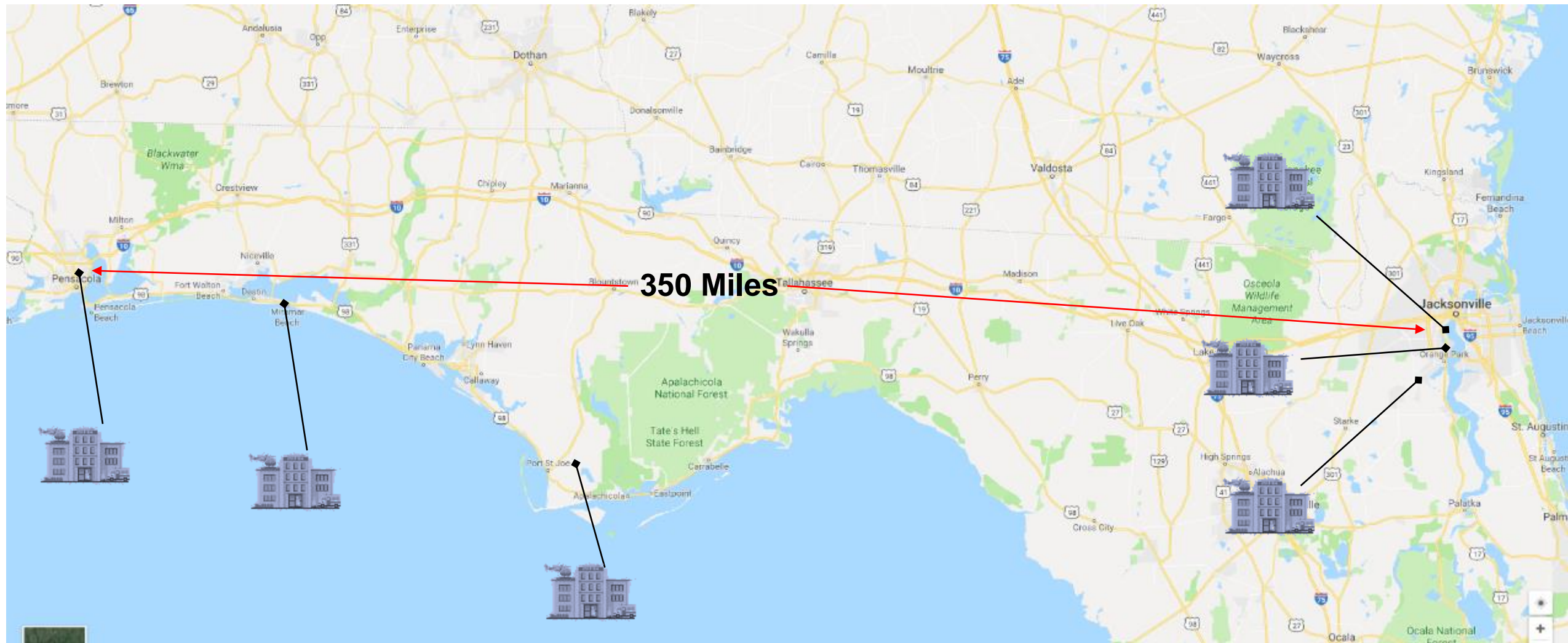


Corporate Community Approach

All businesses and facilities are aligned and organized for a robust response to disasters

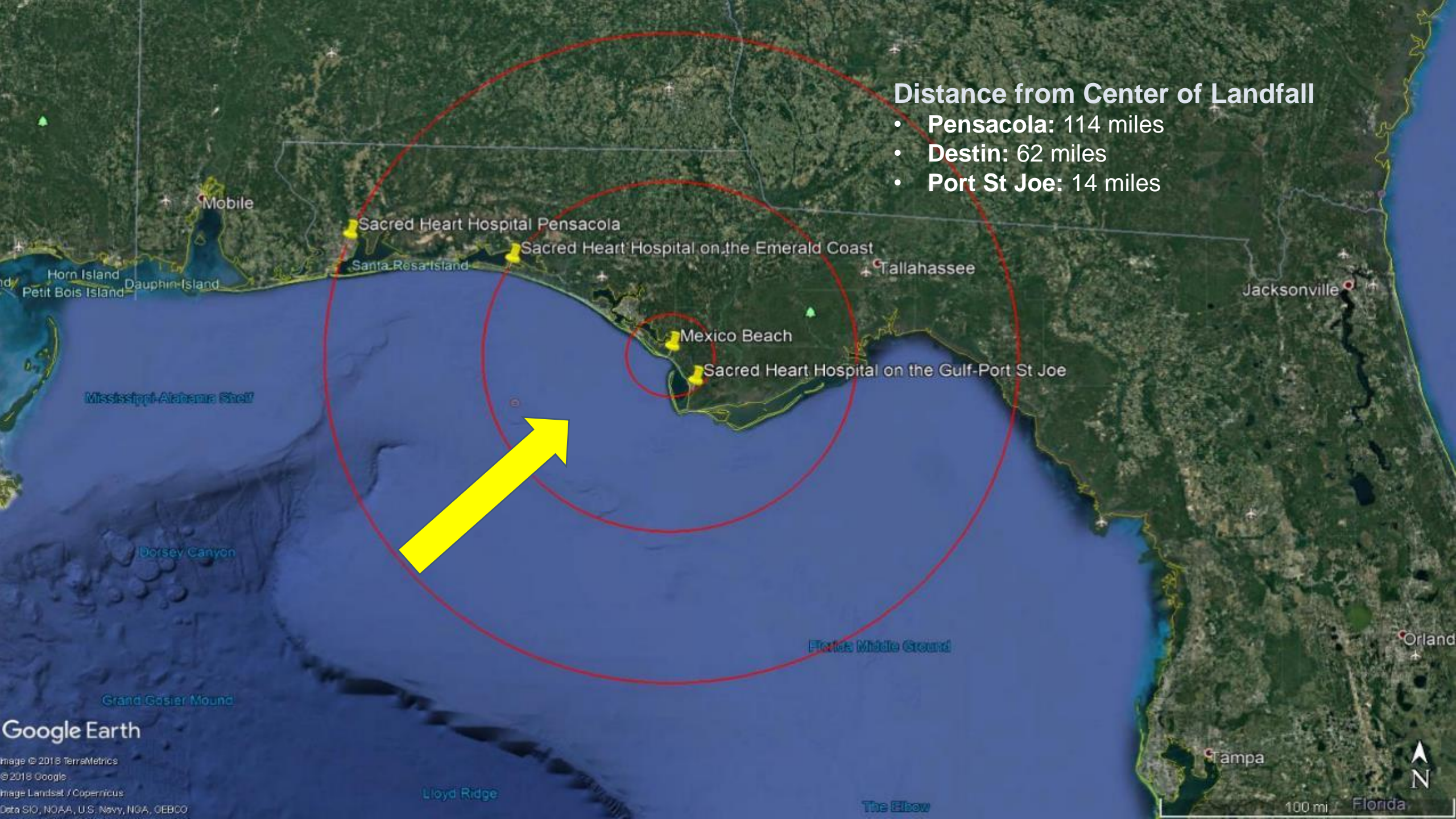


Florida Hospitals – Area of Responsibility



Distance from Center of Landfall

- **Pensacola:** 114 miles
- **Destin:** 62 miles
- **Port St Joe:** 14 miles



Google Earth

Image © 2018 TerraMetrics
© 2018 Google
Image Landsat / Copernicus
Data SIO, NOAA, U.S. Navy, NGA, GEBCO

100 mi Florida

BEFORE THE STORM

5 Critical Pre-Storm Steps

1

Activated
Preparedness Plans

2

Logistical
Coordination

3

Modify Incident
Command Across All
Stakeholders

4

Pre-storm Deployment
of Regional & National
Teams

5

Pre-storm Deployment
of Generators &
Remediation Team

- > **Protect patients and associates**
- > **Protect the building envelope**
 - » Ensure no wind gets inside where the pressure can cause damage
- > **Protect the perimeter of the building**
 - » Ensure power stays on
 - » Remove potential debris that could
 - » Protect patients and associates



BEFORE THE STORM

Teams in Action

- National, regional and local incident commands
 - » Operational decisionmaking
- Facility Hardening:
 - » Bracing Doors to Mitigate Wind Intrusion; pre-staging drying equipment
 - » Remove Potential Debris that Could be Hurlled Into Building
 - » Pre-Staging of Generator and Remediation teams



BEFORE THE STORM – Pensacola

- Facility Hardening
- Extra supplies ordered
- Storm block of pharmaceuticals ordered
- Additional food/water on standby
- Incident Command stood up at 1500 on 10/9/2018 (Tuesday)



BEFORE THE STORM – Emerald Coast (Destin)



- Facility Hardening
- Extra supplies ordered
- Additional food/water on standby
- Incident Command stood up at 0900 on 10/8/2018 (Monday)
- Patients discharged/evacuated on 10/9/2018 (Tuesday)
- Skeleton staff to ride out storm (incident command/emergency dept/facilities)
- Medxcel RD imbedded with incident command pre landfall.

BEFORE THE STORM – Port St Joe

- Facility Hardening
- Patients discharged/evacuated on 10/8/2018
- Operations suspended.
- Incident Command (stood up on 10/8/2018 (Monday)) and care taker staff only to ride out storm
- Augmentation from Pensacola FM team
- Additional generator brought on-site prior to storm
- Remediation team imbedded prior to storm
 - » Tremco/Complete DKI on standby for immediate post-storm response
- Medxcel RD imbedded with incident command



Magnitude Unleashed



The Prediction

- » Category 2 storm
- » **85mph** winds



The Reality

- » Category 5 storm
- » **155mph** winds



Hurricane Michael: The Destruction of Mexico Beach



DURING THE STORM

Strength blows past expectations

- › Landfall at 155 mph
- › Associate Safety and Well-Being
- › Building Protection
- › Loss of Power & Communication Failure
- › Remediation Response



AFTER THE STORM

The Washington Post

An aerial photograph of a city, likely Washington D.C., showing significant damage to buildings and infrastructure. The image is dark and grainy, with the text 'The Washington Post' overlaid in a white, gothic-style font.

AFTER THE STORM

Preparedness Pays Off

Primary Goals:

- › Associate Care and Well-Being
- › Returning SHHGulf to Normal Operations
- › Supporting Bay Medical Evacuation



Critical Focus Areas:

- Site-based Leadership and Incident Command
- Utility Outages
- Telecommunications
- Staffing and Accommodations/Food
- Security
- Community Partnerships
- Patient Movement and Transportation

AFTER THE STORM

Preparedness Pays Off

- Sacred Heart Gulf only hospital in the Gulf area taking Patients the Day After the Storm
- Unified Incident Command Streamlined Recovery Efforts
- FM Global Adjusters On-site the Day After the Storm



AFTER THE STORM – Port St Joe

- › Hospital sustained only minor damage
- › Sustaining skeleton staff
- › Post storm assessment of facility:
 - ›› Generator supplying load
 - ›› No communication systems available
 - ›› No potable water
 - ›› No natural gas



AFTER THE STORM – Port St Joe (cont)

- > Boilers and chillers running, no BAS; intermittent normal/generator power fluctuations
- > Medxcel RD to site with President and CMO, assumes role of incident commander
 - » Attends daily EOC briefing at Gulf County EOC
 - » Priority of work: Power, Water, Communication
- > Emergency Services provided in limited capacity starting on 10/11/18.
 - » Augment staff from Jacksonville and Pensacola deployed
 - » All patients transferred if needing admission
- > Florida Search and Rescue Task Force co-located at SHHG.
 - » Provided communications capability early in the response.
 - » Hospital provided logistic support to the Task Force as needed.
 - » Armed Security



AFTER THE STORM – Port St Joe (cont)

- Unified Incident Command providing support and supplies
- Procured potable water, portable toilets and handwashing units, supplies, anti-venom, additional diesel for generators
- Additional Medxcel leadership provided on-site support post landfall; rotated leadership
 - » Touchpoint personnel from Atlanta/Indianapolis deployed
- AT deployed mobile data center (Sungard) and associates.
- Medxcel and Ascension National Support
 - » National contracts
 - » Experts in IT, Building and Construction, BAS



AFTER THE STORM – Bay Medical

- › 1000 +/- individuals in building(s) – patients, associates, and families
- › Multiple buildings suffered major structural damage and unable to sustain patient care. Evacuations critical, access difficult. Ground transport = 4 hrs
- › Generator power; incomplete inventory of areas dependent on EM power
- › Community infrastructure for all utilities disrupted
- › Loss of equipment (AC units blown off roof)
- › All elevators non-functional

AFTER THE STORM – Bay Medical (cont)

- › Tremendous water intrusion throughout; movement of ICC multiple times
- › Loss of city water; had to go “out of the box” to move water from well to chillers
- › Loss of external and internal communications
 - › Sat Phone antenna blown off roof
 - › Community infrastructure for all utilities destroyed
 - › Inability to maintain community situational awareness-couldn't talk to EOC or other area hospitals.
 - › Repeater failure for internal radio communications
- › Poor illumination from internal emergency lighting

EVACUATION

HURRICANE MICHAEL'S IMPACT

POWER OUTAGES



Florida: 105,816

Georgia: 95,000

Alabama: 25,602

EVACUATION – Emerald Coast (Destin)

- › Thursday, Oct. 11
 - ›› Expecting 30 patients from Bay Medical in up to 25 vehicles
 - ›› 11 patients evacuated from SHHEC pre-landfall returned
- › Friday, Oct. 12
 - ›› All departments surged
 - ›› Nursing support from other Ascension facilities; housed locally
- › Sunday, Oct. 14
 - ›› SHHEC beyond capacity (96 patients)



EVACUATION – Pensacola

- Received request for evacuation of patients from Bay Medical immediately post landfall
 - » Initially agreed to take 70 patients (20-ICU/50-MedSurg)
- First patients arrived first light on Thurs., 10/11
- Multiple helicopters were in the initial wave
 - » 18 landings on 10/11



EVACUATION – Pensacola

- Ground Ambulance (4-5 hour drive due to conditions) began arriving around noon on 10/11 and steady over the next 1.5 days
- Total of 93 patients received as of 10/30.



