EXECUTIVE BOARD MEETING AGENDA

I. Call to Order
   - Validation of voting members present [accept designees, if required]
   - Introductions
   - *Approval of minutes from 3/20/19 meeting

II. Financial
   - *Budget report (March 2019)
   - Expenditure Requests
   - Management and Administration
     o Project Funding Update
     o CMS Pandemic Flu Exercise – St. Johns County Healthcare Day
     o EMAG Conference April 17-19, 2019

III. Business
   - *Approval of General Membership Requests (March) – via forms
   - Draft Coalition Operations Plan - member comments/feedback
   - Supply Chain Assessment Survey Update
   - Region 3 Healthcare Alliance Update
   - Florida Infectious Disease Transportation Network (FIDTN) – snapshot
   - AHCA’s Emergency Status System (ESS) Update
   - VA Mobile Resources
   - Upcoming Events
     o Active Assailant Plan Development Workshops
     o Continuity of Operations Plan Development Workshops
     o Nursing Home Incident Command Systems (NHICS)

IV. Member Reports
   - Board Member Reports
   - Open Discussion

VII. Adjourn

Next Meeting: May 15, 2019 1:30 pm @ Orange Park Medical Center

Conference Call Line: 1-888-585-9008  Code: 511-666-088, then #
A quorum is fifty percent (50%) of the total voting membership (Executive Board).
The quarterly general membership meeting of the Northeast Florida Healthcare Coalition was held at the WJCT Building in Jacksonville, Florida at 1:30 pm on Wednesday, March 20, 2019.

**CALL TO ORDER**

The meeting was called to order by Chair Rich Ward with a validation of a quorum, with the following Board members present:

Baker County – Jose Morales  
Duval County – Jim Schaudel  
Flagler County – Ed Baltzley (via phone)  
St. Johns County – Tim Connor  
Hospitals – Rich Ward  
EMS – Joe Stores  
Long Term Care – Jeff Markulik  
Public Health – Robert Snyder (via phone)  
Home Health – Kristy Siebert

Absent

Clay County – Sonny Rodgers  
Nassau County – Mike Godwin  
Emergency Management – Jeff Alexander

A sign in sheet is attached for all other attendees.

**Introductions**

Mr. Ward called for introductions.

**Approval of Minutes**

The minutes from the February 20, 2019 meeting were made available online and provided at the start of the meeting.

*Mr. Ward called for a motion for approval of the February 20, 2019 meeting minutes. Jeff Markulik moved approval; Jose Morales seconded. Motion carried.*

**FINANCIAL**

*Budget Report*

The finance report for February 2019 was presented by Mr. Anderson.

With no questions, *Mr. Ward called for a motion to accept the February 2019 budget report, Tim Connor moved approval, with a second by Joe Stores. Motion carried.*
*Expenditure Requests
None at this time.

Management and Administration Update
Mr. Anderson presented the following:

- Mr. Anderson provided an update on Coalition project funding. A total of 16 projects were awarded. Memorandums of Agreement have been executed with all of the projects. The Coalition is prepared to begin the reimbursement process. Documents can be provided to Leigh Wilsey (lwilsey@nefrc.org) before the June 1 due date.

- The Coalition hosted the MGT-409: Community Healthcare Planning and Response to a Disaster course offered through LSU’s National Center for Biomedical Research and Training Academy of Counter-Terrorist Education. This was a 2-day class that provided decision makers with comprehensive planning tools to mitigate impacts on communities during large-scale incidents. This course examined the need for collaboration among responders in a community-wide disaster response.

- The Coalition hosted a Hospital Incident Command Systems (HICS) course in Jacksonville, Florida on February 21st. The Coalition offers this class on an annual basis. The focus of the course was on organizing the hospital team, implementing command and control measures, and decision making. HICS serves as a foundational course for those that will work during an activation to an incident.

- The Coalition was able to sponsor 9 people to attend the Emergency Management Association of Georgia annual conference in Savannah, Georgia on April 17-19, 2019. EMAG is known for having a strong healthcare tract of classes each year.
*Approval of General Membership Requests*
As required by the bylaws, the Board must approve all membership requests. There have been 7 membership requests since the last meeting. The list was provided in the meeting packet.

*A motion was made by Tim Connor and seconded by Jeff Markulik to approve the membership list as presented. Motion carried.*

**Presenter – Continuity of Operations Plans – Robert “Chip” Patterson**
Mr. Chip Patterson provided an overview of the upcoming Continuity of Operations Plan Development Workshops that will be offered by the Coalition in June. The hope is that healthcare facilities will take the opportunity to develop a COOP plan. Development and implementation of a COOP plan during an event will increase the likelihood of maintaining healthcare capabilities across the region.

Continuity of Operations Plans (COOP) are a necessary component of every organization’s readiness for emergencies and disasters that effect the organization’s ability to “stay in business” through and following an emergency or disaster; to continue serving their customer and meeting their customer’s needs. The COOP is the detailed oriented plan that documents the decision making, logistics and coordination that must occur to effectively be “back in business” at alternate locations.

Two classes will be held in Jacksonville in June, with a technical assistance day scheduled for the end of June. The TA day will allow workshop participants the opportunity to have their draft plans reviewed a few weeks after the initial workshop. Registration for the classes are located under the Training and Exercise Tab on the Coalition’s website.

**Operations Plan Update**
The Coalition has a contract deliverable to produce a draft Operations Plan. The Operations Plan will come before the Coalition Executive Committee for their review and approval at the May meeting. Attached to the packet is a draft of the Operations Plan for review and comment.

