State of Florida, Department of Health
Ambulance Deployment Plan

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Table of Contents

Page 2	**Table of Contents**
Page 4	**Introduction**
Page 4	**Purpose and Scope and Assumptions**
Page 5	**Revisions and Plan Distribution**
Page 6	**Concept of Operations**
Page 7	**Ambulance Deployment Request Process**
Page 8	**Communications**
Page 9	**Disaster Operations: Response and Recovery, Ordering/Requesting Process**
Page 10	**Activation Process**
Page 10	**Resource Management**
Page 11	**Protocols**
Page 11	**At Incident Support**
Page 12	**Demobilization**
Page 13	**Code of Conduct**
Page 15	**Annex "A" Acronyms**
Page 16	**Annex "B" Minimum Requirements for Participation; Recommended Standards for and ADP Agency & Individual Member**
Page 17	**Annex "C" Recommended Standards for an Ambulance Strike Team (AST) Leader; Duties and Responsibilities of the AST Team Leader; Recommended Standards for an Ambulance Task Force (ATF) Team Leader; Duties and Responsibilities of the ATF Leader**
Page 19	**Annex "D" Recommended Standards for an Ambulance Strike Force & Ambulance Task Force; Optional Deployment Resources to Consider**
Page 20	**Annex "E" Equipment Recommendations for Ambulance DeploymentTeams, Ambulances & Team Leaders**
Page 22	**Annex "F" ADP Daily Report**

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Page 23 **Annex "G" NIMS Resources: Ambulances**

Page 25 **Annex "H" NIMS Resources: Ambulance Strike Team**

Page 28 **Annex "I" NIMS Resource: Ambulance Task Force**

Page 29 **Annex "J" NIMS Resource: Air Ambulance (Rotary Wing)**

Page 31 **Annex "K" State of Florida Aeromedical Services Natural or Manmade Disaster Response Plan**

Page 39 **Annex "L" SERP Key Position Checklist**

Page 40 **Annex "M" No Notice Events**

Page 41 **ICS 211 Form**

Page 42 **ICS 214 Form**

Page 43 **Florida Fire Chiefs "Request for Assistance" Form**

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Introduction

The State of Florida Comprehensive Emergency Management Plan (CEMP), ESF-8 Health and Emergency Medical Annex, clearly delineates the need for a coordinated, well-defined response to major emergencies and catastrophic disasters by Emergency Medical Services (EMS) resources. Furthermore, new and unique threats facing the State and Nation have created significant challenges for emergency responders that may require specialized training and equipment for effective mitigation that would best be accomplished in a well-coordinated manner.

To provide the best possible organized response during a major disaster, it is urgent to move forward in developing a unified system that combines the State's many EMS resources from within the volunteer and career Emergency Medical Services, fire based ambulance services, third service based ambulance services, commercial ambulance services, and hospital based ambulance services, here to for referred to as "ambulances". The development of the Florida Ambulance Deployment Plan (ADP) is intended to serve as the mechanism for such a unified response. A Task Force is a proven concept for the effective management of resources operating under the Incident Management System. It is anticipated that the ADP will become an authorized State resource operating under the auspices of the Health and Medical Annex (ESF- 8) of the State of Florida CEMP.

Purpose, Scope and Assumptions

In 2005, at the urging of licensed EMS providers, the State of Florida EMS Advisory Council determined there was a need to develop an EMS deployment plan for EMS resources during disasters. The hurricanes of 2004 and 2005 illustrated the need to improve coordination of this resource. As such, the EMS Advisory Council formed the Disaster Response Guidelines Committee. The committee, composed of a cross section of EMS providers, including fire and non-fire based services, undertook the initiative.

Using the principles established in the Florida Incident Field Operations Guide (FOG), the committee developed a plan that incorporates Ambulance Strike Teams and Ambulance Task Forces. Composition of team members, strike teams, task forces, leadership positions and equipment recommendations are noted in Annex "B – E". It must also be noted that a Ground Ambulance/ Ambulance Strike Team/ Ambulance Task Force/ Rotary Wing Ambulance are all NIMS typed resources (NIMS – Resource Definitions – September 2004, Annex G - J).

Ambulance personnel are an extremely valuable service delivery resource and participate in large-scale disaster response: medical triage, on-scene medical care, transportation to hospitals, care at Alternate Medical Treatment Sites, shelter medical care, etc.

The primary mission of the ADP is to provide needed EMS resources and incident management support, if requested, to areas impacted by a disaster whose own resources may be overwhelmed by the emergency. This disaster medical response

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

system would provide supplemental ambulances and personnel to "impacted counties" whose resources are overwhelmed by an emergency.

The ADP is organized and managed such that all members will understand their role in an operation. The ADP will adopt and strictly adhere to the principles of the Incident Command System. ADP leadership team members will be thoroughly trained to provide the necessary leadership roles for successful mitigation of events. The ADP will utilize an accountability system for all deployments and activities. All movement of staff and equipment will be authorized. Members of the ambulance deployment team will arrive and depart as a unit for all deployments.

The following assumptions and historical situations were considered in guiding this initial planning:

- Within the first two to eight hours after a mass casualty or catastrophic event, the community's primary field medical response may be from the local 911 emergency medical response and mutual aid response system.
- Licensed EMS Providers have self-dispatched Ambulances during past events. Self-dispatching of any resources can cause negative consequences.
- An organized response within the Unified Command framework and using the Incident Command System (ICS) is superior to an unorganized response.
- Under the CEMP, ESF 8 (Health and Medical) has the primary responsibility for coordinating the deployment of ambulance resources during a disaster. The deployment of these resources is coordinated with ESF 4 & 9 (Fire and Rescue).
- To provide the best possible response during a major disaster in our State, or in support of an Emergency Management Assistance Compact (EMAC) request from another state, it is imperative to move forward with one unified system that combines the resources from ambulance providers.
- Management of single resources becomes cumbersome whereas the supervision of resources organized in strike team/task force configuration under the incident command system is a proven manageable model.
- These guidelines focus on system organization (policies and procedures), communications and logistic support without addressing in detail the issues related to reimbursement.

Revision and Distribution

This document will be reviewed annually by Florida Department of Health.

Changes in the plan will be made available on the Bureau of EMS website and also be distributed through the EMS list serve.

Table recording distribution of "change pages"

RECORD OF REVISIONS

REVISION NUMBER	DATE	COMMENT
1.	November 26, 2007	Added No Notice Event annex

2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Plan Distribution

A copy of the Ambulance Deployment Plan will be made available to all licensed EMS providers in the State of Florida. If necessary, a copy will be provided to those agencies and organizations assigned responsibility for the plan's implementation.

Concept of Operations

Under NIMS an Ambulance Strike Team comprised of five resources or less of the same type with a supervisor and common communications capability. Whether it is five resources or less, a specific number must be identified for the team. For instance, a basic life support (BLS) strike team would be five BLS units and a supervisor or, for example, an advanced life support (ALS) strike team would be comprised of five ALS units and a supervisor. The Supervisor (s) should be in a separate vehicle (s) from the ambulances.

Member organizations will include fire, non-fire and rotary wing ambulance providers. A Florida Ambulance Task Force deployment will represent a coordinated effort between ESF 8 and ESF 4 & 9. The long-range goal is to implement an Ambulance Task Force in

each of the state's seven regions. This concept will lend itself to primary and back-up Ambulance Strike Force teams. Typing of EMS assets will be in accordance with NIMS.