SYSTEM COORDINATION

- Sacred Heart Health System stood up an area command structure on 10/11 to coordinate activities of 3 hospital incident command centers
- Assisted coordination with Bay Medical parent company, Ardent Health, during evacuations
- As Pensacola and Emerald Coast command centers deactivated, System Coordination focused on the hardest hit area, Port St Joe.
- Provided liaison between Ascension Corporate and Medxcel Corporate.
 - » Included Ascension Technologies who brought in large scale voice and data connectivity to support SHHG.
- Supported comms with State EOC (ESF8) due to multiple challenges to operationalize SHH Gulf and meet associate personal needs



A Story of Healing

A Community Unites



A STORY of HEALING

CARING for our Associates

- › Needs assessments
- › Cleaned properties, tarped roofs
- › Water and basic necessities
- › 10 Portable generators
- › Gasoline
- › Housing and disaster pay
- › Short and long term aid



A STORY of HEALING

CARING for our Community

- › Medical care, helping PCPs and Dialysis open
- › Cleaned properties
- › Water and basic necessities
- › Hot food distribution multiple days; 3,000 box lunches alone one day



A STORY of HEALING

- Re-opening of the hospital
 - » ED only immediately post-storm
 - » Full services 12 days post-storm





MAKE

Port St Joe

GREAT AGAIN!

Thank You

Questions?

Emily Avery, M.S.H.A., CHSP

Regional Director SE – EM/EC/Safety

emily.avery@medxcelfm.com



HealthCare Facility Evacuation

WAYNE G. STRUBLE

Health First Inc. Cape Canaveral Hospital



Cape Canaveral Hospital

- Licensed 150 bed acute care hospital
 - Includes 21 bed level II ED
 - Mother / baby, labor / birth unit
 - 12 bed intensive care unit
 - Inpatient hospice unit
- Located on the Banana river and only 1 mile from the Atlantic Ocean

Evacuation Planning

- Pre Plan
- Involve community partners
- Agreements in place
- COOP is an asset
- Consider back up plans
- **Exercise to test the plan**
 - We exercise this every year



Timely Decisions

- Timely decision makes the difference
- Delays can be critical
- Political and Financial concerns
- May need to shelter in place if decision is delayed
- Contingency plans



Dorian Timeline Concerns

- Storm delay created changes in plans
- The delay in the storm provided ability to reduce the census even further
- Special patient considerations
- ICU patients “mostly” evacuated on Thursday and Friday
- Delay allowed Mother/Baby couplets to be discharged

Patient Tracking

- Teletracking
- Include Health Information Management Team in planning and exercises
- Electronic and paper tracking methods
- Consider you may have an IT downtime or power failure
- Family and Press considerations
- PIO area defined
- Family assistance center considerations

Electronic Tracking

- Teletracking
 - Disaster Console
 - Rapidly assign beds within a system
- Used by 60% of the hospitals in Florida
- Regional view available
 - View allows to see available bed types by hospital with no PHI

Teletracking



Evacuation

- Evacuated 32 patients (2 ICU) on Sunday
- Beds were assigned within 10 minutes
- ICU patients were flown
- Coastal EMS provided transports
- Strike team consideration
- Delay in evacuation caused prolonged evacuation of four hours

Facility Process

- We turn half of ED into Transport out area
- Patients systematically processed by floor when possible (ICU considerations)
- When room is clear use marking system on door
- When floor is clear use marking system on elevator and stair controls / doors
- Take a walkthrough (twice) to confirm each floor or unit is evacuated
- Unit gets paperwork together and primary report to receiving facility

Continued

- Patient then moved to staging area
- HIM / HIT confirms documentation is correct and complete
- Transportation provider has a liaison in the ED or staging area
- Have someone act as the transportation officer to work with transport providers
- Notify receiving facility when patient leaves facility (tracking and accountability)
- Receiving facility should notify of patient arrival (Confirm numbers between facilities for accountability)

Re-opening

- Facility evaluated Wednesday
 - AHCA Checklist
- Reopening process started Thursday morning
- Facility opened to patients at 1900
- ED, ICU, M/B, 1 Med/Surgical Unit, Cath lab opened
- Friday 5 patients transferred back

Planning Checklist

- Create checklists for each position / location
 - Include list of documentation / responsibilities / procedures
- Remember to include consideration of supplies and staffing support for receiving facilities
- Have back up and tertiary facilities in other areas
- Remember resources may not be available
- Pre identified map directions can be helpful
- Make sure to do a primary and secondary search of the facility to confirm it has been evacuated of **EVERYONE** that should be gone!

CFDMC Meeting Sign-In Sheet
September 19, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Alan Harris	Seminole County	charlie@seminolecountyl.gov	407-665-5017
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LYDIA WILLIAMS	FDOT-ST. LUCIE	Lydia.Williams@flhealth.gov	772 873 4911
EDWARDS BRASLOW	FDOH-MARTIN	EDWARDS.BRASLOW@FLHEALTH.GOV	772 530 9830
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Eric Alberts	Orlando Health, Inc.	Eric.Alberts@orlandohealth.com	407-304-6083
Tom Stalbin	OCOMD	Tom.Stalbin@ocf1.org	407-836-6511
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Jenifer Cevallos	Maxim	jeharding@maxhealth.com	407-301-2308

CFDMC Meeting Sign-In Sheet

September 19, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
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JOHN CORFIELD	ORLANDO HEALTH	JOHN.CORFIELD@ORLANDOHEALTH.COM	4078081443
Wayne Stubble	Health First Inc.	wayne.stubble@HF.ORG	321-307-1514
Sheri Blanton	D9 Medical Examiner CFDMC/ Northland	Sheri.Blanton@oeff.net	407-836-9432
Lynda Duggan	Northland	Chaplain2@grail.com	407-272-5699
Margaret Hart	Osceola County EM	margaret.hart@osceola.org	407-742-9013
RICHARD HAZEL	DOH-SEMINOLE	richard.hazel@flhealth.gov	407-868-0458

CFDMC Meeting Sign-In Sheet
September 19, 2019

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
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Collins Walker	CFDMC	response@CentralFLdisaster.org	321-295-6253
Melanie Black	DON-Volusia	melanie.black@fhealth.gov	386-481-4345
Clint Speck	DHT-St Lucie	Clint-speck@fhealth.gov	772-873-4949
Paula Brass	AdventHealth	Paula.Brass@adventhealth.com	407 398 2845
Megan M. Lonn	Dart-Lake	Megan.M.Lonn@fhealth.gov	352 516 6190
Kelsey (Kah) Richards	CFDMC	Kelsey.Richards.nph@gmail	904-813-1764
Matt Meyers	DOH	Matt.Meyers@flhealth.gov	909080412
Molly Ferguson	Community Health Ctrs.	m.ferguson@cheft.org	407 905-8827 x1064

CFDMC Meeting Sign-In Sheet
September 19, 2019

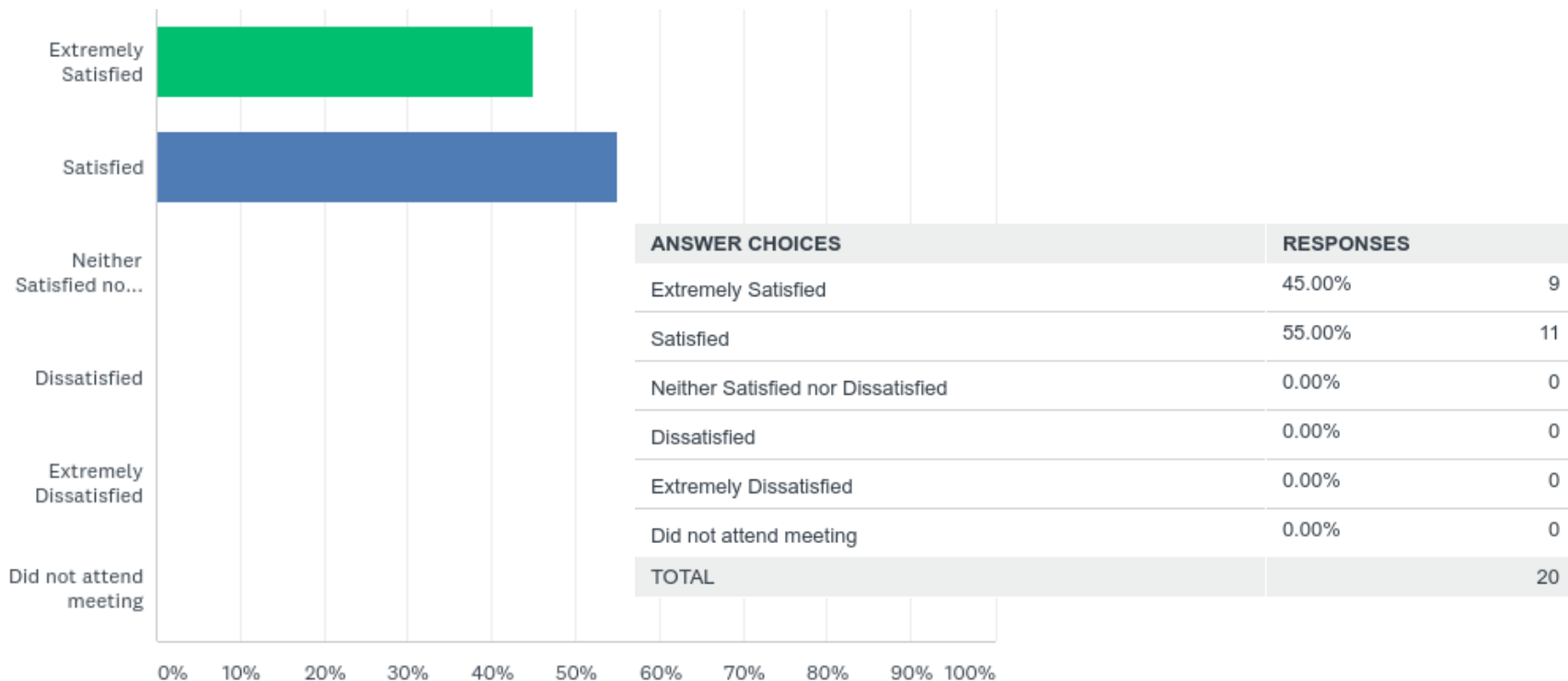
NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Georgann Cherry	ESC FLDOT	On file	
Amanda Freeman	Advent Health		
Claudia Baker	FDEM	claudia.paker@emmyforjdg.com	
Deborah Collinge	DoH-Orange	Deborah.Collinge@flHealth.gov	407-923-5366
Joey Burgess	Hot Zone	Joey Burgess @ Hot Zone zusp.com	352-557-4740