The intent is for the Coalition to have a response role in the region. It is the desire of the federal government to have Coalitions that act as a multi-agency coordination center or MACC. Florida already has processes in place that start at the local level (county). It is not the desire of the Coalition to usurp any of those authorities established in Florida Statute, so an emphasis is placed on supporting local ESF-8 (Health & Medical) as a force multiplier through coordination with the FDOH - Region 3 Regional Emergency Response Advisor (FDOH-RERA).

**Supply-Chain Assessment and Survey Update**
The Coalition has a contract deliverable to produce a draft Supply Chain Assessment. The Assessment will come before the Coalition Executive Committee for their review and approval at the May meeting.
Leigh Wilsey has developed the survey and has distributed it to membership at hospitals and inpatient facilities. They will be the first phase of facilities surveyed during this initial assessment. Additional disciplines will be surveyed in the future. The primary supply chain issues that the survey will address is medical, fuel, personal protective equipment (PPE), vendors, transportation, and communication.

Coalition Surge Test (CST) Exercise
The CST Exercise was implemented on March 5th in Northeast Florida. A total of four hospitals and two county emergency operations centers participated. What we have found is that this exercise format is great for individual facilities to exercise their hospital incident command teams, as well as their plans for evacuation.

Moving forward, we will need to better account for patient placement and allocation of transportation resources. We can accomplish these evacuations on paper but validation of realistic assets and resources using the current exercise format have remained elusive. Efforts will be made this next year to have a centralized simulation cell managing resource allocation and patient placement coordination.

Affirmation of Board Members
The Coalition is set to conduct elections soon. A request has been made by staff for primary and alternate members to go back to their appointing organizations to affirm those that they have appointed to serve on the Coalition Executive Committee. Primary members will represent the pool of potential candidates to be considered for an elected position at the June meeting.

Upcoming Events
The Coalition will be conducting multiple training and exercise opportunities in the coming months. Training and exercise opportunities will be posted on the “Training and Exercise” tab of the Coalition’s website (http://www.neflhcc.org/Training_Exercises.html), as well as distributed through our newsletters and direct emails from staff.

Registration links are provided for people to attend. They are:

- **April 2019**
  - **CMS Provider/Supplier Tabletop Exercise**
    - Wednesday, April 3, 2019 from 1300 - 1600
    - Exercise Limit: 50 Participants
    - Location: St. Johns County Emergency Operations Center (EOC), 100 EOC Drive, St. Augustine, FL 32092
    - Registration - [https://neflhcc-cms-tabletop-exercise-4-3-19.eventbrite.com](https://neflhcc-cms-tabletop-exercise-4-3-19.eventbrite.com)
  - **Active Assailant Plan Development Workshops**
    - April 23rd, 2019 - 0830 to 1230
    - Orange Park Medical Center – Classroom #7, 2001 Kingsley Avenue, Orange Park, FL 32073
May 2019

- **Nursing Home Incident Command System (NHICS)**
  - Thursday, May 30, 2019 from 0900 - 1630
  - Student Limit: 35 Students
  - Location: Flagler County Emergency Operations Center (EOC)
    1769 Moody Blvd., Building #3, Bunnell, FL 32110

- **Active Assailant Plan Development Workshops**
  - May 31st, 2019 - 0830 to 1230
  - WJCT Building – Community Room, 100 Festival Park Avenue,
    Jacksonville, FL 32002

June 2019

- **Active Assailant Plan Development Workshops**
  - June 12th, 2019 - 0830 to 1230
  - St. Johns County Emergency Operations Center (EOC), 100 EOC Drive,
    St. Augustine, FL 32092

**MEMBER REPORTS**

**Board Member Reports**

None at this time.

**Open Discussion**

Staff emphasized that they will be making some minor changes to meeting format. The hope is to include more technology into presentation materials, as well as to begin highlighting the great things each discipline does within the Coalition.

With no additional business, the NEFLHCC meeting adjourned at 2:30 pm. The next meeting has been moved by one week to accommodate those people attending the EMAG conference in Savannah, Georgia. The next meeting will be held on April 24th at Orange Park Medical Center at 1:30 pm.
Northeast Florida Health Care Coalition
Financial Report
As of March 2019