Ambulance Deployment Request Process

An ambulance deployment should be requested by asset description (Ambulance Strike Team, Ambulance Task Force and/or Optional Deployment Resources). It is recommended that Ambulance providers in each region meet the minimum requirements for training and equipment according to the guidelines set out in this document. Agencies not meeting these minimum requirements may not be requested to participate in Ambulance Strike Team or Ambulance Task Force deployments.

The County EOC/ESF 8 through the ESF 8 desk at the State Emergency Operations Center will request ambulance deployments. The ESF 8 desk will assign tasking numbers to the ambulance deployment team members. ESF 8 in conjunction with ESF 4 & 9 will coordinate the ambulance deployment formation and deployment through the Florida Fire Chiefs Association Statewide Emergency Response Plan (SERP) Regional Coordinator.

The SERP Regional Emergency Response Coordinators shall work with ESF 8 to designate (1) one Primary and (1) Back-up Regional EMS Liaison for each Region. The Regional EMS Liaison shall manage resource tracking for ambulance resources and will coordinate resource tracking with the SERP Regional Response Coordinator. This position will also coordinate ambulance resource tracking efforts with ESF 8. (Refer to Appendix "L").

Ideally; ambulance deployment resources will be acquired from one or more unaffected geographical regions. ESF 8 and ESF 4 & 9 will collectively assign the duty of Ambulance Strike Team leader and Ambulance Task Force leader to previously approved and qualified personnel.

It is desirable that enough EMS assets are trained and on the ready from each region in order to respond to the request. This will assure available ready resources from outside the impact area.

The ADP will become an entity that will adopt an all hazards approach to emergency management. It will honor the Florida tradition of home rule and will be activated by the local County EOC/ESF 8 to the State ESF 8. The ambulance deployment team(s) may also be available for deployment to other states, through a Governor-to-Governor request, as a resource of the Emergency Management Assistance Compact (EMAC).

It is recommended that Member Agencies and Individual Members undergo intensive continuous training in responding to CBRNE incidents so that it can play a major support role for all types of emergency responders as well as provide emergency care and transportation of the injured. It would be beneficial for regional ADP Agencies and Individual Members to train together regularly to prepare for the myriad of possible emergency situations it might be called upon to assist.

ADP Agencies and Individual Members would benefit from participating in regional RDSTF exercises and by conducting joint training for other EMS providers as needed

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Communications

Communications equipment, protocols, etc. vary within the State. Radio frequencies for each county/EMS provider are available in the EMS Communications Plan, Volume II.

Statewide Medical Coordination (SMC)
In addition to Local Medical Coordination (LMC) or CMC capability, the EMS communications system must provide a communications channel to enable medical coordination between EMS field personnel and emergency department personnel during situations in which a vehicle is out of its prime area and unable to access an emergency department using the LMC or CMC channel of that area, mutual-aid communications, and in isolated critical situations during which prolonged use of the LMC or CMC channel would not be feasible due to other LMC communications traffic. Such uses of the SMC channel must be limited only to the temporary duration of such situations. The channel specifically assigned for SMC is MED-8.

There are three distinct communications needs for the ADP:

1) Communications to the home base - All ambulances/command vehicles should be equipped with radios and/or cell phones with the ability to communicate to their base from any destination in Florida. Redundant capabilities are recommended.
2) Communications in-transit - Units within an ambulance deployment should be able to communicate with each other en route to the incident. Options may include MED – 8, cell phones, satellite phones, private service hand held radios, common radio frequencies, EDICS, SLERS, MARC, etc.

3) Communications at the scene - A UHF programmable hand-held radio, utilizing MED-8 as the primary frequency, is better suited for responding to a disaster. The UHF programmable hand held radio will provide the ability to maintain communications outside of the vehicle and stay in contact with the ambulance deployment leader. A mobile radio is recommended in addition to the hand-held programmable radio, due to the increase in output power with a mobile unit. Other communication options may include VHF radios, cell phones, satellite phones, private service hand held radios, common radio frequencies, EDICS, SLERS, MARC, etc.

The ambulance deployment leader vehicle should be equipped with a hand-held programmable radio to communicate with the appropriate Incident Operations staff at the incident. Ambulances should be able to communicate directly with receiving facilities.

Internet based communications – Wireless communications via e-mail is an option to EMS personnel provided a wireless network is available. Situation reports and resource status can be transmitted through this resource.

Future Considerations: The State of Florida, Department of Health is working with the State of Florida Department of Management Services to review interoperability of all health care related radio systems in the state. Outcomes from the interoperability committee will be added to the plan.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Disaster Operations: Response and Recovery, Ordering/Requesting Process

At least annually, in advance and in preparation for an incident and response, the Florida Department of Health, Division of Emergency Medical Operations (ESF 8) will liaison with the Division of State Fire Marshal (ESF 4 & 9) and the ambulance providers to identify resources, both personnel and ambulances stocked with equipment as designated. The Division of State Fire Marshall will manage the availability of regional ambulances deployment resources. ESF 8 and ESF 4 & 9 will work together at the time of the request(s) to assemble team(s) for immediate or planned response.

The following describes the State of Florida ordering system as described in the CEMP. This notification and request process is utilized as an event escalates:

Field Level

At the time the Incident Commander (usually fire or law) orders ambulance resources the Incident Commander will:

- Prepare to receive and deploy the requested resources.
- Prepare to logistically support those resources.
- The local dispatch center will process all orders through their normal dispatch channels.

Local Jurisdiction

- The Local Jurisdiction will reasonably deplete its own resources, including any resources received from neighboring jurisdictions through “move-up,” “back-up,” or “cover” agreements.
- Once it is determined that outside assistance is needed, will contact the Local county emergency manager or designee to request additional ambulance resources.
- The local jurisdiction should keep the county emergency managers informed of the incident status.

Operational Area

- The local county emergency manager with jurisdictional authority should establish a Single Point ordering system for ambulance resources, to facilitate all requests for ambulance resources.
- The local county emergency manager will request an ambulance deployment of the ESF 8 desk at the SEOC.

State

- The ESF 8 desk at the SEOC will receive resource requests from the local county emergency manager.
- ESF 8 at the SEOC will coordinate with ESF 4 & 9, the deployment of ambulance resources.
- ESF 8 at the SEOC will acquire and provide radio frequency information for the affected area to the Ambulance Deployment Team Leader.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

- ESF 8 at the SEOC will acquire and provide, to the Ambulance Deployment Team Leader, the rally point location, on site coordinators name and contact information.

Activation Process

Until the ADP concept is fully operational, ambulance providers should identify and train personnel to participate on Ambulance Strike Teams and ESF 8 should have resource lists available for disaster response. This would include equipment/supply caches according to the guidelines in this document.

The following guidelines are offered once a Member Agency/ Individual Member is notified of a deployment:

1. Ambulances/medical personnel should report as quickly as possible to the location requested. (Personnel are to take their prepared 7 day To Go Kits with them to the assignment).

2. ESF 8 and ESF 4 & 9 will provide agency representatives to work with the fire and non-fire based Ambulance Deployment Team Leaders in coordinating teams and getting them to the incident.