September 2019

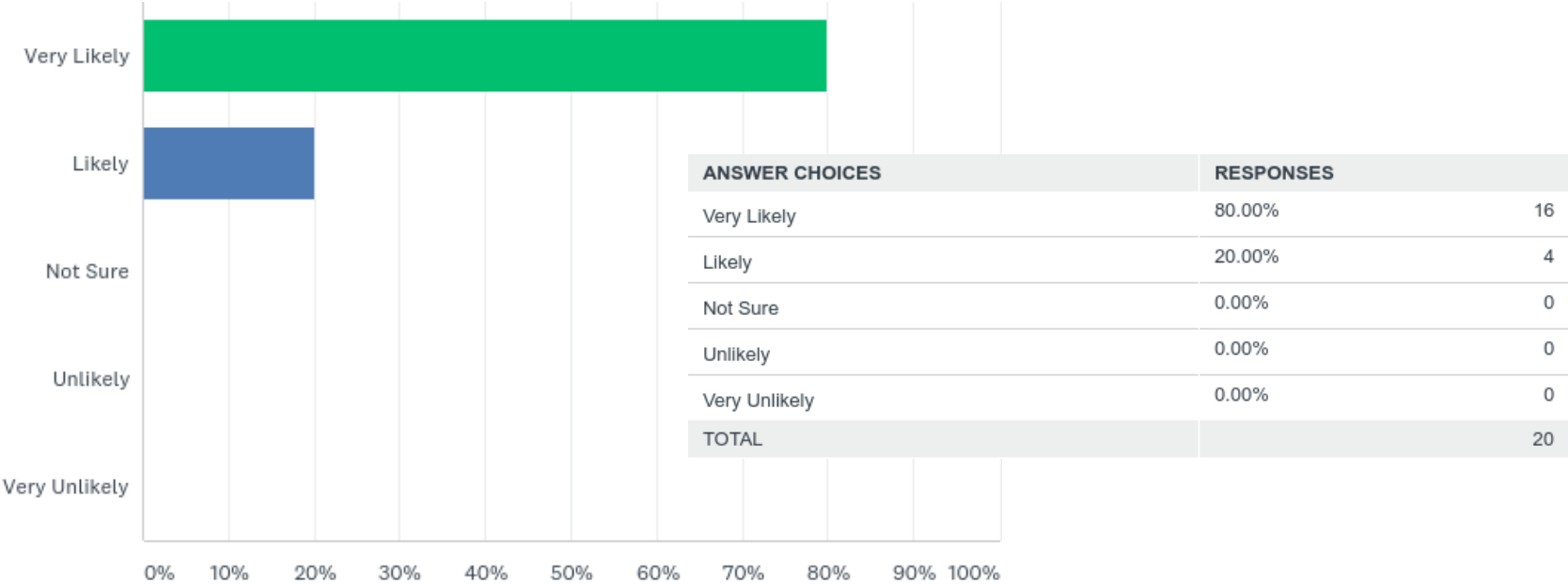
CFDMC Meeting Survey Results

20 Responses

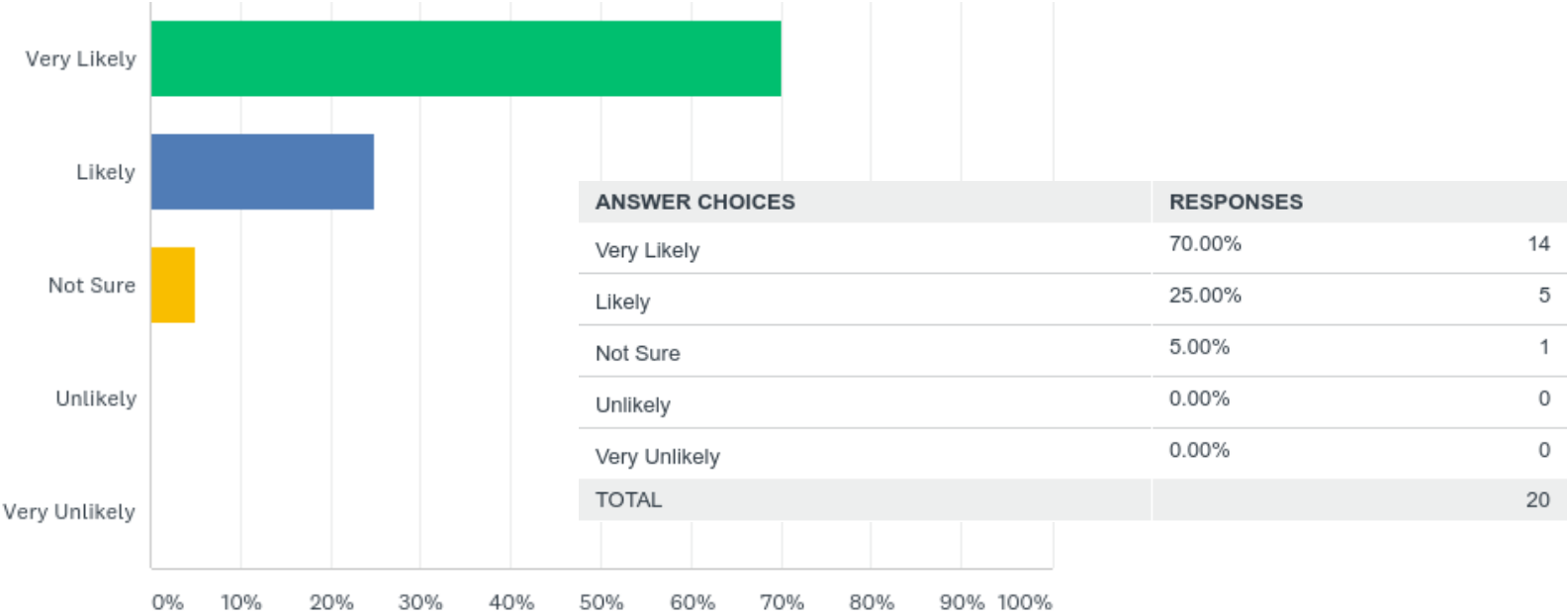
Overall satisfaction with the September 19 Coalition meeting: 100% (45% Top Box)



Likelihood to attend future coalition meetings: 100% (80% Top Box)



Likelihood to recommend joining the coalition to others: 95% (70% Top Box)



Most Valuable

- Updates and networking
- Lessons learned from Hurricane Michael
- Networking
- Hurricane experiences and lessons learned
- Networking
- learning best practices about hurricane response
- Lessons learned from the different hospital responses to Hurricane Michael and Dorian.
- The meeting was closer to the downtown. The meetings are normally too far for me to attend.
- Networking
- It was very educational
- Listening to how other healthcare facilities and other entities handled the recent hurricane.
- Everything, always hear and learn new things
- Sharing lessons learned with other hospitals and ESF-8 partners
- Info regarding Hurricane Dorian

Opportunities:

- Meetings are specifically geared to the hospital settings. We would benefit to education on the Hospice requirements and hearing from other hospices.
- none at this time
- keep up the great work
- n/a
- Keep the meetings in Osceola County or closer to where most of the medical community is. The southern three counties are important but they have a small number of the total medical community.
- include home health information and maybe there has been in the past - this was my first meeting
- Have a technical guru for any audio problems. Lynne Drawdy usually solves all the problems, give her some help!
- Continue to share best practices and lessons learned

9-19-19 CFDMC Coalition Member Meeting

Webinar/Call Attendees:

B. Steverson

Lisa Spalding

Norbert Citron

Karen Street

Jemima Douge

Octavia Cruz

Xiomara Solares

Ronny Chapman

Steve Wolfberg

Sven Normann

Taylor Anderson

Wayne Smith

Aaron Kissler

Amy Johnson

Ashley Fisher

Deborah Mertick

Judy Head

Judy Moschette

Kate Kocevar

Kelly Jenkins

Lea Collins

Lisa Poziomek

Luis Hernandez

Maria Crumlich

Cheryl Modica

Rebecca Hale

Nancy Woolshin

Melissa Callahan

Gauis Hall

Deborah Rowan Nunez

John Wilgis

Lauren Possinger

American Pride Home Care APHCS

12-3-19 CFDMC Annual Conference Minutes & Presentations

Welcome: Lynda W. G. Mason, CFDMC 2019 Board Chair, welcomed participants. See attached sign-in sheets.

The Power of Partnerships: John Wilgis, MBA, RRT, Vice President, Member and Corporate Services, Florida Hospital Association, spoke about how partnerships enhance the ability of individual facilities and the entire community in preparing for and responding to disasters.

Lessons Learned from Active Shooter Events: Kelly Keyes, MSN, BSN, RN, CHEC III. Kelly Keyes provided a powerful presentation on the response to and lessons learned from the Ft. Lauderdale Airport and Stoneman Douglas events.

Health Incidents Updates: Clint Sperber, RDSTF Region 5 Health & Medical Co-Chair & St. Lucie County Health Officer: Clint Sperber provided updates on health issues. See attached presentation.

Identifying and Responding to Workplace Violence/Active Assailants: Kevin Kraubetz, Master Deputy, Homeland Security/Emergency Management Unit, Orange County Sheriff's Office: Deputy Kraubetz provided information on identifying and responding to workplace violence and active assailant events. See attached list of resources.

CFDMC Member Benefits: Lynne Drawdy, CFDMC Executive Director, provided an overview of the coalition and the benefits to members. See attached presentation.

Four breakout training sessions were offered to participants (see attached for presentations/handouts)

- **CEMP Requirements/Best Practices:** Steven Lerner, Seminole Emergency Management & Addison Hassell, Lake County Emergency Management
- **How to Conduct a Tabletop:** Margaret Hart, Osceola County Emergency Management
- **Handling of Disaster Victim Human Remains:** Liam Smith, FEMORS
- **Responder Self Care:** Harriett Hill, Florida Crisis Response Team

Three breakout tabletops were offered to participants (AARs will be sent to participants):

- **Evacuation Tabletop**
- **Pandemic Tabletop**
- **Healthcare Recovery Tabletop**

Conference Closing: Eric Alberts, CFDMC 2020 Board Chair, thanked all for attending, asked participants to complete the e-survey following the conference, and encouraging all to attend next year's conference.



**Welcome to the
First Annual
Central Florida Disaster
Medical Coalition
(CFDMC) Conference!**

Welcome

Lynda W. G. Mason, 2019 CFDMC Board Chair



The Power of Partnerships

John Wilgis, M.B.A., RRT

Vice President, Member and Corporate Services
Florida Hospital Association



Lessons Learned from Active Shooter Events

Kelly Keyes, MSN, BSN, RN, CHEC III

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



Health Incident Updates

Clint Sperber

RDSTF Region 5 Health & Medical Co-Chair

St. Lucie County Health Officer



Networking Break

- ▶ Network
- ▶ Visit our Exhibitors
- ▶ Coalition Shirts & Hats On Sale!



Identifying and Responding to Workplace Violence Active Assailant Events

Kevin S. Kraubetz, Master Deputy
Homeland Security/Emergency Management Unit
Orange County Sheriff's Office



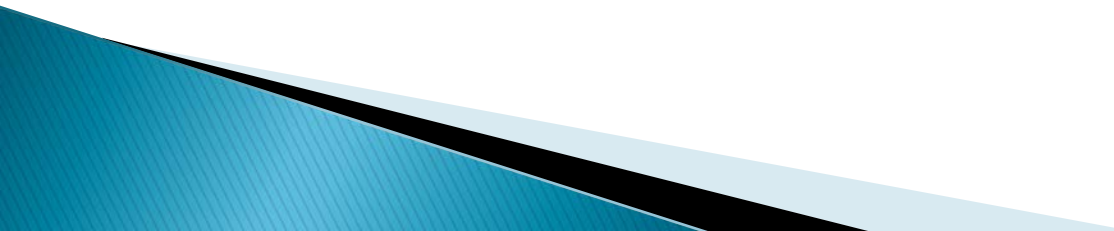
Lunch

- ▶ Grab & Go
- ▶ Sodas available in café
- ▶ Back at 12:45 pm

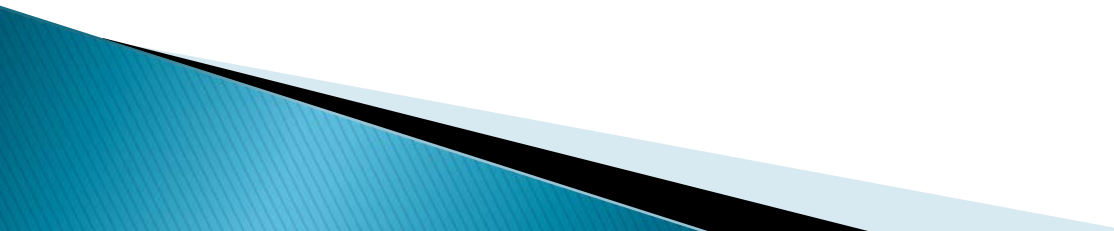
CFDMC Member Benefits

Lynne Drawdy

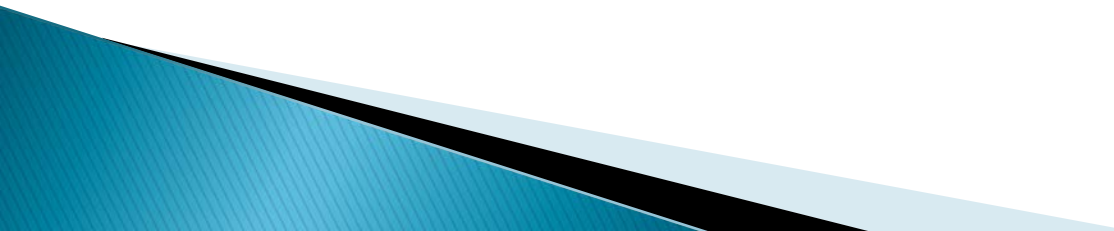
CFDMC Executive Director



CFDMC Mission & Vision

- ▶ Mission: To develop and promote healthcare emergency preparedness and response capabilities in RDSTF Region 5
 - ▶ Vision: To create and sustain a resilient community with a common purpose and voice, protecting and saving lives during disasters of all types and sizes
- 