<table>
<thead>
<tr>
<th>NEFHCC 18/19</th>
<th>Budget</th>
<th>March 2019</th>
<th>Project To Date</th>
<th>% of Funds</th>
<th>Funds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td>$265,551.00</td>
<td>$17,564.72</td>
<td>$135,075.55</td>
<td>51%</td>
<td>$130,475.45</td>
</tr>
<tr>
<td>State Contract</td>
<td>$265,551.00</td>
<td>$17,564.72</td>
<td>$135,075.55</td>
<td>51%</td>
<td>$130,475.45</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>$265,551.00</td>
<td>$17,564.72</td>
<td>$135,075.55</td>
<td>51%</td>
<td>$130,475.45</td>
</tr>
<tr>
<td>Staffing Cost</td>
<td>$157,393.00</td>
<td>$10,345.81</td>
<td>$99,839.42</td>
<td>63%</td>
<td>$57,553.58</td>
</tr>
<tr>
<td>Telephone</td>
<td>-</td>
<td>$16.70</td>
<td>$62.93</td>
<td>0%</td>
<td>$62.93</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$3,100.00</td>
<td>-</td>
<td>$137.76</td>
<td>4%</td>
<td>$2,962.24</td>
</tr>
<tr>
<td>Printing</td>
<td>-</td>
<td>$125.58</td>
<td>$689.25</td>
<td>0%</td>
<td>$689.25</td>
</tr>
<tr>
<td>D&amp;O Insurance</td>
<td>$500.00</td>
<td>-</td>
<td>$202.76</td>
<td>41%</td>
<td>$297.24</td>
</tr>
<tr>
<td>Travel</td>
<td>$10,758.00</td>
<td>$301.63</td>
<td>$3,263.43</td>
<td>30%</td>
<td>$7,494.57</td>
</tr>
<tr>
<td>Meeting Expenses</td>
<td>$7,500.00</td>
<td>-</td>
<td>$2,080.00</td>
<td>28%</td>
<td>$5,420.00</td>
</tr>
<tr>
<td>Marketing</td>
<td>$34,000.00</td>
<td>$2,480.00</td>
<td>$17,360.00</td>
<td>51%</td>
<td>$16,640.00</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$52,300.00</td>
<td>$4,295.00</td>
<td>$11,440.00</td>
<td>22%</td>
<td>$40,860.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROJECTS FY 18/19</th>
<th>Budget</th>
<th>March 2018</th>
<th>Project To Date</th>
<th>% of Funds</th>
<th>Funds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td>$86,000.00</td>
<td>$12,041.27</td>
<td>$12,041.27</td>
<td>14%</td>
<td>$73,958.73</td>
</tr>
<tr>
<td>State Contract</td>
<td>$86,000.00</td>
<td>$12,041.27</td>
<td>$12,041.27</td>
<td>14%</td>
<td>$73,958.73</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>$86,000.00</td>
<td>$12,041.27</td>
<td>$12,041.27</td>
<td>14%</td>
<td>$73,958.73</td>
</tr>
<tr>
<td>Contractual Services</td>
<td>$86,000.00</td>
<td>$12,041.27</td>
<td>$12,041.27</td>
<td>14%</td>
<td>$73,958.73</td>
</tr>
<tr>
<td>#</td>
<td>Last Name</td>
<td>First Name</td>
<td>Facility Name</td>
<td>Facility Type</td>
<td>County</td>
</tr>
<tr>
<td>----</td>
<td>-----------</td>
<td>------------</td>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>1</td>
<td>Acosta</td>
<td>Nicole</td>
<td>SurgCenter of Orange Park</td>
<td>Outpatient Health Care Delivery (e.g., ambulatory care, urgent care centers, clinics, freestanding emergency rooms, stand-alone surgery centers, community and tribal health centers, Federally Qualified Health Centers (FQHCs))</td>
<td>Clay</td>
</tr>
<tr>
<td>2</td>
<td>Adams</td>
<td>Bobbie</td>
<td>Five Oaks Rest Home</td>
<td>Assisted Living Facility</td>
<td>Putnam</td>
</tr>
<tr>
<td>3</td>
<td>Baran</td>
<td>Janice</td>
<td>DaVita Dialysis</td>
<td>Dialysis Centers &amp; Regional Centers for Medicare &amp; Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks</td>
<td>St. Johns</td>
</tr>
<tr>
<td>4</td>
<td>Campbell</td>
<td>Sieglinde</td>
<td>Florida Department of Health CMS</td>
<td>Public Health Agency</td>
<td>Baker</td>
</tr>
<tr>
<td>5</td>
<td>Capallia</td>
<td>Belinda</td>
<td>Davita Dialysis</td>
<td>Dialysis Centers &amp; Regional Centers for Medicare &amp; Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks</td>
<td>St. Johns</td>
</tr>
<tr>
<td>6</td>
<td>CASTANEDA</td>
<td>RUBEN</td>
<td>PALM COAST DIALYSIS</td>
<td>Dialysis Centers &amp; Regional Centers for Medicare &amp; Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks</td>
<td>Flagler</td>
</tr>
<tr>
<td>7</td>
<td>Conlin</td>
<td>Teresa</td>
<td>Community Home Health Care</td>
<td>Home Health Agency (including home and community-based services)</td>
<td>St. Johns</td>
</tr>
<tr>
<td>8</td>
<td>Conrad</td>
<td>Margaret</td>
<td>Silver Creek</td>
<td>Assisted Living Facility</td>
<td>St. Johns</td>
</tr>
<tr>
<td>9</td>
<td>Daniels</td>
<td>Jerry Lynn</td>
<td>Silver Creek</td>
<td>Assisted Living Facility</td>
<td>St. Johns</td>
</tr>
<tr>
<td>10</td>
<td>Devitt</td>
<td>Mark</td>
<td>LHC Group</td>