3. ESF 8 and ESF 4 & 9 representatives, if requested and assigned, will respond to the incident site and liaison with the ESF 8 and ESF 4 & 9 desks at the SEOC.

Resource Management

En route:

All units will report to the rally point designated by the ESF 8 at the SEOC to meet with Ambulance Deployment Team Leaders. At the rally point, the Ambulance Deployment Team Leader will be responsible for the following:

- Introducing team members
- Briefing the team members on current incident conditions, safety
- Issuing potential assignments.
- Determining response route, considering time of day, traffic, food, and fueling stops.
- Making and communicating travel plan (who leads, who “brings up the rear”, etc.
- Identifying a travel radio frequency for en route communications.
- Conducting a checklist assessment of the ADP readiness and equipment availability.
- Notifying the jurisdictional dispatch center of status and ETA to the incident site/staging area.

If an ambulance unit is unable to continue to respond for any reason (mechanical failure) of the ambulance, illness of team members, etc.), the Ambulance Deployment Team

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Leader shall contact the ESF 8 desk at the SEOC to advise and request replacement of the unit.

Each ambulance crew shall maintain responsibility for their personal equipment, their ambulance, and their medical equipment /supplies. Any problems should be reported to the Ambulance Deployment Team Leader. Ambulances and team members are not considered incident resources until the team has checked in at the incident.

At The Incident:

The ambulance deployment team shall report to and check in at the incident staging area. The Ambulance Deployment Team Leader will be responsible for the following:

- Initiating and use ICS Form 214 (Unit Log) for the entire incident.
- On arrival providing information, including resource order and request #, for check-in (ICS form 211).
- Receiving Incident Briefing (IAP, Communications Plan and Medical Plan)
- Briefing Team Members on Incident and their assignments.
- Reporting for Line Assignment(s) or to a Staging Area as directed.
- Obtaining orientation to hospital locations (local information and ICS 206)
- Determining preferred travel routes and brief team members.
- Ambulance Deployment Team Leaders will, at least on a daily basis, provide Situation Reports (Annex "B") to the ESF 8 desk at the SEOC. The ESF 8 desk will assure that the ambulance deployment situation reports are placed in SEOC Tracker/Groove.

Protocols

During a response into another Florida county or out of state jurisdiction, and when requested as part of an ambulance deployment, a paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her Local Emergency Medical Services Agency (LEMSA).

If the Ambulance Deployment Team Leader provides any medical care during the incident, they will utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting LEMSA.

EMT-Basic personnel functioning as members of an ambulance deployment out of their local jurisdiction are authorized to perform any skills in the State of Florida EMT-Basic scope of practice (as outlined in F.S. 401 and Rule 64E) and any extended scope of practice skills in which they are trained and authorized by their home LEMSA.

EMS personnel may not overextend their medical scope of practice regardless of direction or instructions they may receive from any authority while participating on an ambulance deployment.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

At Incident Support

The ambulance deployment team reporting to the scene of a disaster or other incident should not expect support services to be in place in the early stages of the incident. For this reason all ambulance deployment teams are expected to be self-sufficient for up to 7 days or have a plan to be supported in the response area. The location and magnitude of the disaster will determine the level of support services available. The Ambulance Deployment Team Leader may have to utilize commercial services for food, fuel, and supplies until logistical services are established. Obtaining replacement medical supplies during the first days of a disaster may also be difficult. The Ambulance Deployment Team Leader will work within the local EMS structure to replenish medical supplies for the ambulance deployment team. (The County Emergency Manager, with the assistance of local ESF 8, may be able to provide medical re-supply services.)

The Ambulance Deployment Team Leader is expected to attend all operational shift briefings and keep all personnel on the team informed on conditions. If the individual units of the ambulance deployment are assigned to single resource functions, i.e., patient transportation, triage, or treatment, the Ambulance Deployment Team Leader will make contact with the personnel at least once during each Operational Period. If possible, all units in an ambulance deployment will stay together when off-shift unless otherwise directed by the EST/EF Leader. At minimum, all team members will remain in constant communications. Until incident facilities are established each Ambulance Deployment Team Leader will coordinate with their respective support services to provide facilities support to the ambulance deployment team.

Demobilization

The ESF 8 is responsible for the preparation and implementation of the Demobilization Plan to ensure that an orderly, safe, and cost effective movement of personnel and equipment is accomplished from the incident. At no time should an ambulance deployment team or individual crewmember leave without receiving departure instructions from their Ambulance Deployment Team Leader.

Ambulance Deployment Team Leaders should obtain necessary supplies to assure that the ambulances leave in a “state of readiness” whenever possible. If unable to replace lost, used or damaged equipment, the Ambulance Deployment Team Leader shall notify the ESF 8 desk at the SEOC notify prior to leaving the incident. The Ambulance Deployment Team Leader will return all radios and equipment on loan from the incident. Timekeeping records will be recorded and shall be submitted to the appropriate personnel at the incident prior to departure. All ambulance deployment personnel will receive a debriefing from the Ambulance Deployment Team Leader prior to departure from the incident.

Vehicles will be inspected for safety by the Ground Support Unit (when available) prior to departure from the Incident. Any problems will be communicated to both the Ambulance Deployment Team Leader. Ambulance Deployment Team Leader will review return travel procedures with the team.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

The ESF 8 at SEOC desk will coordinate any required decontamination processes of equipment and personnel.

The ESF 8 desk at SEOC will notify ESF 4 & 9 of ambulance release time, travel route, and estimated time of arrival back at home base. The ambulance deployment is still a team upon return, and may be reactivated at any time.

Code of Conduct

The conduct of deployed resources under the Ambulance Deployment Plan (ADP) is of paramount importance to the State ESF 8, the EMS Advisory Council, ESF 4 & 9, the sponsoring agency, and the local Authority Having Jurisdiction (AHJ).

These resources are perceived as representatives of a well-organized, highly trained group of responders who have been assembled to help communities in need of assistance. At the conclusion of a mission, system members must ensure that their performance has been positive, and that they will be remembered for the outstanding way they conducted themselves both socially and in the work environment.

This Code of Conduct consists of the rules and standards governing the expected demeanor of members of agencies responding as part of the ADP. Each system member is both a representative of their response team and their Sponsoring Agency. Any violation of principles or adverse behavior demonstrated will be looked upon as unprofessional. Such behavior may discredit the good work that the resource completes and will reflect poorly on the entire team's performance and it's Sponsoring Agency.

General Responsibilities:

- It is the responsibility of the Sponsoring Agency to prepare its system members before deployment regarding conduct expectations. Each deployed member is bound by their sponsoring agency's rules, regulations, policies, and procedures.
- It is the responsibility of the Ambulance Deployment Leadership Team members or designee(s) to reinforce the Code of Conduct during all planning sessions, team meetings and briefings and to monitor compliance. Any violations must be documented, with appropriate follow-up action taken by the State ESF 8 and the Sponsoring Agency.
- At no time during a mission will system members take personal advantage of any situation and/or opportunity that arises.
- It is the responsibility of each system member to abide by this Code of Conduct.