Alignment

- ▶ Funded by ASPR (Assistant Secretary for Preparedness & Response) HPP (Hospital Preparedness Program) through contract with Florida Department of Health
 - ▶ Formalizes Region 5 Domestic Security Task Force (RDSTF 5) Health and Medical Committee (in effect in 2002)
 - ▶ Supports Local ESF8, RDSTF and State ESF8
- 

Members

- ▶ More than 1500 Members Representing More than 625 Organizations in 9 counties (Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, Volusia)

- ▶ Members are:

Hospitals

Public Health

Long Term Care

Behavioral Health

Medical Examiners

Federal Partners

Emergency Management

EMS

Outpatient/Home Health

Community Health Centers

Specialty/Support Services

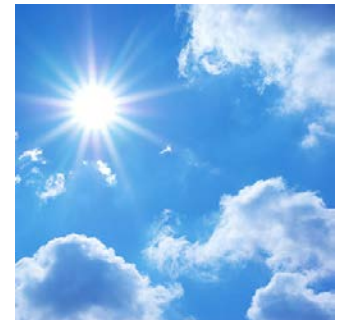
Associations

Funding

- ▶ Funded by ASPR through contract with DOH
- ▶ 2019–2020: \$987,648
- ▶ New 5 Year Funding Opportunity coming in July 2020 – expect at least level funding with potential for increase over next few years
- ▶ Coalition meets contract deliverables and is reimbursed up to contract amount
- ▶ Restrictions (no single projects, food, clothing, backfill, vehicles, building, supplanting)

Preparedness

- ▶ Plans: Regional plans such as alternate care site, disaster behavioral health, family assistance center, mass fatality, high consequence infectious diseases
- ▶ Equip: Minimum hospital readiness, PPE
- ▶ Train: HICS, ICS, COOP, SAVE, annual needs assessment)
- ▶ Exercise: drills (active shooter, tornado, generator, adding COOP), annual mass casualty exercise, annual evacuation exercise, functional exercises (mass fatality, EID, ACS)



Response

- ▶ Situational Awareness to Members (HAN/Everbridge)
- ▶ Resource Coordination
- ▶ Force Multiplier for Local EOCs
- ▶ Response Teams (regional medical assistance team, FAC, DBH)



Member Benefits

- ▶ Access to planning templates & resources
- ▶ Access to trainings across the region
- ▶ Access to drills/exercises
- ▶ Access to networking with healthcare system and response community partners
- ▶ Access to best practices
- ▶ Access to information during events
- ▶ Free!



Training & Tabletops

Trainings* from 12:30 to 1:30 pm

Break from 1:30 to 1:45 pm (Cookies!)

Tabletops* from 1:45 to 3:40 pm

*See signs for breakout locations

Reconvene in auditorium at 3:45 pm



Threats & Trends

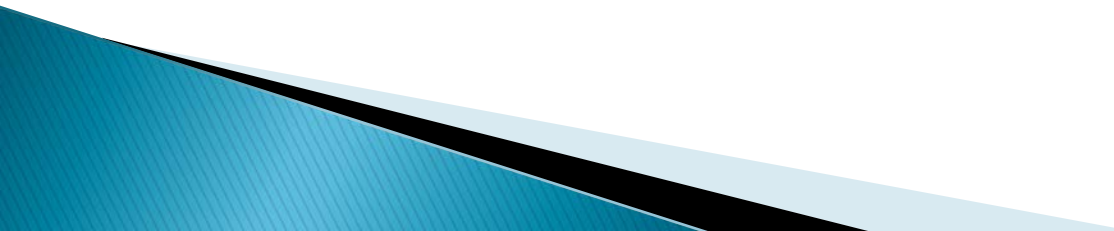
Jeremy Anderson



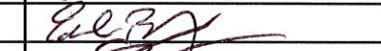


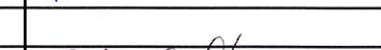
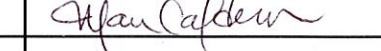
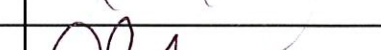

Department of Homeland Security



Closing

Eric Alberts, 2020–2021 CFDMC Board Chair


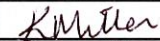
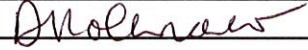
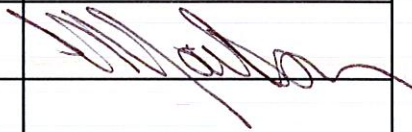
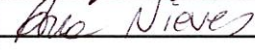
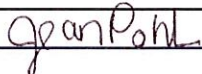
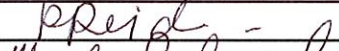
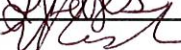
- ▶ Recognition
 - ▶ Door Prize Swap/Auction
 - ▶ Survey
 - ▶ Next Meeting: March 26
- 

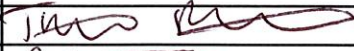

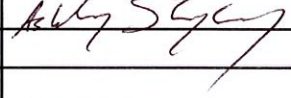




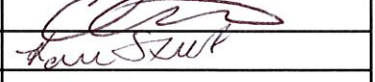


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Smith	Liam	FEMORS		
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Steverson	Brenda		bsteverson@dccdialysis.com	
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 Juman Ferzana Corneogen *Breana.Young@adventhealth.com*
 Young Brenna AdventHealth - CFH
 Hinson Robin Osceola County OEM *robin.hinson@osceola.org* *Robin Hinson*

Department of Health

Role of ESF-8 Health Incidents



Clint Sperber
Administrator/Health Officer
Florida Department of Health in St. Lucie County
RDSTF 5 Health and Medical Co-Chair



What is Public Health?

<https://www.youtube.com/watch?v=DuBggj7Zd3A>



Authority - DOH

“It is the intent of the Legislature to promote, protect, maintain and improve the health and safety of all citizens and visitors of our state through a system of coordinated county health department services” (Section 154.001, F.S.)”

The Department of Health’s 67 local county health departments (CHDs) are the foundation of the state’s public health care system, preventing the spread of infectious diseases, encouraging healthy behaviors, protecting the public from environmental hazards, **preparing for and responding to disasters**, and assuring the quality and accessibility of health services.



Authority - DEM

The authority to declare a local state of emergency is identified in Chapter 252, Florida Statutes. This allows for mobilization of resources, activation of emergency operations plans, implementation of protective actions, suspension of statutes and in almost all cases, the local county health department assumes the primary role of ESF-8 to provide public health and medical coordination in support of incidents in the county.



Policies (vary by jurisdiction)

- Health and medical functions and/or services will vary by event.
- Most CHDs coordinate public health and medical services within their county.
- In accordance with federal and state laws and policies, patients' medical information will not be released to the general public to ensure patient confidentiality.
- All State and Federal emergency public health and medical responses to an event must be requested by and are under the direction and control of ESF-8 operations.
- Each support agency, participating under ESF-8, will retain control of its resources and personnel.



ESF 8 – Treasure Coast

- A unique role is acting as host and risk counties during a St. Lucie Nuclear Power Plant event.
- Risk county (St. Lucie and Martin) provides potassium iodide (KI) to difficult to move medical facilities during a radiological release at the power plant.
- Host county (Palm Beach, Indian River and Brevard) sets up reception center for dispensing KI.



ESF 8 – Brevard County

- Mars Rover 2020: part of NASA's Mars Exploration Program, a long term effort of robotic exploration of Mars.
- Scheduled to launch July 2020, the rocket will have a payload that includes a power supply called a Radiological Heater Unit (RHU), i.e. rover on Mars.
- The RHU in past missions has been a ceramic form of Plutonium 238 which is primarily an alpha radiation emitter.
- There is a less than 1% chance of a situation occurring (never had an incident). The RHU would have to land in the flames of the rocket with enough fuel, that means near pad or on pad, and enough temperature to vaporize the RHU.



ESF 8 – Volusia County

- A unique role is coordination and response with the Daytona International Speedway.
- Assist with planning and response during Daytona 500 and the Coke Zero 400
- The Speedway relies on ESF-8 to provide messaging on public health issues for patrons such as Hepatitis A, Zika, Ebola and flu season.



ESF 8 – Technology Initiatives

- Lake County is implementing a plan to get all healthcare agencies and facilities into Everbridge for ease of notification and providing updates during exercises and real events.
- Indian River County created an online GIS program to improve the efficiency of tracking and discharging SpNS clients thereby reducing the need of manual and paper methods.



ESF 8 – Orange County



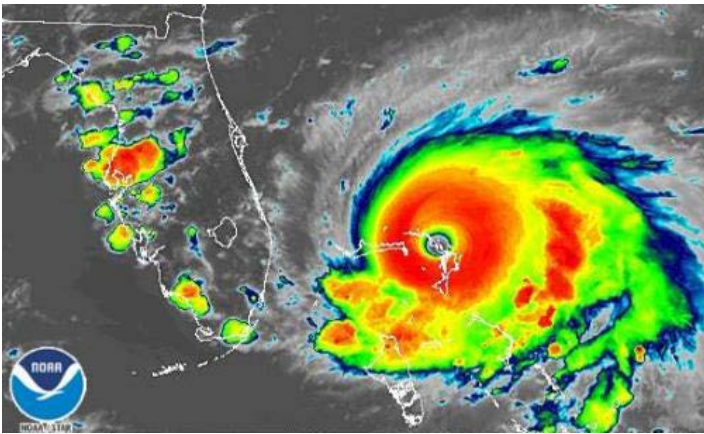
Hurricane Irma 2017

- The mission of CFDMC is to develop and promote healthcare emergency preparedness and response capabilities in its nine counties.
- The Coalition monitored resource requests in EM Constellation, at the request of Orange ESF-8, provided a 70 KVA generator and power distribution equipment and the warehouse was used as a logistics center.
- Worked with FIU to assist and roster state medical response personnel.
- After Action Report identified three major lessons learned of coalition: counties and healthcare facilities effectively implemented emergency and evacuation plans; information sharing from national, state and local partners, and long-term care facilities have huge transportation capacity.

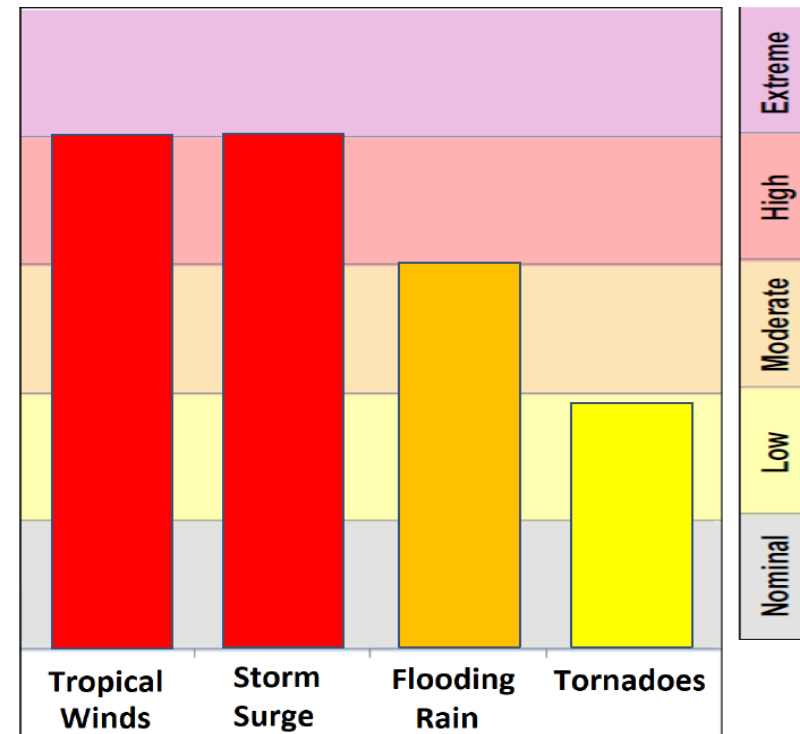


Hurricane Dorian 2019

- It is an expectation for DOH employees to work disasters, activation is not voluntary; it is mandatory – unique amongst most county and state employees
- All 9 central Florida counties opened their special needs shelters
- We didn't dodge a bullet, we dodged a bomb.