<td>Home Health Agency (including home and community-based services)</td>
<td>Duval</td>
</tr>
<tr>
<td>11</td>
<td>Dickinson</td>
<td>Janet</td>
<td>ElderSource</td>
<td>Non-governmental Organization ((e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.))</td>
<td>Regional</td>
</tr>
<tr>
<td>12</td>
<td>Foster</td>
<td>Gregory</td>
<td>Nassau County EOC</td>
<td>Emergency Management Organization</td>
<td>Nassau</td>
</tr>
<tr>
<td>13</td>
<td>Graham</td>
<td>Dawn</td>
<td>Middleburg Surgery Center</td>
<td>Outpatient Health Care Delivery (e.g., ambulatory care, urgent care centers, clinics, freestanding emergency rooms, stand-alone surgery centers, community and tribal health centers, Federally Qualified Health Centers (FQHCs))</td>
<td>Clay</td>
</tr>
<tr>
<td>14</td>
<td>Guting</td>
<td>Jerome</td>
<td>Avante Villa at Jacksonville Beach</td>
<td>Skilled Nursing, Nursing &amp; Long-term care facility</td>
<td>Duval</td>
</tr>
<tr>
<td>#</td>
<td>Last Name</td>
<td>First Name</td>
<td>Facility Name</td>
<td>Facility Type</td>
<td>County</td>
</tr>
<tr>
<td>----</td>
<td>-------------</td>
<td>------------</td>
<td>------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>15</td>
<td>Hamilton</td>
<td>Paul</td>
<td>Moosehaven</td>
<td>Skilled Nursing, Nursing &amp; Long-term care facility</td>
<td>Clay</td>
</tr>
<tr>
<td>16</td>
<td>Jones</td>
<td>Alicia</td>
<td>SurgCenter of Orange Park</td>
<td>Freestanding Emergency Room, stand-alone surgery centers</td>
<td>Clay</td>
</tr>
<tr>
<td>17</td>
<td>Jones</td>
<td>Christina</td>
<td>SurgCenter of Orange Park</td>
<td>Outpatient Health Care Delivery (e.g., ambulatory care, urgent care centers, clinics, freestanding emergency rooms, stand-alone surgery centers, community and tribal health centers, Federally Qualified Health Centers (FQHCs))</td>
<td>Clay</td>
</tr>
<tr>
<td>18</td>
<td>Jones</td>
<td>Linda</td>
<td>Arbor Terrace Ponte Vedra</td>
<td>Assisted Living Facility</td>
<td>St. Johns</td>
</tr>
<tr>
<td>19</td>
<td>Katrenak</td>
<td>Gina</td>
<td>St Augustine Health and Rehabilitation Center</td>
<td>Skilled Nursing, Nursing &amp; Long-term care facility</td>
<td>St. Johns</td>
</tr>
<tr>
<td>20</td>
<td>Legge</td>
<td>Danny</td>
<td>Orange Park Medical Center</td>
<td>Hospital</td>
<td>Clay</td>
</tr>
<tr>
<td>21</td>
<td>Mathison</td>
<td>Jeffrey</td>
<td>Ascension/St. Vincent's HealthCare System</td>
<td>Hospital</td>
<td>Duval</td>
</tr>
<tr>
<td>22</td>
<td>Mirmina</td>
<td>Francis</td>
<td>Century Ambulance Service, Inc</td>
<td>EMS (including inter-facility and other non-EMS patient transport systems)</td>
<td>Duval</td>
</tr>
<tr>
<td>23</td>
<td>Nunnally</td>
<td>Matthew</td>
<td>Lakeside Nursing &amp; Rehabilitation Center</td>
<td>Skilled Nursing, Nursing &amp; Long-term care facility</td>
<td>Duval</td>
</tr>
<tr>
<td>24</td>
<td>Osachy</td>
<td>Rosemarie</td>
<td>Vitas Healthcare</td>
<td>Home Health Agency (including home and community-based services)</td>
<td>Duval</td>
</tr>
<tr>
<td>25</td>
<td>Parker</td>
<td>Ernie</td>
<td>UF Health Jacksonville</td>
<td>Hospital</td>
<td>Duval</td>
</tr>
<tr>
<td>26</td>
<td>Parker</td>
<td>Shawn</td>
<td>Kinkaid CLuster</td>
<td>Other (e.g., child care services, dental clinics, social work services, faith-based organizations)</td>
<td>Duval</td>
</tr>
<tr>
<td>27</td>
<td>Pereira</td>
<td>Carolina</td>
<td>UF Health Jacksonville</td>
<td>Hospital</td>
<td>Duval</td>
</tr>
<tr>
<td>28</td>
<td>Portesy</td>
<td>Gary</td>
<td>Northeast Florida State Hospital</td>
<td>Hospital</td>
<td>Baker</td>
</tr>
<tr>
<td>29</td>
<td>Savage</td>
<td>Deborah</td>
<td>St. Augustine Health &amp; Rehab</td>
<td>Skilled Nursing, Nursing &amp; Long-term care facility</td>
<td>Flagler</td>
</tr>
<tr>
<td>30</td>
<td>Silvey-Cason</td>
<td>Jennifer</td>
<td>UF Health Jacksonville</td>
<td>Hospital</td>
<td>Duval</td>
</tr>
<tr>
<td>31</td>
<td>Wilgis</td>
<td>Shannon</td>
<td>Saint Augustine Center for Living</td>
<td>Other (e.g., child care services, dental clinics, social work services, faith-based organizations)</td>
<td>St. Johns</td>
</tr>
<tr>
<td>32</td>
<td>Young</td>
<td>Kathy</td>
<td>Saint Augustine Center for Living</td>
<td>Other (e.g., child care services, dental clinics, social work services, faith-based organizations)</td>
<td>St. Johns</td>
</tr>
</tbody>
</table>
REGION 3 HEALTHCARE OPERATIONAL PLAN