Issues to be considered:

As a basic guide, system members will base all actions and decisions on the ethical, moral and legal consequences of those actions. It is in this manner that positive and beneficial outcomes will prevail in all system events. Accordingly system members will:

- Keep the value of life and the welfare of the victim constantly in mind
- Remain cognizant of cultural issues including race, religion, gender and nationality
- Abide by all local law enforcement practices, including its policy regarding weapons
- Abide by all regulations regarding the handling of sensitive information
- Follow local regulations regarding medial care and handling of patients and/or deceased
- Follow prescribed direction regarding dress code and personal protective equipment
- Not carry firearms
- Not be in possession of non-prescribed or illegal substances
- Will not consume alcoholic beverages while on duty or subject to call
- Only procure equipment through appropriate channels
- Follow AHJ and federal regulations or restrictions regarding taking and showing pictures of victims or structures
- Not remove property from an operational work site as a souvenir
- Not deface any property
- Transit only via approved roadways and not stray into restricted areas
- Demonstrate proper consideration for other teams' capabilities and operating practices
- Not accept gratuities to promote cooperation

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Annex "A" – Acronyms

ADP - Ambulance Deployment Plan

ALS - Advanced Life Support (indicates EMT-Paramedic or EMT-II level of care)

BEMS - State Department of Health, Bureau of Emergency Medical Services

BLS - Basic Life Support (indicates EMT-Basic level of care)

EMS - Emergency Medical Services

FOG - Field Operations Guide (Incident Command System Guide to functions, reporting structure, and specific duties/responsibilities)

GPS - Geo Positioning System (satellite tracking system)

HAZMAT - Hazardous Materials

ICS - Incident Command System

IMT - Incident Management Team

LEMSA - Local Emergency Medical Services Agency

MCI - Mass Casualty Incident

MRE - Meals Ready to Eat (provides Command & Control as well as logistical support to the teams/missions under its authority)

PCR - Patient Care Report

VHF - Very High Frequency

Annex "B"

Minimum Requirements for participation:

Recommended Standards For an ADP Agency Member:

- ADP Agency Member ambulances must be currently licenses in good standing by the Florida Department of Health, Bureau of Emergency Medical Services.
- ADP Agency Members must be responsible for the assignment of only qualified individuals as described in this document.

Recommended Standards for an ADP Individual Member

- Must be a member or employee in good standing of an Agency Member.
- Must have a minimum of 1 years of EMS experience.
- EMT or Paramedic for a minimum of 1 year
- ICS 100
- NIMS 700
- Hazmat Awareness
- Trained and able to work in a minimum of Level "C" personal protective equipment (in accordance with CFR 1910.120 APP B) in a cold zone assisting in secondary decontamination processes.
- Weapons of Mass Destruction Awareness and Operations level
- All ADP Individual Members will be currently certified and in good standing as and EMT or Paramedic with the State of Florida, Bureau of EMS.

Annex "C"

Recommended Standards for an Ambulance Strike Team (AST) Leader:

Minimum Training Requirements for the AST Leader:

- All training requirements from the ADP Individual Member requirements plus;
- ICS 200
- 2 Years EMS Experience in an EMS leadership position
- Basic competency of MCI Field Operations
- Optional: Strike Team Leader Course (Example: Florida Forestry Strike Team/Task Force Leader course designed for EMS)

Duties and Responsibilities of the AST Leader:

The AST Leader is responsible for:

- Assuring the safety and condition of the AST personnel and equipment.
- Coordinating the movement of the personnel and equipment traveling to and returning from an incident.
- Supervising the operational deployment of the AST team at the incident, as directed by the AST Leader, Operations Section Chief, or Incident Commander.
- Maintaining familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned units, keeping the team accounted for at all times.
- Contacting appropriate Incident personnel with problems encountered on the incident, including mechanical, operational, or logistical issues.
- Prior to deployment, determining mission duration, special circumstances, reporting location and contact information.
- Ensuring completion and submission of ICS documents for timekeeping and Demobilization (Incident Command System [ICS] Form 214).

In summary, the AST Leader must have the capability and experience to manage, coordinate, and direct the actions of the ambulance crews at a wide variety of emergency situations. This includes maintaining all required records, and ensuring the logistical needs of all personnel are met during the entire activation of the team.

Recommended Standards for an Ambulance Task Force (ATF) Team Leader:

- All training requirements from the ATF Leader requirements plus;
- Minimum five years experience in an EMS senior management leadership role.
- ICS 300
- ICS 400
- Optional: Strike Team Leader Course (Example: Florida Forestry Strike Team/Task Force Leader course designed for EMS)
-

Duties and Responsibilities of the ATF Leader:

- Assuring the safety and condition of the personnel and equipment.

- Coordinating the movement of the personnel and equipment traveling to and returning from an incident.
- Supervising the operational deployment of the team at the incident, as directed by the Division/Group Supervisor, Operations Section Chief, or Incident Commander.
- Maintaining familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned units, keeping the team accounted for at all times.
- Contacting appropriate Incident personnel with problems encountered on the incident, including mechanical, operational, or logistical issues.
- Ensuring vehicles have adequate communications capability (see communications section).
- Maintaining positive public relations during the incident.
- Prior to deployment, determining mission duration, special circumstances, reporting location and contact information.
- Ensuring completion and submission of ICS documents for timekeeping and Demobilization (ICS Form 214).

In summary, the ATF Leader must have the capability and experience to manage, coordinate, and direct the actions of the ambulance crews at a wide variety of emergency situations. This includes maintaining all required records, and ensuring the logistical needs of all personnel are met during the entire activation of the team.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Annex "D"

Recommended Standards for an Ambulance Strike Team & Ambulance Task Force:

Ambulance Strike Team

The Florida Ambulance Strike Team will consist of the following NIMS typed assets:

- 3 - 5 ambulances
- 2 Team Leaders with separate vehicles (for 24 hour operations).

Ambulance Task Force:

1) A Florida Ambulance Task Force will contain the following assets:

- 3 - 5 EMS related assets
- 2 Ambulance Task Force Leaders with separate vehicles (for 24 hour operations).

2) Optional Deployment Resources to Consider

- Rotary Wing Air Ambulance (see Appendix "K" "State of Florida, Aeromedical Services, Natural or Manmade Disaster Response Plan")
- Command Vehicle that has radio communications capabilities, satellite phones, wireless internet capabilities, generator power and enough reserve fuel to last 72 hours.
- Support Ambulance Task Force IMT Team representatives.
- EMS Mass Casualty Trailer(s) with generator and enough reserve fuel to last 7 days.
- Type 2 Field Mobile Mechanics with service vehicles and equipment/supplies
- Ground vehicle fuel tender Type 1 that is capable of carrying enough diesel fuel and gasoline to support the deployment for 7 days.
- Helicopter fuel tender with ground crew.
- Food and water adequate enough to sustain the Ambulance Task Force for 7 days.
- Tents and cots with air conditioning, generator and fuel in adequate quantities/size to support the Ambulance Task Force for 7 days.
- Self-sufficiency for 7 days or a plan to be supported in the response area.
- Department of Health Mobile Communications Unit

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Annex "E"

Equipment Recommendations for Ambulance Deployment Teams:

Personal 7 day "GO" Pack for Ambulance Deployment Team Members should contain the following:

- Jacket
- Extra Uniforms, socks & underwear
- Safety Boots
- Sunglasses
- Potable water for 7 days
- Rain gear
- Meals Ready to Eat (MREs)
- Toilet Paper
- Personal Meds & Medical History Documentation
- Toiletries & Other Personal Items as needed
- Sunscreen
- Bug spray
- Sleeping Bag
- Hearing Protection (ear plugs)
- Photo I.D. and petty cash
- Clothing Appropriate for Climate