Hurricane Dorian - 185 MPH (Cat 5)



History of Viruses and Bacteria

1545



Smallpox Epidemic in India

1813

U.S. Vaccine Agency Established

1905

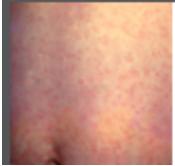
U.S. Supreme Court Addresses Vaccination

1971



Measles, Mumps, Rubella Vaccine Licensed

1740



Rubella: The "German Measles"

1855

Vaccination Law Passes

1918



Influenza: Spanish Influenza Pandemic and Vaccines

2015

Measles Spreads from Disneyland

1759



Spreading Word of Inoculation

1881

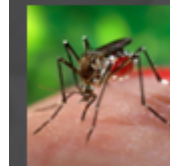


Landmark Anthrax Vaccine Study

1945

Influenza Vaccine Approved

2016



WHO Declares Zika Virus Emergency



Hepatitis A

On August 1, 2019, Dr. Scott Rivkees, State Surgeon General, issued a Declaration of Public Health Emergency in Florida, determining that Hepatitis A, a vaccine-preventable, communicable disease of the liver caused by the Hepatitis A virus, is a threat to public health in Florida



Hepatitis A - Overview

- Hepatitis A usually spreads when a person unknowingly ingests the virus from objects, food, or drinks contaminated by small, undetected amounts of stool from an infected person.
- Hepatitis A can also spread from close personal contact with an infected person such as through sex or caring for someone who is ill.
- Contamination of food (this can include frozen and undercooked food) by hepatitis A virus can happen at any point: growing, harvesting, processing, handling, and even after cooking.
- The average incubation of HAV is 28 days, but illness can occur up to 50 days after exposure.
- A HAV-infected person can spread the virus up to six weeks while they are ill and excrete virus in stool for up to two weeks prior to becoming symptomatic, making identifying exposures particularly difficult.



Hepatitis A – People at Risk

- Direct contacts to someone who has hepatitis A
- Homeless or in unstable housing
- Injection or non-injection drug users
- Travelers to countries where hepatitis A is common
- Household members or caregivers of a recent adoptee from countries where Hepatitis A is common.



Hepatitis A - Symptoms

Symptoms usually start two to six weeks after infection and last less than two months.

- Symptoms include: Fever, Fatigue, Loss of appetite, Nausea, Vomiting, Abdominal pain, Diarrhea, joint pain, Jaundice (yellow skin or eyes).
- Many people, especially children, can have no symptoms.
- Illness from Hepatitis A is typically acute and self-limited; however, when this disease affects populations with already poor health (e.g., Hepatitis B and C infections, chronic liver disease), infection can lead to serious outcomes, including death.
- About 25% of cases are co-infected with Hepatitis B and/or C.



Hepatitis A - Prevention

The best way to prevent Hepatitis A infection is through vaccination with the Hepatitis A vaccine. Additionally, practicing good hand hygiene—including thoroughly washing hands after using the bathroom, changing diapers, and before preparing or eating food—plays an important role in preventing the spread of Hepatitis A

For cases reported from 2018 to current about 97% were never vaccinated.



Hepatitis A - Statewide Case Data

	January 2018 – Present	January 2019 – Present	Since Public Health Emergency
Cases	3,673	3,125	1,030
Hospitalizations	2,862	2,429	783
Deaths	56	50	17

*Updated November 23, 2019

Hepatitis A - Surveillance

January 1, 2018 – November 23, 2019

Acquired in Florida	3378 (92%)
Median Age	39
Male	2,370 (65%)
White, non-Hispanic	3,010 (82%)
Any Drug Use	2,064 (56%)
Homelessness	743 (20%)
MSM	183 (5%)
Interviewed and denied risk factors	1,150 (31%)
Currently incarcerated	209 (6%)
Recent incarceration	482 (13%)



Hepatitis A - Goals

1. Continue to identify and control outbreaks
2. Identify common sources
3. Monitor trends and effectiveness of the vaccine efforts

High-Risk Group Targeted Vaccination Plan – Efforts to control the outbreak have focused on vaccinating specific populations at risk of contracting Hepatitis A: people who use drugs, including injection and non-injection drugs, people who are homeless or transitional housing, men who have sex with men, people who are currently or were recently in jail or prison. Impacted counties need to vaccinate 80% of high risk groups.

Over 275,000 vaccines were provided statewide (30% targeted goal)







SURVIVING AN ACTIVE SHOOTER

HOME

MORE INFORMATION

MORE INFO

ACTIVE SHOOTER EVENTS // LIKE THOSE IN AURORA, COLORADO, AT SANDY HOOK ELEMENTARY SCHOOL, VIRGINIA TECH, AND OTHERS // ARE OCCURRING WITH INCREASING FREQUENCY THROUGHOUT THE UNITED STATES.

CREDITS

ALTHOUGH THE ODDS OF BEING INVOLVED IN SUCH AN EVENT ARE LOW, THE SUDDEN, CATASTROPHIC NATURE OF THESE ATTACKS REQUIRES THAT INDIVIDUALS, SCHOOLS, WORKPLACES, AND PUBLIC AREAS **THINK IN ADVANCE ABOUT HOW TO RESPOND.**

TRANSCRIPTS

THE LOS ANGELES COUNTY SHERIFF'S DEPARTMENT HAS CREATED THIS VIDEO, *SURVIVING AN ACTIVE SHOOTER*, TO HELP PEOPLE ANSWER THE QUESTION **"WHAT WOULD YOU DO?"**

CONTACT

MEDIA

- IF YOU HAVE TO IMMEDIATELY EXIT A LOCATION, HOW CAN YOU DO SO SAFELY?
- IF YOU CANNOT GET OUTSIDE AND AWAY FROM THE THREAT, HOW CAN YOU SECURE YOURSELF AND THOSE WITH YOU AGAINST ATTACK?
- IF YOU MUST CONFRONT YOUR ATTACKER, HOW CAN YOU DO IT IN A WAY THAT GIVES YOU THE BEST CHANCE OF SUCCESS?

LASD HOME

ON THIS SITE YOU CAN DOWNLOAD TRANSCRIPTS OF THE VIDEO TO USE IN YOUR OWN TRAINING APPLICATIONS, OR REQUEST A COPY OF THE VIDEO USING THE LASD CONTACT FORM. YOU CAN ALSO FIND LINKS TO MATERIALS PRODUCED BY OTHER AGENCIES THAT WILL HELP YOU DEVELOP AN ACTION AND EMERGENCY RESPONSE PLAN.

GET OUT // SECURE // DEFEND

// MORE INFORMATION ON DEVELOPING AN ACTIVE SHOOTER RESPONSE PLAN

FBI.GOV

FEDERAL BUREAU OF INVESTIGATION

DHS.GOV

DEPARTMENT OF HOMELAND SECURITY

// MORE INFORMATION ON EMERGENCY AND WORKPLACE PREPAREDNESS

REDCROSS.ORG

AMERICAN RED CROSS

OSHA.GOV

OCCUPATIONAL SAFETY AND HEALTH
ADMINISTRATION

Comprehensive Emergency Management Plan (CEMP) Presentation

ADDISON HASSELL, LAKE COUNTY EMERGENCY MANAGEMENT

STEVEN LERNER, SEMINOLE COUNTY EMERGENCY MANAGEMENT

Outline

Welcome

Introductions

Laws and Rules

CEMP Criteria

Mutual Aid Agreements

Common Plan Issues

Additional Information

F.S. 252

Gives Local Emergency Management the Authority to do what we do

And...

(e) County emergency management agencies may charge and collect fees for the review of emergency management plans on behalf of external agencies and institutions. Fees must be reasonable and may not exceed the cost of providing a review of emergency management plans in accordance with fee schedules established by the division. (252.38 (e))

F.S. 400.23

Nursing home and related health care facilities

(g) The preparation and annual update of a comprehensive emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after consultation with the Division of Emergency Management. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; post disaster activities, including emergency power, food, and water; post disaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency management plan is subject to review and approval by the local emergency management agency. During its review, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health, the Agency for Health Care Administration, and the Division of Emergency Management. Also, appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

Rule 58A- 5.026

Assisted Living Facilities

- Notes Emergency Plan Components
- Requires ALF's to submit Emergency Plans for Approval to the County Emergency Management Office for Review
- Establishes that newly-licensed facilities and facilities who's ownership has been transferred, MUST submit an emergency management plan within 30 days AFTER obtaining a license

How do we review?

Rule 9G-20.007 Review Procedures

(1) After receipt of a plan, the County Emergency Management Agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions. If the plan needs revision, the county agency shall notify the facility of the specific items that need revision and a reasonable time frame in which to submit the revisions. Once received, the County Emergency Management Agency shall review the revisions within fifteen (15) days, and either approve the plan or notify the facility of additional needed revisions. If a plan is not approved by the County Emergency Management Agency after the submission and review of two (2) sets of revisions, the plan shall be considered to be not approved. A subsequent plan submission by the same facility shall be treated as a new plan review for purposes of assessing fees as set forth in Rule 9G-20.003, F.A.C.

Top 10 ALF Deficiencies Trend

January 1, 2019- March 31, 2019

Rank	Tag	State Tag
1	A0200	Emergency Environmental Control
2	A0081	Training - Staff In-service
3	A0078	Staffing Standards - Staff
4	A0030	Resident Care - Rights & Facility Procedures
5	Z816	Background Screening-compliance Attestation
6	A0162	Records - Resident
7	Z814	Background Screening Clearinghouse
8	A0181	Emergency Plan Approval
8	A0052	Medication - Assistance With Self-admin
8	A0025	Resident Care - Supervision

CEMP Criteria

I. Introduction

- Basic Information about facility - address, contact info, roles and responsibilities, organizational chart.

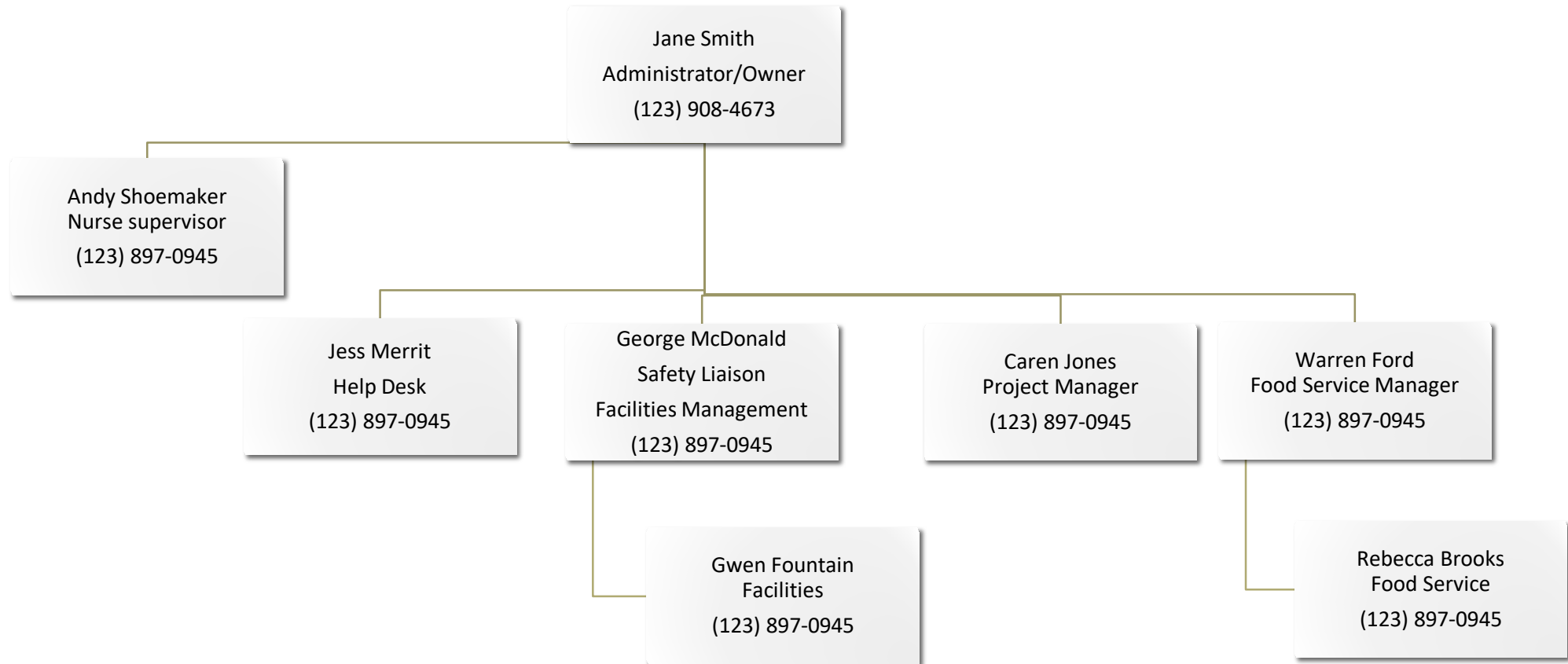
II. Authorities and References

- As discussed previously.

III. Hazards Analysis

- What threats does your facility face?

CEMP Criteria



CEMP Criteria

IV. Concept of Operations

A. Direction and Control

- Roles of staff, SOPs, Supplies, EECP (if ALF or NH).

B. Notification

- How will the facility know about the emergency, and how will it communicate to staff and other parties?