TABLE OF CONTENTS

1. INTRODUCTION ................................................................................................................................... 2
   1.1 Purpose ............................................................................................................................................... 3
   1.2 Scope .................................................................................................................................................. 3
   1.3 Situation and Assumptions ............................................................................................................. 3
   1.4 Administrative Support .................................................................................................................... 5
2. CONCEPT OF OPERATIONS ............................................................................................................. 5
   2.1 Introduction ....................................................................................................................................... 5
   2.2 Role of the Coalition in Events ...................................................................................................... 5
   2.2.1 Member Roles and Responsibilities .......................................................................................... 6
   2.2.2 Coalition Response Organizational Structure .......................................................................... 7
   2.3 Response Operations ..................................................................................................................... 7
   2.3.1 Stages of Incident Response ..................................................................................................... 7
3. RESOURCES ......................................................................................................................................... 8
   3.1 Contact Information ........................................................................................................................ 8
   3.2 Job Action Sheets ........................................................................................................................... 8
   3.3 Communications and Information Sharing Systems ........................................................................ 8
1. INTRODUCTION

The Northeast Florida Regional Council (NEFRC) is contracted by the Florida Department of Health (FDOH) to manage the healthcare coalition contract for the three healthcare coalitions in north Florida. The Region 3 Healthcare Coalition Alliance (Alliance) was established in 2017 to provide oversight to the funding and contract deliverables while allowing the three coalitions to maintain their individual missions within their unique geographic and demographic healthcare communities.

Referred to as the Region 3 Healthcare Coalition Alliance, the actual geographic area, as defined by FDOH, includes all 13 counties in Region 3 Regional Domestic Security Task Force (RDSTF) and five counties from RDSTF Region 2. The Alliance’s three established healthcare coalitions are:

- Northeast Florida HCC
- North Central HCC
- the Coalition for Health and Medical Preparedness (CHAMP)
1.1 Purpose

The Region 3 HCC Alliance Operational Plan establishes and describes the operational and response roles and responsibilities of the Coalition and its members during all hazards events that threaten the healthcare system within the healthcare coalition boundaries.

1.2 Scope

The Alliance represents all members of the three coalitions in Region 3. Each county's Emergency Operations Center is responsible for coordinating the overall disaster response within its jurisdiction, but the Alliance can be used in support of an EOC's Emergency Support Function 8- Health and Medical (ESF8) or Operations Section activities. Each Alliance member organization is expected to have organizational plans for preparedness and response, but members of the Alliance may be called upon to assist during the activation of the coalition's operational plan.

1.3 Situation and Assumptions

Planning for response and recovery for the Alliance's 12,000 square mile geographic area can be challenging as it includes immense diversity from rural to urban areas and includes both coastal and inland counties. The Alliance developed a Hazard Vulnerability Assessment and Risk Assessment to identify regional hazards that have the highest impact on the regional healthcare system.
Scoring matrix and detailed criteria on the ranking of these hazards can be found in the Region 3 Alliance Healthcare Hazard Vulnerability Assessment.

In all-hazards events impacting the health and medical system, the following assumptions include:

1. Coalition member organization have Emergency Operations Plans (EOP) to provide guidance for response of the organization
2. Coalition members will respond according to their organization’s regulatory requirements, rules, authorities, and plans
3. County Emergency Management is the jurisdictional authority for each county and manages the local Emergency Operations Centers (EOC) operations
4. County Health Departments assist the EOC in managing health and medical issues through ESF8/Health and Medical Branch
5. Healthcare organizations will report their status to AHCA and the local ESF8/Health and Medical Branch
6. Guidance, process or procedures outlined in this or other Alliance plans are designed to support local, regional or state response efforts and are not intended to supersede the jurisdictional authority
7. The National Incident Management System (NIMS) is used to integrate all public and private response
1.4 Administrative Support

The Alliance Operational Plan is reviewed and approved by the Board of Directors of each Coalition and the Region 3 Coalition Alliance Board by June 30 of each year. The Alliance Coordinator will review and recommend updates and changes to the plan annually or as needed following an exercise, activation, or in accordance with contract requirements.

2. CONCEPT OF OPERATIONS

2.1 Introduction

Members of the three healthcare coalitions included in the Alliance come from many sectors of the healthcare system, governmental and non-governmental organizations.

Each of these member types has an essential role in the overall operation of the health and medical system for the region.

2.2 Role of the Coalition in Events

The Region 3 Healthcare Coalition Alliance will function as a Multi-Agency Coordination Center (MACC) which is a multi-disciplinary organizational model that allows healthcare entities a means to obtain additional support during disasters. The Alliance MACC provides offsite support of ICS and EOC organizations and serves as a “clearing house” function by collecting,
processing, and disseminating data and information to Coalition members and partners, as applicable, during a disaster or event.

The Region 3 Alliance MACC does not serve a command and control function for the region; however, it can support functions to improve a coordinated response, including:

- Facilitate information sharing and situational awareness among Coalition members
- Facilitate resource support and resource sharing among Coalition members
- Assist ESF8 in obtaining regional situational awareness
- Support the request for and receipt of assistance from local, State, and Federal authorities
- Support incident management policies and priorities

The Alliance MACC will assist in promoting a common operating picture with the membership and provide a shared understanding of the regional effects of the event by:

- Providing situation reports, regional status updates and information on critical resource shortages
- Assist ESF8 with resource management and resource sharing between the health care coalition membership, as well as local emergency operations centers
- Assist with providing support to our local emergency operation centers by providing a link to our members and their resources

### 2.2.1 Member Roles and Responsibilities

Coalition members organizations are expected to plan, train and exercise staff for all hazards emergencies to ensure the organization will respond as defined in the organization’s Emergency Operations Plan (EOP) or Comprehensive Emergency Management Plan (CEMP). They have a responsibility to prepare for situations that could negatively impact the operations of the health and medical system. A minimum level of preparedness is expected from participating organizations to minimize undo pressure on the community due to a lack of preparedness and capability. Coalition members are expected to manage the consequences of emergencies, independent of support from the Coalition.

During declared state of emergency events, coalition members licensed by the Agency for Healthcare Administration (AHCA) are required to enter facility status updates and bed availability information into an online status system provided by AHCA.