Ambulance:

- Equipment and Supplies to meet minimum scope of practice (ALS or BLS) as determined by F.S. 401, Rule 64E
- Maps for impacted area
- Communications Equipment (TBD)
- Fuel tender (for 7 day deployment) or capability to purchase fuel locally (Credit Cards, Cash)
- 20 Patient Care Reports (PCRs)
- 20 Disaster Triage Tags
- 2 pair Work Gloves
- 2 Safety Helmet with Dust-Proof Safety Goggles
- 4 HEPA masks and 4 dust filters
- 2 Flashlights or Headlamps

Ambulance Deployment Leader Logistical Supplies:

- Maps for impacted area
- Lap Top with wireless capability, vehicle charger, wall charger, printer, office supplies.
- Compass and/or portable GPS
- Fuel tender (for 7 day deployment) or capability to purchase fuel locally (Credit Cards, Cash)
- Communications Equipment capable of communicating with the team en route and at the incident: Cell Phone, radios, extra batteries and chargers

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

- Field Operations Guide (FOG) Manual
- MREs (Quantities sufficient enough to support the team for 7 days)
- Potable Water (Quantities sufficient enough to support the team for 7 days)
- 50 Triage Tags
- 2 Helmets
- 2 pairs Work Gloves
- 2 Flashlights
- ICS Forms & Strike Team Leader Kit
- 100 Patient Care Reports (PCRs)
- Extra bulbs etc. as needed for all equipment.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Annex "F"

ADP Daily Situation Report:

Date of Operations

Time of Report

Current Situation
- Summary of day's events
- Area of Operations

Work Period Objectives

Recommendations

List of assets deployment by area of operations

Proposed Demobilization Plan (when applicable)

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Annex "G"

U.S. Department of Homeland Security
Federal Emergency Management Agency

Resource: Ambulances (Ground)						
Category: Health & Medical (ESF #8) **Kind: Team; Equipment; Personnel; Supplies; Vehicles**						
Minimum Capabilities (Component)	**Minimum Capabilities (Metric)**	**Type I**	**Type II**	**Type III**	**Type IV**	**Other**
Supplies, Equipment, Personnel, and Vehicle	Emergency medical services team with equipment, supplies, and vehicle for patient transport (Type I-IV) and emergency medical care out of hospital	Advanced Life Support; Minimum 2 staff(paramedic and EMT); Transport 2-litter patients; Training and equipment meets or exceeds standards as addressed by EPA, OSHA and NFPA 471,472,473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions; All immunized in accordance with CDC core adult immunizations and specific threat as appropriate	Advanced Life Support, Minimum 2 staff (paramedic and EMT); Transport 2-litter patients, nonHazMat response	Basic Life Support Minimum 2 staff (EMT and first responder); Transport 2 litter patients; Training and equipment meets or exceeds standards as addressed by EPA, OSHA and NFPA 471,472,473 and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions; All immunized in accordance with CDC core adult immunizations and specific threat as appropriate	Basic Life Support operations; Minimum 2 personnel (I EMT and first responder); Transport 2 litter patients	Nontransporting emergency medical response; Minimum 1 staff; BLS or ALS equipment supplies

Comments:

Each team unit can work 12-hour shifts. Backup supply and some equipment required

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

according to number of patients and type of event. Communication equipment may be programmable for interoperability but must be verified. Fuel supply and maintenance support must be available. Plan for augmenting existing communication equipment. Environmental considerations related to temperature control in patient care compartment and pharmaceutical storage may be necessary for locations with excessive ranges in temperature. Security of vehicle support required for periods of standby without crew in attendance. Decontamination supplies and support required for responses to incidents with potential threat to responding services or transport of infectious patients.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Annex "H"

U.S. Department of Homeland Security
Federal Emergency Management Agency

Resource: Ambulance Strike Team						
Category: Health and Medical (ESF #8) **Kind: Team**						
Minimum Capabilities (Component)	**Minimum Capabilities (Metric)**	**Type I**	**Type II**	**Type III**	**Type IV**	**Other**
Supervisor Must have own vehicle with communications capabilities—both en route and at scene—to all other units under their supervision	Can be deployed to cover 12-hour periods or 24-hour ops depending on number of ambulances needed at one time. Should be self-sufficient for 72 hours	Advanced Life Support: Minimum 2 staff (paramedic and EMT) transport per ambulance, meets or exceeds standards as addressed by EPA, OSHA, and NFP 471, 472, 473, and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions; All immunized in accordance with CDC core adult immunizations and specific threat as appropriate	Advanced Life Support: Minimum 2 staff (paramedic and EMT) per ambulance, non-HazMat response	Basic Life Support: Minimum 2 staff (EMT and driver) per ambulance, meets or exceeds standards as addressed by EPA, OSHA, and NFP 471, 472, 473, and 29 CFR 1910, 120 ETA 3-11 to work in HazMat Level B and specific threat conditions; All immunized in accordance with CDC core adult immunizations and specific threat as appropriate	Basic Life Support: Minimum 2 personnel (1 EMT and 1 driver) per ambulance	
Ambulances	Emergency Medical Services team with equipment, supplies, and vehicle for patient	5 Type I Ambulances; Capable of transporting minimum of 10 litter patients total (2 per	5 Type II Ambulances; Minimum capability of 10 litter patients	5 Type III Ambulances; Minimum capability of 10 litter patients	5 Type IV Ambulances; Minimum capability of 10 litter patients	

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

	transport (Type I-IV) and emergency medical care out of hospital	ambulance)				
Personnel	ICS 100 and 200 Basic MCI Field Operations (8 hours) Strike Team Leader – Ambulance Course (8 hours); 1 year leadership experience in a related field	ICS 300 HazMat FRO Course WMD Awareness Course 3 years of EMS experience				
Supplies	Go-Pack Equipment and supplies to meet minimum scope of practice (ALS or BLS) Equipment and supplies to meet minimum requirements of State agency that provides regulation					

Comments:

An **<u>Ambulance Strike Team</u>** is a group of five ambulances of the same type with common communications and a leader. It provides an operational grouping of ambulances complete with supervisory element for organization command and control. The strike teams may be all ALS or all BLS. Support elements needed include fuel,

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

security, resupply of medical supplies, and support for a minimum of 11 personnel (if 2 crew per ambulance) or 16 (if 3 crew per ambulance). Temperature control support may be required for medical supplies in some environments. Vehicle maintenance support required.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Annex "I"

U.S. Department of Homeland Security
Federal Emergency Management Agency

Resource: Ambulance Task Force						
Category: Health and Medical (ESF #8) **Kind: Team**						
Minimum Capabilities (Component)	**Minimum Capabilities (Metric)**	**Type I**	**Type II**	**Type III**	**Type IV**	**Other**
Supervisor		1	1	1	1	
Ambulances		5 Type I Ambulances; Capable of transporting minimum of 10 litter patients total (2 per ambulance)	5 Type II Ambulances; Minimum capability of 10 litter patients	5 Type III Ambulances; Minimum capability of 10 litter patients	5 Type IV Ambulances; Minimum capability of 10 litter patients	

Comments:

Any combination of ambulances, within span of control, with common communications and a leader. This resource typing is used to distinguish between a Task Force of Ambulances and an Emergency Medical Task Force (any combination of resources).