CEMP Criteria

C. Evacuation

- Agreement heavy.
- Where will facility be evacuating to (like facility)?
- How will facility get there and what will it bring?
- Evacuation agreement should include the number of clients the other facility anticipates taking.

CEMP Criteria

D. Re-entry

- Who authorizes re-entry, who inspects prior to re-entry, and how will clients return?

E. Sheltering

- Will sheltering clients be taken in?
- Who will orient sheltering clients? How will they be tracked? Where will they stay, what provisions will be provided?

CEMP Criteria

V. Information, Training and Exercise

- How will facility train staff?

VI. Annexes

- All referenced items, maps, and agreements.

CEMP Criteria

- If you mention an agreement, log, etc. reference what attachment it is in *every time*.
- When asked for “procedure,” please include the “process”- who, when, how, etc. . .
- Clear color copies/originals. No copies of copies of copies.
- All pages must be numbered.
- Electronic submission.

Let's Talk Mutual Aid

- Overview of Challenges
- On-Going Concerns
- Expectations for Administrators
- Resources to use
- Hospital Impacts

Mutual Aid Requirements

AHCA Criteria

- Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.

Breaking it Down

Host Facility Agreements

- Each facility must have an agreement for where your facility will go in the event of an evacuation
- Sheltering In Place is not an option to fulfill this requirement
- Agreements with facilities in the same general area are not prohibited but highly discouraged
 - Will this truly provide for the safety of the residents?
- **Over-commitment**
 - Still seems to be a huge issue, statewide
 - While it is nice to help your friends, you can be harming yourself and your residents in a crisis time
 - Reviewing more closely as we move forward

Breaking it Down

Transportation Agreements

- Confirm with your vendors each year on their ability to support your facility
 - More and more vendors are pulling out of their agreements
 - Determine equipment needs if using a charter bus or large bus to get patients on and off
- Confirm with your vendor they have a copy of your agreement on file
- Determine Staff Transport Agreements each year
 - Consider the true viability of this and liability on staff if something does occur

Breaking it Down

Current Vendor Agreements

- Food Agreement
- Water Agreement
- Pharmacy Agreement
- Fuel Agreement
- Generator Company Agreement
- Maintenance Agreement

Breaking it Down

Other Agreements for Plan Integrity

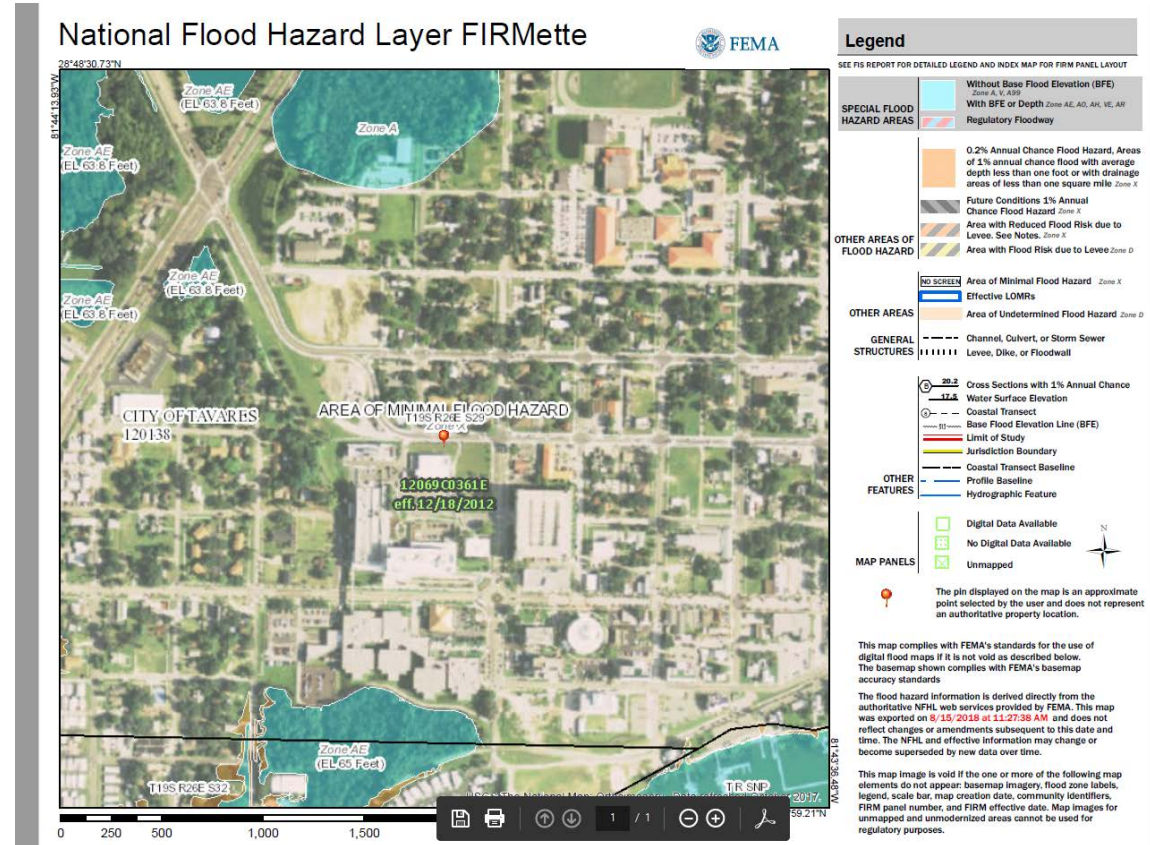
- I am not looking for all of your agreements, only the ones used to execute the plan
- Some send anything and everything. I will read it, it will cost you more for the review

Common Issues

FIRM map, where to locate it for each facility [Msc.fema.gov/portal](https://www.msc.fema.gov/portal)

- Msc.fema.gov/portal
- Enter address of facility
- “Dynamic Map”
- Open download

Common Issues



Common Issues

- Fire Plan needs approval prior to CEMP submission
- Please submit the plan prior to the expiration date

Common Issues

- CEMPS's not being turned in/turned in on time
- Change in leadership at the facility
- CEMP review fees not being paid

CEMP Plan Issues

- Safety Liaison not identified
- Person in charge of EM Resource not identified
- Authorities and References
 - Other Counties being referenced
 - Know the county you are in
- Hazard Analysis information has not been updated in 10 years
- Evacuation zones not clearly stated/defined

CEMP Plan Issues

- Direction and Control section often leaves off someone in charge
- Water requirements (1 gal/person/day 3-5 days)
- Sleeping arrangements don't include staff
- No list of 72 hour essential supplies
- Lack of notification method
- Lack of information on evacuation

CEMP Plan Issues

- Lack of responsibility on facility re-entry
- Lack of space for host facility
- Facilities over committing themselves on mutual aid agreements
- Training and Exercises are not documented

Mutual Aid Agreement Issues

- Not reviewed annually
- Not practical
- Lack of secondary agreements
- Agreements with facilities of lower level of care
- Perpetual agreements (FOREVER)
- Hotel/motel agreements

Just when you think you have seen it all...



Additional Information

- Alertlake.com, and Alertseminole.com
- Please feel free to take a Checklist for CEMP submission

Additional Information

Questions?

Contact Information

- Addison Hassell – ahassell@lakecountyfl.gov
- Steven Lerner – slerner@seminolecountyfl.gov

Checklist for CEMP Submission

- Reach out to local Emergency Management topic for the latest criteria, or visit the website
- Confirm with local Emergency Management how the plan should be submitted- electronic or paper
- Fill out the criteria to include a page number and a paragraph of where the answer is located
- Ensure the Fire Plan is approved prior to submission of CEMP
- Ensure all agreements are up to date
- Ensure your evacuation agreements cover your facility at max capacity
- Verify all pages in the submission file can be read – avoid blurry copies, and proofread for spelling errors

Commonly Missed Areas

- A location specific Flood Insurance Rate Map can be found at: [Msc.fema.gov/portal](https://www.msc.fema.gov/portal)
- Evacuation agreements need to cover the maximum number of patients your facility is licensed for. For example, if you are licensed for 100 patients, the number of patients that will be accepted at the evacuation locations must total 100. This can be broken up into multiple agreements.
- The Fire Plan must be approved by local Fire authorities in your areas. Often the inspection should be scheduled at the same time, and this can be time consuming. Please plan to start this process well in advance of your plan due date!
- You should submit your plan prior to the expiration date. By Florida Statute, Emergency Management has 60 days from the initial submission date to review the plan. This timeline does not factor in additional revisions that may be required.

How to Conduct a Tabletop

Margaret Hart

EM Officer (Training & Exercise)

Osceola County Office of Emergency Management



Course Overview

- Exercise Fundamentals
- Key Design and Development Steps
- Exercise Conduct
- Exercise Evaluation
- Additional Training Opportunities



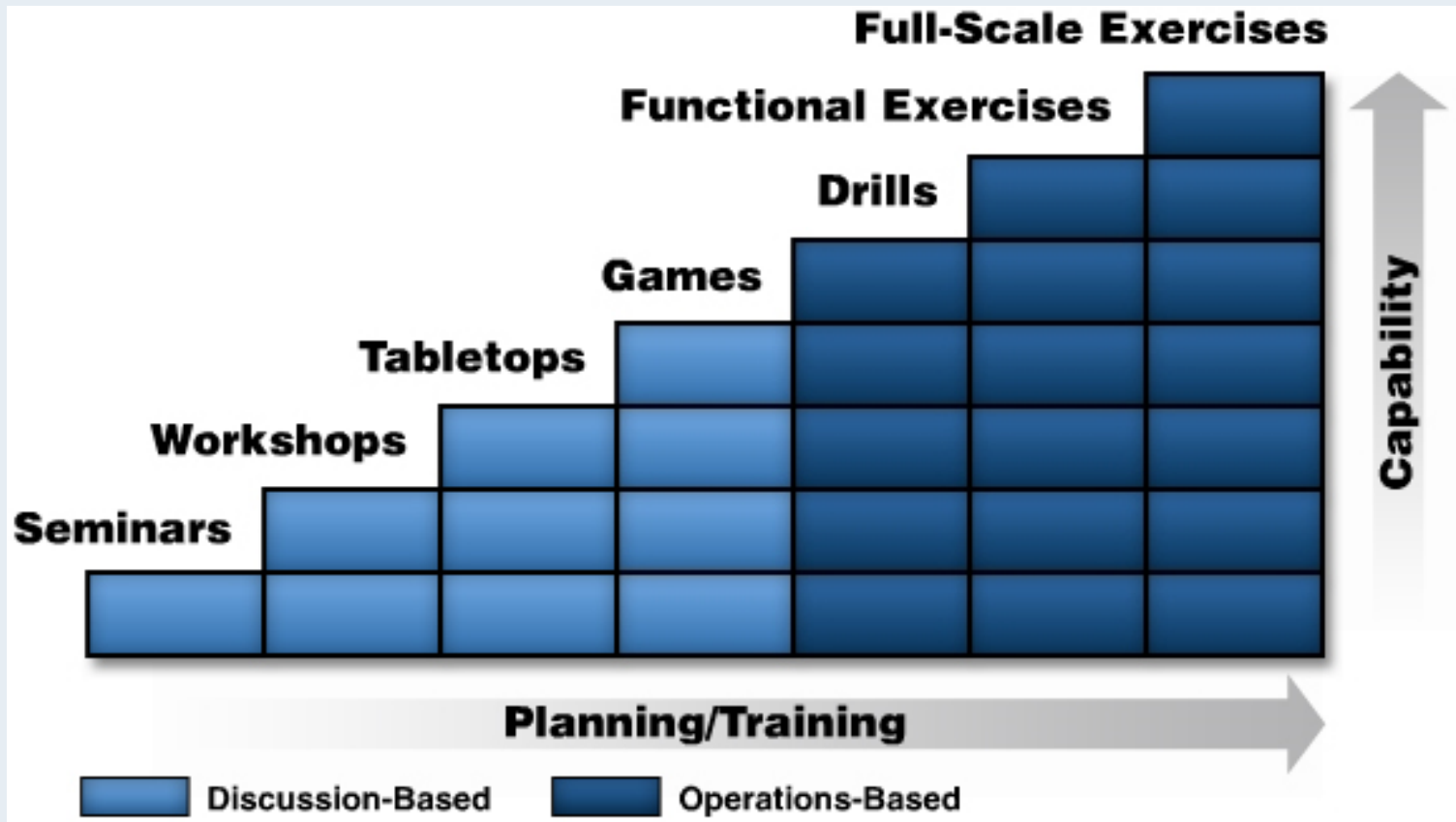


Why Exercise?

- Test and validate
 - Plans
 - Capabilities
- Identify
 - Resource requirements
 - Capability gaps
 - Areas for improvement



Exercise Types



What is a Tabletop Exercise (TTX)?