County Emergency Management and ESF8 have local procedures for tracking healthcare facility status. Currently there is no regional view of facility status information available to the Alliance, ESF8 nor to local emergency management. The Alliance is researching solutions for obtaining and sharing bed availability and facility status across the region.
2.2.2 Coalition Response Organizational Structure
[Insert Org Chart]

The Alliance will integrate into the existing Incident Command structure augmenting the ESF8/Health and Medical operations. It is the expectation that the Alliance will coordinate regional situational awareness and information sharing with the FDOH Regional Emergency Response Advisor (RERA) but may work directly with a member organization or county ESF8, as needed.

2.3 Response Operations

2.3.1 Stages of Incident Response
[Insert process chart]

Awareness / Alert

The Alliance Coordinator is made aware of weather, public health or emergency alerts through existing communication channels (e.g., TV, radio, NOAA radios, direct agency notification, phone applications, Health Alert Network notifications). No specific action/activities are conducted. Coalition members should have a heightened awareness that a Region 3 Healthcare Coalition Alliance activation is possible.

Monitoring

When notified of an incident, the Alliance Coordinator or designee will conference call with affected organization or jurisdiction to gain situational awareness. If no Coalition support is requested, a process for situational monitoring will be established.

The Alliance Coordinator will 1) Determine if an Everbridge Alert notification should be sent to Coalition members or if a Coordination Room should be established; 2) Determine the level of monitoring needed; 3) Establish a process to meet situational monitoring needs for the Alliance and its members; and 4) Determine if the Alliance Operational Plan needs to be implemented.

Activation

Activation without Local EOC Activation

In this type of activation, the incident is significant enough to require additional support from other healthcare organizations, but not large enough to require a jurisdictional Emergency Operations Center activation. The Alliance may communicate directly with organizations and/or RERA to obtain Essential Elements of Information and facilitate information sharing to create regional situational awareness and resource support.

Activation with Local EOC Activation

In this type of activation, the incident is significant enough to require additional support from other healthcare organizations and activation of one or more jurisdictional Emergency Operations Centers (EOC). In this situation, the Alliance supports one or more local EOCs by
supporting pre-hospital and hospital response operations and helping to create a common operating picture for the regional partners.

When activated, the Alliance Coordinator, or designee, will notify Coalition members, State Watch Office Duty Officer, affected Local Emergency Operation Centers and Regional Department of Health RERA that the Region 3 Healthcare Coalition Alliance has been activated.

An Everbridge Alert will be sent to Coalition members to provide situational awareness and/or provide awareness for potential resource needs. The Alliance will support information management, situational awareness of resource and patient transfer requests. Each member organization will submit resource requests through its local EOC following local guidelines and procedures, but the Alliance may assist in identifying available resources to assist the local EOC in filling these requests.

**Deactivation**

The Alliance Coordinator will notify Coalition members, State Watch Office Duty Officer, affected Local Emergency Operation Centers and Regional Department of Health RERA that the Alliance operational activities are complete.

The Alliance Coordinator will 1) compile any records, documentation or reports created during the activation; 2) survey members as part of the hotwash and 3) create an Alliance After-Action-Report to document operational activities and identify improvement planning items.

### 3. RESOURCES

#### 3.1 Contact Information

The Alliance staff will maintain a current membership list with email and phone contact information and a ‘red book’ of contact information for each of the acute care facilities, county emergency management representatives and public health representatives to be used in the monitoring and activation phases.

#### 3.2 Job Action Sheets

[Under development]

#### 3.3 Communications and Information Sharing Systems

Information systems used by the Alliance and its members to share information.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Primary System</th>
<th>Secondary System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coalition Membership Lists</td>
<td>Airtable</td>
<td></td>
</tr>
<tr>
<td>Partner contact Lists</td>
<td>Outlook</td>
<td>Red Book (printed)</td>
</tr>
<tr>
<td>Facility Status</td>
<td>ESS (AHCA)</td>
<td>HCC researching option</td>
</tr>
<tr>
<td>Resource requests and Coordination</td>
<td>WebEOC (DEM)</td>
<td></td>
</tr>
</tbody>
</table>
Florida Infectious Disease Transportation Network

Transport Scenarios

Assessment Hospital by ground to Treatment Hospital

Assessment Hospital by Air to RTC

Assessment Hospital by ground to RTC
Florida Infectious Disease Transportation Network

Host Agencies / Response Teams

- Region 1 – Okaloosa County EMS
- Region 2 – Leon County EMS
- Region 3 – Alachua County Fire/Rescue
  - Jacksonville Fire/Rescue as of March 15, 2019
- Region 4 – Hillsborough County Fire/Rescue & Tampa FD
- Region 5 – Orange County Fire/Rescue
- Region 6 – Lee County EMS
- Region 7 – Miami-Dade Fire/Rescue
Florida Infectious Disease Transportation Network

State of the Art Equipment
EMS: Transport and Care of Patients ill with EVD

Alexander Isakov, MD, MPH, FACEP
Associate Professor
Director, Section of Prehospital and Disaster Medicine
Department of Emergency Medicine
Emory University School of Medicine
Atlanta, Georgia
Florida Infectious Disease Transportation Network

Lee County EMS FIDTN Exercise – May 23, 2017
Florida Infectious Disease Transportation Network

Available Reference Documents

FIDTN Plan and FIDTN Overview/Responsibilities List/Q&A Info

OVERVIEW

As a result of the October 2014 Ebola (DRC) outbreak, the federal government coordinated with the states to identify and establish Regional Treatment Centers (RTC) for highly infectious diseases. These treatment centers have highly trained personnel and specialized facilities capable of providing care to highly infectious patients. The RTC for Health and Human Services (HHS) Region IV (which includes Florida) is Emory University Hospital in Atlanta, Georgia. (Emory has also been designated as one of three National Ebola Training and Education Centers).