National Mutual Aid & Resource Management Initiative Emergency Medical Services

Annex "J"

U.S. Department of Homeland Security
Federal Emergency Management Agency

Resource: Air Ambulance (Rotary-Wing)						
Category: Health & Medical (ESF #8) **Kind: Aircraft**						
Minimum Capabilities (Component)	**Minimum Capabilities (Metric)**	**Type I**	**Type II**	**Type III**	**Type IV**	**Other**
Supplies, Equipment, Personnel, and Aircraft	Emergency medical services team with equipment, supplies, and aircraft for patient transport & emergency medical care out of a hospital	Advanced Life Support; Minimum 3 staff (pilot, 2 paramedics or 1 paramedic and 1 nurse or physician); Transport 2 or more litter patients; Full SAR including hoist capabilities; Night ops capable; IFR capable; ALS ambulance equipment	Advanced Life Support; Minimum 3 staff (pilot, 2 paramedics or 1 paramedic & 1 nurse or physician); Transport 2 or more litter patients; Night ops capable; IFR capable; Ability to deploy a medical team; MICU equipment (i.e., ventilators & infusion pumps, medications, blood)	Advanced Life Support; Minimum 3 staff (pilot, 2 paramedics, or 1 paramedic and 1 nurse or physician); Transport 1 litter patient; Night ops capable; VFR capable; Ability to deploy a medical team; MICU equipment (i.e., ventilators & infusion pumps, medications, blood)	Advanced Life Support; Minimum 2 staff (pilot, and 1 paramedic); Transport 1 litter patient; night ops capable; VFR; ALS ambulance equipment	

Comments:

Each team/unit can work a maximum of 12-hour shifts, depending upon individual policies & procedures. Aircraft maintenance requirements may occur during deployment. Aviation maintenance must be planned. Hangar facilities should be planned for all extended operations. Fuel tankers or other supply points must be identified. Backup supplies and some equipment may be required depending upon number of patients and type of event. Communication equipment may be programmable for interoperability but must be verified. Provide communication frequencies of ground incident command. Plan for augmenting existing communication equipment. Landing zones (space, clearance,

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

and weight restrictions) must be considered. The typical civilian air ambulance requires an LZ of 150’ x 150’. Ground safety assurance and traffic control are important support requirements for injury and crash prevention. This support may be significant depending upon the size of the incident and the location of the incident.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Annex "K"

STATE OF FLORIDA

AEROMEDICAL SERVICES

NATURAL OR MANMADE DISASTER

RESPONSE PLAN

Florida Aero-Medical Association

Table of Contents

Purpose....32
Mission of Air Medical Transport....32
Hurricane Response....33
Logistical Support....34
Coordination by Florida Aero medical Association....34
President OF FAMA (or Designee)....34
Regional Aero Medical Disaster Coordinator....35
Plan Design....37
Reimbursement....38
Communication....38
Call List....38
Map....39
Transportation Request Worksheet....40

Purpose

Florida, with its large and rapidly growing population centers located in regions susceptible to hurricanes, tornadoes, and flooding, accentuates the need for this level of coordination and preparation

Mission of Air Medical Transport

Florida Statute Chapter 252 has mandated through the states Comprehensive Emergency Management Plan (CEMP) that ESF-8 coordinate the State's health and medical in case of an emergency/disaster situation. To accomplish this goal, Emergency Support Function 8 oversees the emergency management functions of preparedness, recovery, mitigation, and response with all agencies and organizations that carry out health or medical services. ESF -8 has delegated the coordination of all Aero-medical assets to be accomplished through the Florida Aero-medical Association under direction of the SEOC ESF-8.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

This plan shall provide for the systematic mobilization, organization, and coordination of Air Medical (AM) resources from throughout the State of Florida to assist the State EOC ESF-8 in the event of a natural or manmade disaster. We can provide safe rapid transport for patients directly from a scene or a health care facility to an approved appropriate receiving facility. All transports must be approved by the State. Typically most transporting agencies have the ability to transport one to two patients at a time depending on clinical and aeronautical criteria. Requests from the State should meet the following guidelines if at all possible:

- Interfacility Transfer
  - A sending physician who provides authorization for transfer.
  - A receiving physician and services capable to manage the clinical situation at the receiving facility
- Scene Transfer
  - Public Safety organization arranging and assisting in the transfer.
  - A receiving physician and services capable to manage the clinical situation
- Transport medical direction and protocols to support the transfer.
- Equipment necessary to continue the care of the patient.
- Transport pursuant to applicable Federal Aviation Regulations.

Note: Rescue operations involving hoisting or the loading and unloading of the aircraft during flight are generally not within the capabilities of air medical transport units.

Hurricane Response

The most successful hurricane response will be well planned, initiated at the most appropriate time and involve a predetermined response group. Air Medical programs are invited to offer support but respond only upon appropriate command request.

In the case of approaching hurricanes the decision to evacuate is critical. Preceding the storm will be weather not conducive to air ambulance operations. Prediction of when conditions are not suitable for operations is difficult to call. Generally, as soon as possible after a hurricane watch is declared for a particular location helicopter transport should begin with a goal of completing operations as soon as possible after the hurricane warning is declared.

Logistical Support

The logistical support of the mutual aid resources is critical in the management of a disaster effort. Initial units sent to a disaster should be self-contained for a period of 12 hours. Early determination of needed resources must be considered.

1. Transportation to and from the area:
   - Staging areas, within and outside, the disaster area
   - Dispatch and or flight following services
   - Maps and directions for responding support personnel

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

- Maintenance plan
- Designated fuel supply

2. Overnight Staging areas:
    - Provide suitable (secure) overnight shelter
    - Environmental considerations (rain, sun/heat, insects, humidity)
    - Sleeping quarters
    - Transportation to and from shelter
    - Parking and security
    - Electricity/generator power
    - Water and sanitary facilities
    - Communications links (in and out of the disaster area)

Coordination by Florida Aero medical Association

The coordination of the Plan, including its development, revision, distribution, training, and implementation is the responsibility of the Florida Aero medical Association (FAMA). Air Medical Disaster Response Committee will oversee this process. The committee will be composed of the following:

FAMA President
FAMA Sec/Treasure
2 Regional Coordinators

The Presidents of FAMA or Committee Chair can add to this membership as deemed for the success of the Plan.

President OF FAMA (or Designee)

Position Responsibilities: Overall coordination and implementation of the Disaster Response Plan through the Disaster Coordinator.

Actions:

- ❑ Annually appoints the 2 Statewide Regional Disaster Coordinators.
- ❑ Appoints two (2) alternates for the State Regional Disaster Coordinator.
- ❑ Notifies the State ESF - 8 through the BEMS (Bureau of Emergency Medical Services) annually with the identity of the AM Disaster Coordinator/Liaisons.
- ❑ Seeks representatives from DOH and the Division of Emergency Management for the Disaster Planning Committee as deemed necessary by the coordinator.
- ❑ Appoints other members to assist the Disaster Planning Committee as deemed necessary by the coordinator.
- ❑ Coordinates AM Plan with other Statewide Agency Plans.
- ❑ Communicates with Disaster Coordinator on all matters affecting Statewide Disaster Planning or the Model ICS Operating procedures as put forth by FAMA.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

- Notifies all FAMA Board Members of Plan activation.
- Assist Disaster Coordinator with Plan implementation and management as necessary.
- Contacts adjacent State Associations to coordinate response.
- Attends and facilitates critiques of the Plan.