- A way to look at traditional functional and task level policies and procedures
- Facilitate conceptual understanding
- Identify strengths and areas for improvement
- Stimulate a collaborative discussion amongst players examining areas of concern



Key Design and Development Steps

1. Review guidance from executive leadership and other sources
2. Select participants for an exercise planning team
3. Develop exercise-specific objectives and identify core capabilities
4. Identify evaluation requirements



Key Design and Development Steps

5. Develop the exercise scenario
6. Create documentation
7. Coordinate logistics
8. Plan for exercise control and evaluation



1. Review Guidance

- Are there any priorities from executive leadership in your organization?
- Do any of your funding sources require you to exercise specific capabilities?
- What plan are you exercising?
- Are there any documented areas for improvement or other capability gaps?



2. Exercise Planning Team

- Building the team
 - Manageable size aligned with the exercise type and scope
 - Ensure representation from all stakeholders
 - Recruit subject matter experts



2. Exercise Planning Team

- Role and function of the team
 - Determine exercise objectives
 - Design, develop, conduct, and evaluate results of the exercise
 - Develop scenario and exercise documentation
 - Identify, create, and distribute exercise materials



2. Exercise Planning Team

- Planning activities
 - Concept and Objectives Meeting
 - Initial Planning Meeting (IPM)
 - Mid-term Planning Meeting (MPM)
 - Final Planning Meeting (FPM)



3. Exercise Design

- Exercise Scope
 - Type
 - Participation level
 - Duration
 - Location
 - Parameters



3. Exercise Design

- Exercise Objectives
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Timebound



4. Evaluation Requirements

- Align objectives to core capabilities
- Select tasks associated with the capability
- Develop Exercise Evaluation Guides (EEGs) for use by Evaluators OR provide participant feedback forms for self evaluation



5. Exercise Scenario

- Storyline for discussion
- Three basic elements: context, conditions, technical details
- Based on a realistic, plausible, and challenging threat
- Mechanism for assessing objectives and core capabilities



6. Create Documentation

- Situation Manual
- Facilitator's Guide
- Multimedia Presentation
- Master Scenario Event List (MSEL)
- Exercise Evaluation Guides (EEGs)



7. Coordinate Logistics

- Venues
 - Facility/Room
 - A/V
 - Supplies, food, and refreshment
- Badges and IDs
 - Registration
 - Security



8. Exercise Control

- Exercise control maintains exercise scope, pace, and integrity during conduct
- Controllers are present at each venue and within each breakout group
- Simulation Cell (SimCell)



Exercise Conduct

- Exercise Preparation
 - Setup of facility/room
 - Print materials
 - Participant briefings for players, controllers, evaluators, and facilitators



Exercise Conduct

- Exercise Conduct
 - Multimedia presentation
 - Facilitated discussion
 - Moderated discussion
 - Exercise data collection



Exercise Conduct

- Exercise Wrap-Up
 - Debriefings (evaluators, planning team)
 - Player hot wash
 - Controller/evaluator debriefing
 - Data collection (EEGs, participant feedback) to assist with development of the After Action Report/Improvement Plan (AAR/IP)



Exercise Evaluation

- Evaluation Planning
 - Engage executive leadership to identify specific evaluation requirements
 - Identify evaluation requirements early in planning and design phases
 - Ensuring consistency in evaluation method



Exercise Evaluation

- Exercise observations include:
 - Utilization of plans, policies, and procedures
 - Implementation of legal authorities
 - Understanding of assigned roles and responsibilities
 - Decision making processes used
 - How and what information is shared between participating organizations



Exercise Evaluation

- Data Collection and Analysis
 - Observations are recorded and “graded” in the EEGs or in player evaluations
 - Comparing performance against targets identified in the planning phase
 - Conduct root/cause analysis (Why?)
 - Inform stakeholders of underlying causes within shortfalls



Exercise Evaluation

- Drafting the After Action Report/Improvement Plan (AAR/IP)
 - The AAR/IP summarizes information related to evaluation
 - Overview of performance related to each exercise objective and associate capabilities
 - Provides an exercise overview and summary of data analysis



Additional Training

- IS 120: An Introduction to Exercises
- IS 139: Exercise Design and Development
- L-146: Homeland Security Exercise and Evaluation Program (HSEEP) Course



Thank you! Questions?

Margaret Hart

Margaret.Hart@Osceola.org

407-742-9013



References for Health Recommendations on the Handling of Disaster Victim Human Remains

Interim Health Recommendations for Workers who Handle Human Remains After a Disaster. Centers for Disease Control and Prevention.

<https://www.cdc.gov/disasters/handleremains.html>

Guidance for Safe Handling of Human Remains of Ebola Patients in U.S. Hospitals and Mortuaries. Centers for Disease Control and Prevention.

<https://www.cdc.gov/vhf/ebola/clinicians/evd/handling-human-remains.html>

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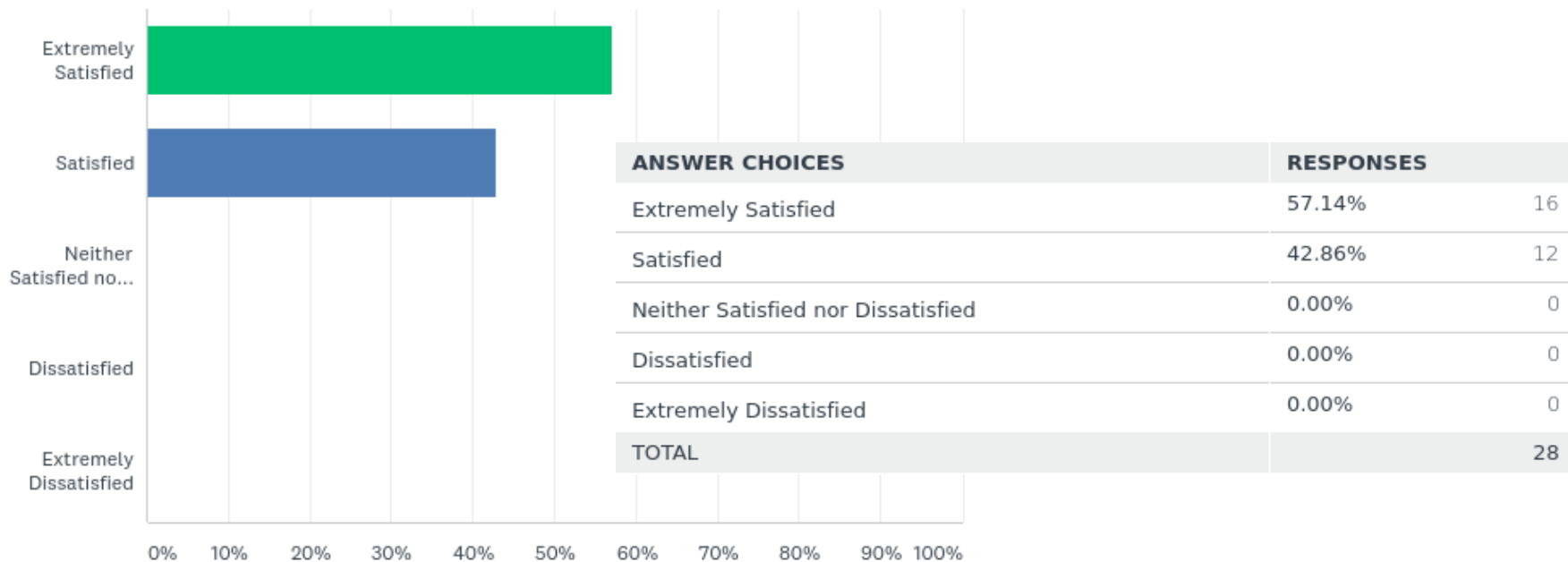
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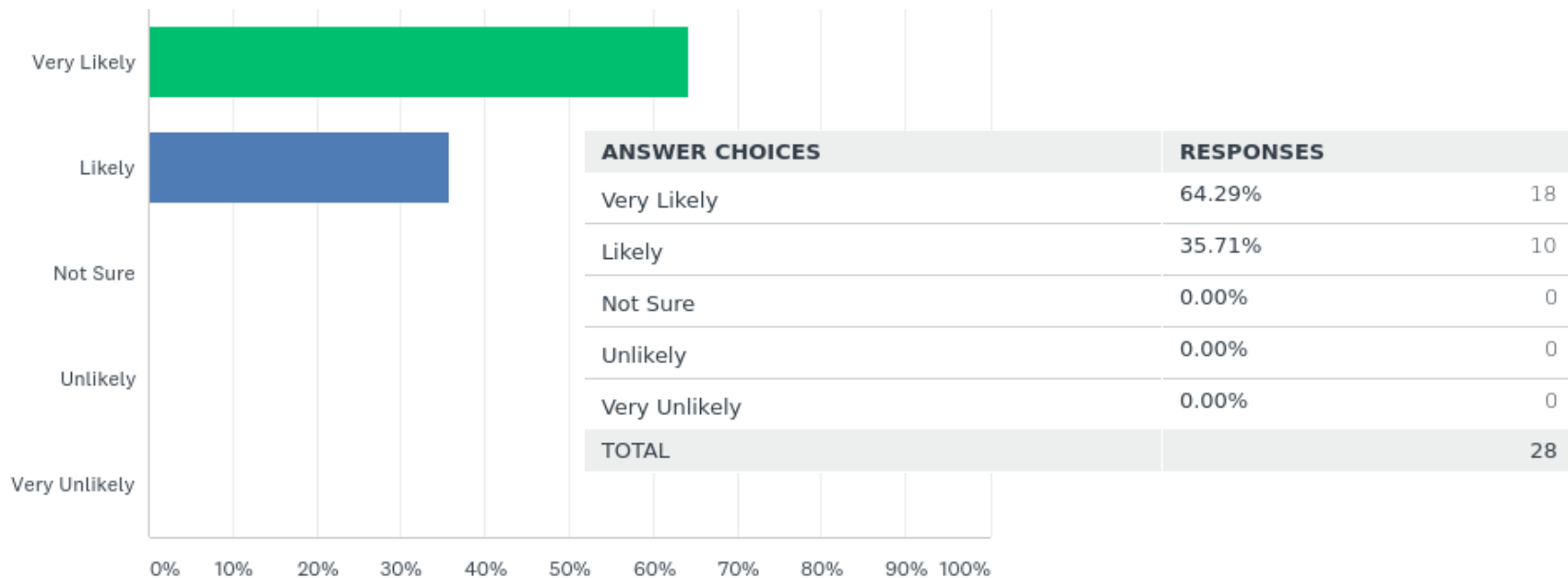
12-3-19 CFDMC Conference Survey Results

28 Responses

Overall satisfaction with the conference: 100% Satisfaction Rate (57% Top Box)



Likelihood to recommend the conference others: 100% Engagement Rate (64% Top Box)



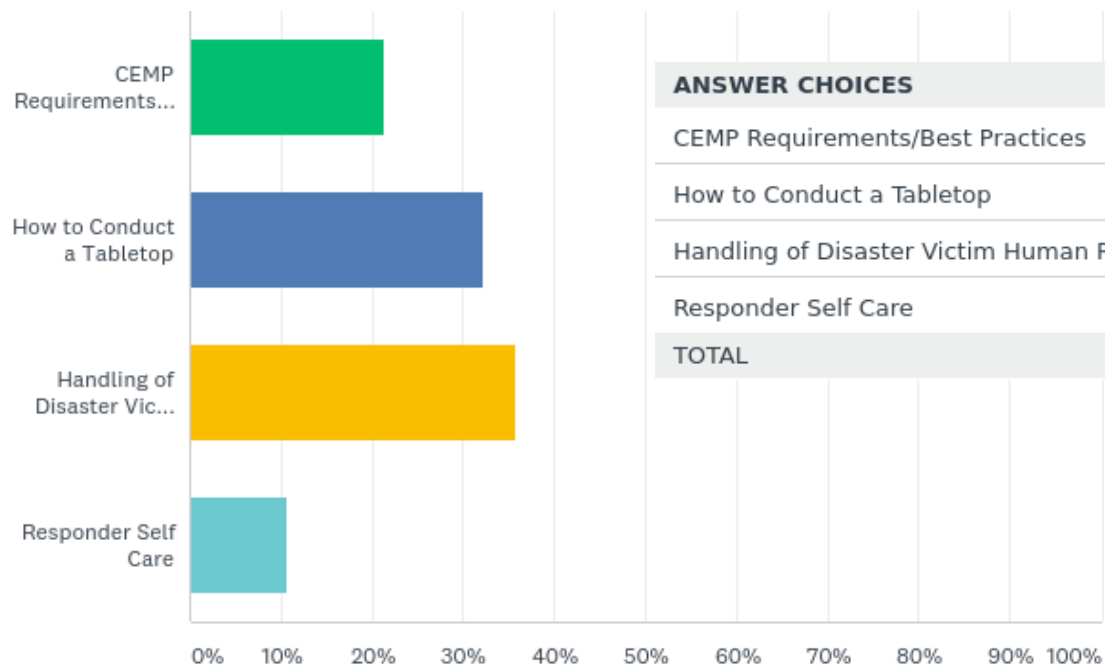
Most Valuable:

- Networking
- The morning section with Guest Speakers on relevant topics related to the overall goals of the membership
- I enjoyed the training session.
- The speakers had great information. The break out sessions and table top was also informative and helpful.
- The mock table top exercises were great
- Networking
- Networking as well as the information taken from the event.
- Each Session was informative and practical. Also, the networking.
- Information on current events Active Shooters.
- The table top and tips on writing the CEMP.
- Networking and informative sessions.
- Workplace Violence/Active Assailant Events presentation. Also interaction with multi-disciplines.
- Getting to do and take part in the conference; collaboration, coordination with others
- Breakout exercises
- The multiple speakers
- The afternoon workshops
- Individual lectures
- Networking
- I enjoyed the Keynote speakers. They were wonderful and I learned so much about things I had never considered. I will be getting something so I can wear my ID while traveling and not rely on it being in my purse. Great job, especially for the first conference!
- What has happen to handle event, during critical times.
- Afternoon tabletop
- The speakers were top notch! Enjoyed their presentations. I learned a lot from them and felt that it was pertinent to my role and was appropriately interdisciplinary.
- Networking with other agencies
- Networking
- Broward active shooter presentations and the workplace violence/active shooter training.
- Tabletop Exercise

Improvements for Next Conference:

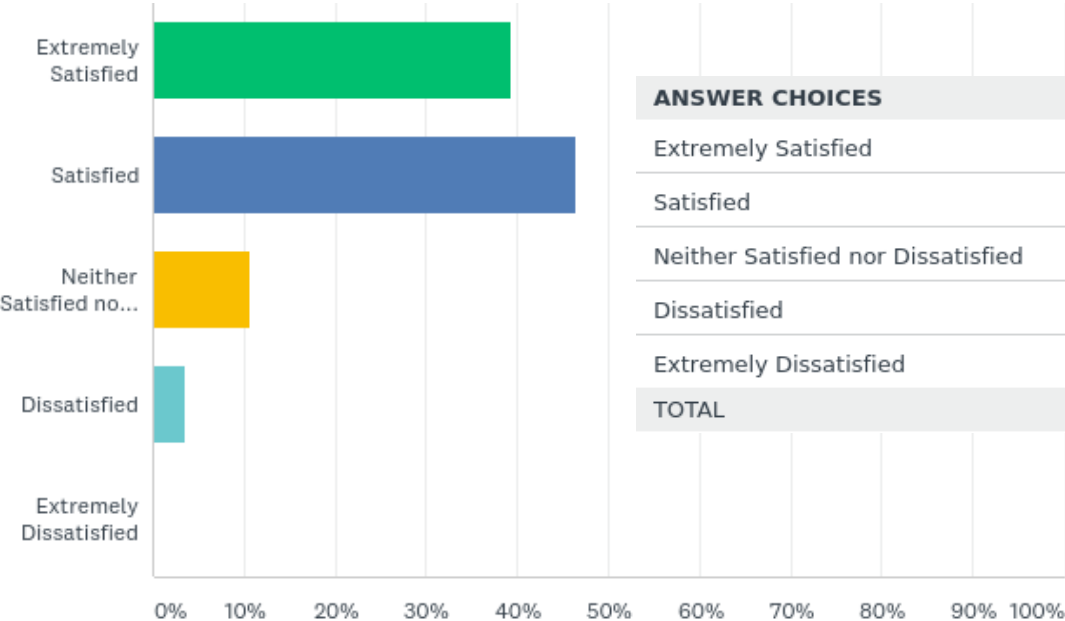
- Additional training classes of a wider variety
- The afternoon segments were not relevant for everyone in attendance so I noticed that people left which means that there needs to either be a broader scope of workshops or speaker/trainings that are applicable to all
- More time, less rush.
- Potentially utilizing the vendors, if applicable to emergency management, to use their products in a learning environment. (?)
- Time was a bit tight between events.
- More presenters and less time on tabletop exercises. More information on CMS and CEMP reviews. Provide CEUs.
- Would like to have some more representation from brevard county
- Continue to bring high-quality speakers to the event.
- Add another day to get into more specific training opportunities.
- the raffle tickets should match those that are in the attendance. Add another day with course offerings.
- Have the tabletop exercise before lunch.
- Include specific trainings versus presentations
- Would have liked the LEO update, too bad he didn't show up.
- Create more advanced classes; the two I attended were geared more towards brand-new EM personnel
- Definitely allow an hour for lunch. Networking is important and I don't feel like there was enough downtime to do that. Also, the public health presentation was not relevant to most of the audience. The video shown was well-produced but does not show what we do in Florida and frankly I don't think the presentation highlighted what we in public health actually DO. There wasn't much mention of special needs shelters or partnering with our hospitals. As someone who works in public health, it wasn't a worthwhile presentation. Also, maybe put 1 keynote speaker and 1 longer training session in the morning and then another keynote speaker and a shorter training session in the afternoon. It was all worthwhile, but was a very long and tiring day, especially with travel time back to our counties.
- You did a wonderful job.
- Some of the education was pretty basic. Would like it noted which is basic and which isn't.
- Do it again! :)
- Year end updates from all agencies
- Clean up the raffle
- More breaks
- Expand time and training

Training breakout Attendees:



ANSWER CHOICES	RESPONSES
CEMP Requirements/Best Practices	21.43% 6
How to Conduct a Tabletop	32.14% 9
Handling of Disaster Victim Human Remains	35.71% 10
Responder Self Care	10.71% 3
TOTAL	28

Overall satisfaction with the training: 86% Satisfaction Rate (39% Top Box)

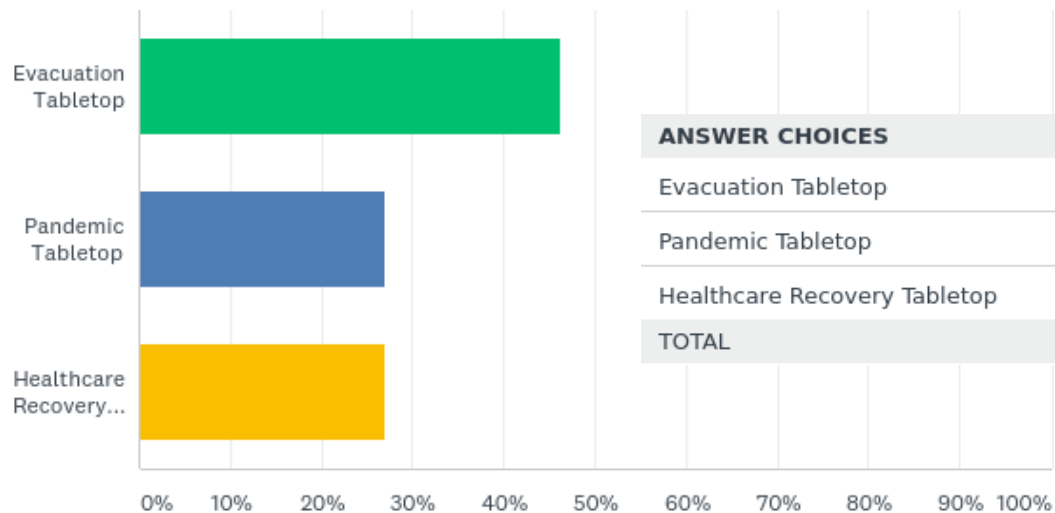


ANSWER CHOICES	RESPONSES	
Extremely Satisfied	39.29%	11
Satisfied	46.43%	13
Neither Satisfied nor Dissatisfied	10.71%	3
Dissatisfied	3.57%	1
Extremely Dissatisfied	0.00%	0
TOTAL		28

Comments on Trainings:

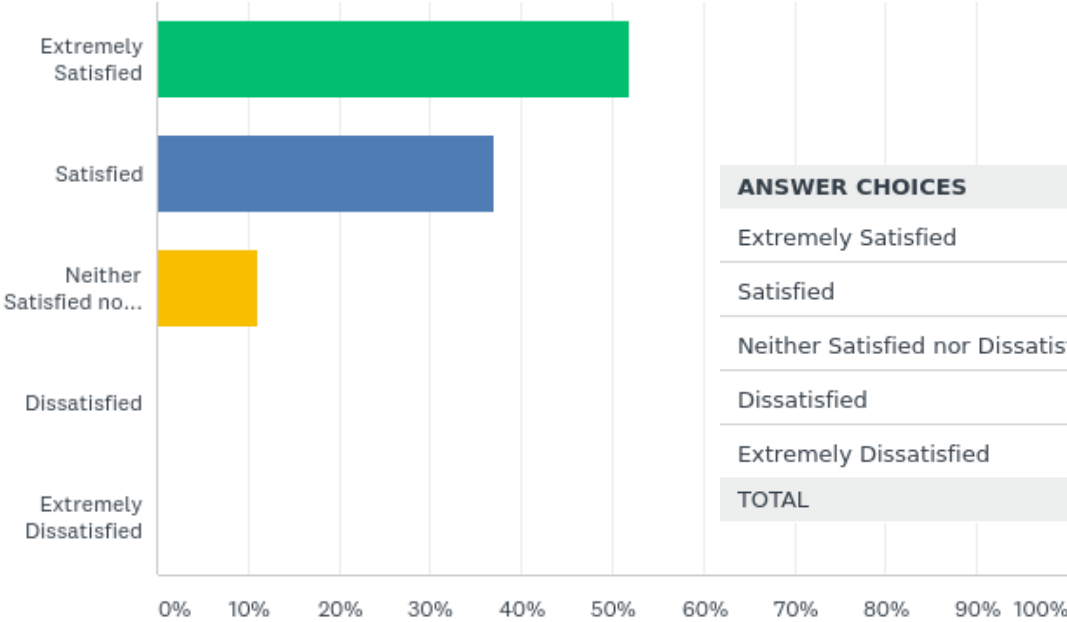
- Margot did an amazing job.
- The training session was not what I expected, it was very protective gear centric as opposed to process centered which is what I was anticipating
- I provided the training.
- Great job and she hit the nail on the head about relaxing and taking time for ourselves.
- Awesome!
- The Speaker was uncomfortable with the slides done by someone else and commented a few times on it. Yet the Speaker clearly knew the subject matter.
- Very helpful information that was timely and relevant. Provide CEUs for training.
- Was very informative. Appreciated hearing directly from the ones that do review. Helps us to improve
- Would like to have had the powerpoint as speaker did not cover every slide.
- Need to expand on this subject matter at future opportunities.
- More information about Hospitals CEMPs please.
- I believe it should have been more detailed oriented.
- Very informative but a sample template or a handout could have been useful
- Could have provided better info on handling mass remains such as preserving crime scene, how crime scene is processed, how large numbers of bodies are dealt with from collection to autopsy to return to families. Too much about Ebola and radiation and speaker not familiar with slides.
- Geared towards brand-new EM personnel
- The presenter was excellent, but I had recently done the FEMA HSEEP course, so it was a bit redundant, but still great information Margaret was a wonderful presenter.
- Presented well but more basic than I expected.
- This was a fantastic presentation – needs to be keynote next year!

Tabletop Breakout Attendees



ANSWER CHOICES	RESPONSES	
Evacuation Tabletop	46.15%	12
Pandemic Tabletop	26.92%	7
Healthcare Recovery Tabletop	26.92%	7
TOTAL		26

Overall satisfaction with the tabletop: 89% Satisfaction Rate (52% Top Box)



ANSWER CHOICES	RESPONSES	
Extremely Satisfied	51.85%	14
Satisfied	37.04%	10
Neither Satisfied nor Dissatisfied	11.11%	3
Dissatisfied	0.00%	0
Extremely Dissatisfied	0.00%	0
TOTAL		27

Comments re Tabletops:

- The tabletop was not very informative for me as it was geared toward individual health facilities. I would have left earlier if I had known.
- Descriptions of the tabletops and sessions would be helpful. More time would be helpful.
- Great group engagement and facilitated well.
- First tabletop I've participated in, was a great experience.
- Encouraged participation by all. Practical and interesting.
- Not of real value to me or my staff.
- Was great to interact with others and learn what they are doing
- Due to time constraints, had to limit discussions. Need to expand players involved in this tabletop.
- n/a
- Overall excellent and promoted discussion. Needed more participants, and could have covered/tailored questions for each facility type versus all lumped into one
- Fairly boring...there are so many different levels of individuals from different agencies that they tended to focus on how they do things as being the best way.
- It was worthwhile to have the different stakeholders participate to get all the different perspectives and the angles of a pandemic that I don't usually consider such as what to do if there are too many deceased to handle at the local funeral homes and have services in a timely manner if family or staff is sick. What do you do with the body while waiting? Great information and great discussion. AC was a great presenter/facilitator!
- Facilitators did a great job encouraging discussion and proving leading questions.
- Very interesting hearing all the different perspectives. Gave me some thoughts for my organization's plan.