In the event that a patient with a highly infectious disease presents to a hospital or other medical facility in Florida, the decision may be made to transfer the patient to the RTC. To facilitate the transportation to the RTC, the federal government, through the U.S. Department of State, has developed a transportation plan that centers on the use of a private contractor, Phoenix Air (located in Cartersville, GA), to transport the patient. Phoenix Air, which maintains a fleet of Gulfstream IV jets which utilize Aeromedical Biological Containment Systems, would fly to the closest viable airport, pick up the patient, and transport them to Atlanta. In the event that all of the aircraft are committed or weather minimums do not allow for air transport, each state must have a plan detailing how they would make a ground transport of the patient. Toward that end, the Florida Department of Health is developing a ground transport plan that, basically, will involve the use of Fire and County EMS units, along with regional response teams, to affect such transports. The plan, of course, will have patient and responder safety as its highest priority and will, thus, include the use of proper personal protective equipment and decontamination equipment/procedures. Education, training, and exercising will be part of the process.

Since care providers cannot be expected to remain in protective gear for longer than a few to three-hour period, crew change-out procedures will be built into the plan with pre-designated transfer points being identified around the State. Such transports would also involve meeting up with Georgia units and transport of the patient to one of their ground transport vehicles for movement through Georgia to the RTC in Atlanta.

The Florida Infectious Disease Transport Network (FIDTN) plan is designed to facilitate the movement of patients with highly infectious diseases from Florida to Emory University Hospital in Atlanta. The plan includes provisions for the coordination of transportation, including the use of specialized aircraft and ground transport teams.

For questions or additional information about the plan or process, please feel free to contact:

Terry L. Schenk, Florida Infectious Disease Transport Plan Project Manager  
Terry.Schenk@fdh.state.fl.us  
407.781.9839
VA Deployable Assets

Rick Rhodes and Darryl Stevenson
VHA Office of Emergency Management
VHA OEM Mission

As VHA’s program office for the CEMP, VHA OEM serves America’s veterans by assuring mitigation, preparedness, response, and recovery activities focus on continuity of veterans care in the event of emergencies and disasters. VHA OEM also assures the execution of VA’s “Fourth Mission” to improve the Nation’s preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts.
Deployable Resources

The VHA Office of Emergency Management maintains a plethora of deployable resources to assist in accomplishing the mission of providing continuity in healthcare to our Veterans and the nation when called upon.

Many of these resources are maintained at local VA Medical Centers throughout the nation and can be a valuable resource during a community disaster.

Others are national assets that can be requested under a Stafford Act and mission assignment through HHS.
Multi-Use Vehicle (MUV)

The Multi-Use Vehicles (MUVs) provide mobile self-sustaining, and resilient communications, power generation, operational workspace, team and patient transport capability, and shelter for VHA Office of Emergency Management (OEM) field response operations.

Located in Tampa Florida
Logistics Support Vehicle (LSV)

The LSV is a long bed, single rear wheel, crew cab, 4WD GMC 3500 pickup truck with solid weatherproof bed cap to provide storage and designed to ferry fuel, personnel, and supplies, and pull trailers in support of the VHA Multi-Use Vehicle (MUV) which must often remain stationary and in operation. Alternatively, the LSV may also be utilized for missions independent of the MUV.

Located in Tampa
Very Small Aperture Satellite Trailer (VT)

VT trailers are provided and maintained by VHA OEM to house and transport very small aperture satellite (VT) communications systems that are owned by OI&T National VT Program operated by OI&T Field Services Emergency Preparedness Divisions and are deployed to VHA facilities and under the custodianship of facility FCIOs. The VT trailers may be deployable together with the other HERO vehicles, and are intended to be co-located for unified storage, maintenance and deployment. The VT trailers may also deploy under the control of OI&T Field Services Emergency Preparedness Divisions without other HERO assets and personnel when appropriate.

Located in Tampa and Gainesville
Fold Out Rigid Temporary Shelters (FORTS)

The FORTS provides a platform for primary care and other services in a temperature controlled, hard sided shelter. Each unit has three (3) exam rooms and an area for the Medical Support Assistant to function in.

The FORTS allow VHA to provide service continuity during emergencies when normal brick and mortar sites of care are disable or insufficient to meet the demand for healthcare services.

Located in Tampa and Orlando
Mobile Medical Unit (MMU)

MMUs deliver primary care and other services to rural communities that often have difficulty attracting and retaining health professionals. MMU have also been employed to reach out to Veterans who for various reasons may not have sought needed care at brick and mortar facilities. Patient-Centered Care

MMUs provide service continuity during emergencies when normal brick and mortar sites of care are disabled or insufficient to meet the demand for healthcare services.

Located in Tampa and Orlando
Dual Use Vehicle (DUV) Large

Dual Use vehicles provide routine VA beneficiary transportation, as well as Ambulatory, wheel-chair and litter transport during emergencies or disasters.

Capable of transporting 30 ambulatory passengers via fold-away seating. Can be Configured to transport up to 15 NATO litters, 10 wheel chairs, 5 gurneys or any combination. Braun 800 lb rated ADA approved automatic wheel chair life, Equipped with a manual retractable 46” wide rear ramp for loading/unloading litter patients.