Regional Aero Medical Disaster Coordinator

Position Responsibility: Command disaster assistance operations at the affected regional level in conjunction with local area Program Managers and Program Managers assigned to the task.

Actions:

- Appointed annually by the President of the FAMA.
- Identifies at least one (1) alternate for the state.
- Appoints AM personnel and other essential personnel within the region to serve as Operations, Plans, Logistic, Administration, EMS Liaison, Public information and their alternates as well as other positions deemed necessary to fill the incident, management position to the disaster.
- Serves as AM Coordinator in the affected Region(s). Uses the FAMA President as liaison for assistance outside of the Region.
- Serves as member of the State Disaster Planning Committee.
- Interacts with various County Emergency Operations Centers in the region.
- Identifies mobilization areas for disaster assistance. Updates this information pre and post event.
- Coordinates AM aid assistance into the disaster area.
- Pre-determine equipment, personnel, etc. that are available for response.
- Communicates with the State (EOC) Emergency Operations Center, ESF - 8.
- Responsible for training, staff, functional leaders, and alternates. Insures Aero Medical knowledge of all participants
- Maintains access to records and inventories of equipment, personnel, etc. in Region. (See data document in appendix)

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Plan Design

Request made from the
State of Florida,
ESF 8.
State EOC

Call placed to FAMA President requesting Air
medical Disaster Response to affected area.

FAMA Disaster President implements Disaster Plan
and notifies all Regional Coordinators.

FAMA Coordinator
looks for logistical
resources (fuel,
maint., lodging).

FAMA
Coordinator calls
closest available,
Participating
service to
respond form
preplan call list.

FAMA informs EOC
of ETA and
responding agency
name.

Response to affected area
begins.

Response to
affected area
is
disconnected
upon
notification by
the EOC to
the FAMA
Disaster
Coordinator.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Reimbursement

Insure FEMA authorization number is provided to the responding agency prior to liftoff. ESF 8 of the State Emergency Operations Center provides this number during activation.

Communication

Communications for aero-medical services may utilize certain radio frequencies within the Aviation Services of FCC Rules Part 87, "Aeronautical En-route and Aeronautical Fixed Stations." The scope for Aeronautical En-route stations is limited to the necessities of safety and primary operation of the aircraft. Sub-part I does not allow for medical communications. These channels are associated with Air-traffic Control Centers, Airport Control Towers and “Unicom” communications systems. By design these radio systems are limited in the communications coverage capabilities they would provide for low flying rotor wing aircraft. Given the limitations, by rule and/or design associated with these radio channels their use by pre-hospital for flight following is not acceptable for flight following. Frequencies within the applicable FCC Rules may be utilized for Air Ambulance Dispatch and Response and/or Medical Coordination on a secondary basis to land-based systems. Licensing for implementation or expansion of air ambulance communications on any frequencies within the Public Safety or Special Emergency Radio Services requires prior approval by the STO. The EMS Communications Plan has established specific radio frequency allotments both “Air Primary” and “Air Secondary” within Florida for aero-medical Dispatch and/or Flight Following Communications.

Air Secondary

All licensed rotor-winged aircraft and dispatch centers within the state of Florida shall have the ability to communicate on the Air Secondary frequency 155.340 MHz with a CTCSS, PL tone, of 167.9 Hz. This provides continued flight following with the aircraft while medical crews utilize their UHF, MED Channel radio to provide medical reports (LMC, SMC or MRC). Secondarily this circuit provides a “Statewide” radio system for MCI coordination with aircraft that would necessitate communications with the various aircraft, dispatch centers and/or landing zone management. Further, this frequency shall provide EMS helicopter personnel with continued safety of flight situations in which a vehicle is out of its prime area an unable to access its dispatch center. Such use of the Air Secondary channel shall be limited only to the temporary duration of such situations unless otherwise approved in writing by the STO.

- Air to Air Communication 123.025

Call List

1. Accept request for transport
2. All available services offering service on a first come first serve basis.
3. Establish email list for advising of availability. Include type of equipment, number and qualifications of personnel, duration of volunteer services.

Map

See the FAMA Website. www.fama.org

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

Transportation Request Worksheet

Date:	Time:	Communication Specialist

Caller Information **Admission Yes ☐ No ☐**

Name:	Phone #:	**Inpatient ☐ 23Hour ☐**

Sending Information

Facility:	Unit:	Bed #:
Phone #:	Nurse:	Physician:

Destination Information

Facility:	Unit:	Bed #:
Phone #:	Nurse:	Physician:

Demographic Information

Name:	Age M ☐F ☐	DOB M.R.#	SS#:
Street Address:	City, State, Zip:	Phone:	
FEMA Tracking Number	ESF- rep		

Diagnosis

Primary:	Secondary:

Patient Needs Assessment

Procedure Today:	NO ☐ YES ☐	**Type:**	**Patient weight:**
Condition: Stable ☐	**Unstable** ☐ **Critical** ☐	**Pt. on Cardiac Monitor:** NO ☐ YES ☐	
Oxygen: NO / YES ☐ ☐	PT's own O2 ☐	**Device:** N/C ☐ MASK ☐ TRACH ☐ VENT ☐	
Invasive Lines:	NO ☐ YES ☐	**Device:** ART LINE ☐ SWAN ☐ Other ☐	
Life Support Devices:	NO ☐ YES ☐	**Device:** IABP ☐ PACER ☐ Other ☐	
Special Drains:	NO ☐ YES ☐	**Type:** CHEST TUBE ☐ Other ☐	
IV Infusions:	NO ☐ YES ☐	**Special Needs: RN** ☐ **RT** ☐	

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

	Restraints ☐
Meds Infusing:	**Fall Precautions Yes** ☐ **No** ☐
Amb. Status: Fully-Amb ☐ Non-Amb Assist ☐ With- ☐	**Isolation Precautions:** Yes ☐ No ☐ Type: Colonized Yes ☐ No ☐
Physician Order: Transfer ☐ Transport ☐ Discharge ☐	
Mode of Transport: Ambulance ☐ Helicopter ☐ Fixed-wing ☐	
Level of Care Ordered: CCT ☐ ALS ☐ BLS ☐	**Mode:** Air ☐ Ground ☐

Annex "L"

Key Position Checklists

SERP Regional EMS Liaison

Position Responsibility: Contact, communicate, and coordinate with the EMS private providers and those not directly under the immediate authority of the local fire department within the Region in accordance with the FFCA SERP. The emergency medical services function is the responsibility of ESF 8 "Health and Medical." The Florida Fire Chiefs Association's FFCA SERP is used as the method to mobilize and deploy pre-hospital EMS resources. The Regional EMS Liaison provides a link between the Regional Coordinators and the field for ambulance resources, especially those that may not be associated with local fire departments.

Actions:

- _____ Appointed by the Regional Coordinator annually.
- _____ Check in and establish communications with the Regional Coordinator, and receive briefing and assignment.
- _____ Identify assisting EMS agencies/jurisdictional representatives and establish communications and link them into the resource availability process.
- _____ Provide a point of contact for assisting EMS agencies/jurisdictional representatives, in coordination with the Regional Coordinator and appropriate County Coordinator.
- _____ Identify available ALS and BLS units, the number and types of transport units, and personnel that are State certified paramedics or EMT's, and report these numbers to the Regional Logistics Officer.
- _____ Respond to requests for EMS organizational contacts.
- _____ Monitor emergency situation and involvement of each EMS agency/jurisdiction.
- _____ Monitor incident operations to identify and resolve EMS related inter-organizational coordination problems.
- _____ Demobilize at the request of the Regional Coordinator and forward pertinent for incident documentation.

Annex "M"

No-Notice Ambulance Deployments:

No-Notice Events create their own particular problems as it relates to ambulance deployments. As opposed to a planned deployment, such as a pre-landfall hurricane event, a no-notice event may not allow the ambulance providers time to collect staff, vehicles, equipment and logistical support that will sustain them for seven days. Additionally, the ambulance provider may not have the time to plan for the demobilization of the resources. ESF 8 and ESF 4 & 9 may not have the opportunity to thoughtfully and methodically work through an established ambulance deployment process.

For the purposes of the Ambulance Deployment Plan, during a no notice event ESF 8 and ESF 4 & 9 will:

- Collaborate to develop the no-notice deployment plan for ambulance resources. At the discretion of ESF 4 & 9, the SERP Regional Coordinator may be notified of the need to deploy ambulance assets by ESF 8. ESF 8 will keep ESF 4 & 9 aware of the status of the deployment.
- ESF 8, either through ESF 4 & 9 or directly through the SERP Regional Coordinator, will acquire the necessary resources to meet the needs of the event.
- ESF 8, either through ESF 4 & 9 or directly through the SERP Regional Coordinator, will deploy ambulance resources to replace the no-notice deployed resources within 12 – 24 hours of the initial deployment.
- ESF 8, in concert with the EMS Strike Team/Task Force Leaders, will manage, as necessary, logistical support for the ambulance deployment (hotels, fuel, food, re-supply, command vehicles, EMS Mass Casualty Trailers, DMATs/SMRTs, etc).
- ESF 8 will acquire and deploy an EMS mobile command post when three or more ambulance strike teams are deployed.
- ESF 8, working with ESF 1, will acquire and coordinate the deployment of non-ambulance transportation resources (para-transit vehicles, buses).
- ESF 8 may send a State ESF 8 liaison to the incident to coordinate activities with the EMS Strike Team/Task Force Leaders.
- Once deployed, ambulance resource activities will be coordinated by ESF 8 through the EMS Strike Team/ Task Force Leaders and State ESF 8 Liaison.

Ambulance providers that participate in a no-notice deployment will, at the request of the SERP EMS Liaison:

- Deploy a department supervisor for each group of five ambulances the provider sends to the deployment to assist the designated Deployment Strike Team/Task Force Leaders
- Deploy ambulance resources that are logistically capable of sustaining themselves for 24 hours (staff, uniforms, equipment, supplies, etc).
- Notify their EMS Liaison of any need to demobilize the deployed assets prior to the 24 hour mark.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

INCIDENT CHECK-IN LIST FEMA ICS 211			1. Incident Name/Number		2. Check-in Location		3. Date/Time	
4. Name	5. Agency	6.Date/Time Check-in	7. Assignment/ Position	8. Method of Travel	9. Rental Car Agency	10. Lodging	11. Lodging Tel./Cell Number	12. Home Telephone No.

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators	5. Unit Leader (Name and Position)		6. Operational Period

7. Personnel Roster Assigned

Name	ICS Position	Home Base

8. Activity Log

Time	Major Events

9. Prepared by (Name and Position)

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.

REQUEST FOR ASSISTANCE – ESF 4 & 9 (RFA-2002, revised 03/2002)

Message #:		Date:		Time:		County:		Agency:	
Requestor:	Name:			Tel #:		Fax #:		Net:	
Brief Description of Mission Requested :									
Resources Report:		Date:		Time:		Estimated Resource Release:	Date:		Time:
On Scene Contact:				Tel #:		Fax #:		Net:	
Resources Report Location:							Staging Tel #:		
Equipment Estimated Daily Work Hrs:			Personnel Estimated Daily Work Hrs:				Mission #:		
Comments/Information/Notes:						Portal-to-Portal Authorized by Requestor ? Y N (Reimbursement only if authorized prior to mission)			

RESOURCES REQUESTED

Category - Equipment	Type	CCode	Quantity	Comment/Info	Category – Personnel	Type 1	Type 2
Strike Team – Engine					Incident Commander/Manager		
Strike Team – Brush Truck					Chief/Officer – Administration		
Strike Team – Water Tanker					Chief/Officer – Finance		
Strike Team – Other -					Chief/Officer – HazMat		
Aerial – Ladder Truck					Chief/Officer – Liaison		
Aircraft, Fixed Wing					Chief/Officer – Logistics		
Aircraft, Rotary					Chief/Officer – Medical		
Ambulance – ALS					Chief/Officer – Operations		
Ambulance – BLS					Chief/Officer – Planning		
Arson Van – SFM					Chief/Officer – Public Information Officer		
All Terrain Vehicle, Bombardier					Chief/Officer – Safety		
All Terrain Vehicle, Personnel Carrier					Diver – Skin/Scuba – Open Water		
All Terrain Vehicle, Honda type 4 wheel					Diver – Skin/Scuba – Fast Water		
Automobile					Dispatcher – Emergency Medical		
Automobile, Fire/Police					Dispatcher – Fire Service		
Bus					Dispatcher – Public Safety		
Command Trailer					Driver – Engine		
Command Vehicle					Driver Operator		
Fire Engine (structural)					EMT – State Certified		
Foam Truck					EMT/Firefighter		
Kitchen Trailer					EOC Staffing – FFCA,DOF,CAP,FASAR		
Pumper, Fire					EOC Staffing – SFM		
Radio – Cache					Fire Fighter – Structural		
Radio – Mobile					Fire Fighter – Volunteer		
Radio – Portable					Fire Fighter – Forestry		
Radio – Tower					Fire Inspector – State Certified		
Tanker, Water					Fire Inspector – Company Level		
Tender/Trailer, Water					Fire Investigator		
Trailer, Equipment					Fire Officer – Structural		
Trailer, Office					Fire Officer – Volunteer		
Truck, Brush					Fire Officer – Forestry		
Truck, Fire					Mechanic – Mobile – Heavy Equip		
Truck, Pick Up					Mechanic – Mobile – Light Equip		
Truck, Water					Paramedic – State Certified		
Other:					Paramedic/Firefighter		
Other:					SAR Leader		
Other:					SAR Leader - Assistant		
Other:					SAR Member – SFM		
Other:					SAR Member – Urban		
Other:					SAR Member – Urban – w/canine		
Other:					SAR Member – Wilderness		
Other:					SAR Member – Wilderness – w/canine		
Other:					Strike Team / Task Force Leader		
Other:					Strike Team / Task Force – Asst Leader		
Other:					Technician – HazMat		
Other:					Technician – Radio		
Other:					Other:		
Other:					Other:		

Pursuant to Sections 119.071, 381.95 and 395.1056, Florida Statutes, this document is confidential and exempt from disclosure as a Public Record under Chapter 119. F.S.