Located in Miami, Tampa,
Dual Use Vehicle (DUV) Small

Dual Use vehicles provide routine VA beneficiary transportation, as well as Ambulatory, wheel-chair and litter transport during emergencies or disasters.

Capable of transporting 14 ambulatory passengers via fold-away seating. Can be Configured to transport up to 9 NATO litters, 6 wheel chairs, 3 gurneys or any combination. Braun 800 lb rated ADA approved automatic wheel chair life, Equipped with a manual retractable 46” wide rear ramp for loading/unloading litter patients.

Located in Tampa, Bay Pines, Miami, West Palm Beach, Gainesville, Lake City,
Mobile Vet Centers (MVC)

Department of Veterans Affairs maintains a fleet of 70 Mobile Vet Centers (MVC) that are designed to extend the reach of Vet Center services through focused outreach, direct service provision, and referral to communities that do not meet the requirements for a “brick and mortar” Vet Center.

Each MVC includes confidential counseling space for direct service provision as well as a state of the art satellite communications package that includes fully encrypted teleconferencing equipment, access to all VA systems, and connectivity to emergency response systems. Vet Center staff regularly collaborates with VA partners to create a single VA Footprint at events to ensure access to all available VA services and benefits.

Located in Jacksonville, Clermont, Bay County (Pasco MVC), Pensacola.
Mobile Pharmacy Unit (MPU)

In the event of a disaster (natural or manmade) these self-contained vehicles would be driven to the deployment site and within a few hours is capable of functioning as an outpatient pharmacy. The pharmacy would be manned by volunteer pharmacists and technicians recruited from the Disaster Emergency Medical Personnel System (DEMPS). Emphasis would be placed on filling prescriptions for urgent and life threatening conditions.

Medication re-supply will be accomplished by utilizing a combination of local VA resources and/or McKesson Pharmaceuticals, the Prime Vendor for pharmaceutical supplies for the VA. Medications for the Mobile Rx will be procured by the Emergency Pharmacy Service (EPS) section of the PBM.

National Deployment Asset located in Hines, Illinois
Mobile Emergency Nutrition Unit (MENU)

**Mission**- To provide 24 hour food service support to Veterans, caregivers and first responders involved in or deployed to emergency response situations caused by national disasters or emergencies which requires a VA support presence.

**MENU Capabilities** - The unit is capable of providing continuous meal service to first responders, staff, caregivers and veterans. The unit capacity is 425 meals per service and up to 1275 meals per day. Meals would include hot breakfast, hot or cold lunch, hot dinner, snack and beverages.

Located in Orlando, St. Luis, and Martinsburg
All of the VHA deployable assets need wrap around services. These services should be in place prior to the arrival.

<table>
<thead>
<tr>
<th>VHA OEM Wrap Around Requirements</th>
<th>Multi Use Vehicle (MVU)</th>
<th>Fold Out Rigid Temporary Shelter (FORTS)</th>
<th>Mobile Medical Unit (MMU)</th>
<th>Mobile Use Vehicle (DUV)</th>
<th>Mobile Vet Center (MVC)</th>
<th>Mobile Pharmacy Unit (MPU)</th>
<th>Mobile Emergency Nutrition Unit (MENU)</th>
<th>Logistics Support Vehicle (LSV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardstand, Concrete/Blacktop</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Unobstructed View of Sky</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Fuel (Diesel)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Fresh Water</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Potable Water</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Gray Water</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Black Water</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Port A Johns</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Handwashing Station</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Security</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Trash Removal</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Medical Waste Removal</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Perimeter Lighting</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lodging</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Additional Resources Available in Florida

• Western Shelter Units located in West Palm Beach and Tampa
Additional Resources Available in Florida

• Mobile Command Center Located in Orlando
Additional Resources Available in Florida

- Zummro Tents located in Tampa and Orlando
Request Process

• Locally Disaster- Undeclared
  – Can request directly from the local VAMC
  – It is the discretion of the Facility Director based on VA needs at the time
  – Cannot be written into plans as an available resource and is a decision made at the time of the incident/event

• Presidential Declared Disasters
  – Must be requested through the State ESF 8 to Federal ESF 8
  – All VHA Resources become National Assets during presidential declaration
Upcoming Event

❖ April 2019
  o CMS Provider/Supplier tabletop Exercise – Pandemic Influenza
    ▪ Wednesday, April 3, 2019 from 1300 – 1600
    ▪ Exercise Limit: 50 Participants
    ▪ Location: St. Johns County Emergency Operations Center (EOC) – 100 EOC Drive, St. Augustine, FL 32092
    ▪ Registration Link: https://neflhcc-cms-tabletop-exercise-4-3-19.eventbrite.com

  o Active Assailant Plan Development Workshops
    ▪ April 23rd, 2019 - 0830 to 1230
    ▪ Orange Park Medical Center – Classroom #7, 2001 Kingsley Avenue, Orange Park, FL 32073
    ▪ Registration link: https://active-assailant-plan-development-workshop-4-23-19.eventbrite.com

❖ May 2019
  o Nursing Home Incident Command System (NHICS)
    ▪ Thursday, May 30, 2019 from 0900 - 1630
    ▪ Student Limit: 35 Students
    ▪ Location: Flagler County Emergency Operations Center (EOC) 1769 Moody Blvd., Building #3, Bunnell, FL 32110

  o Active Assailant Plan Development Workshops
    ▪ May 31st, 2019 - 0830 to 1230
    ▪ WJCT Building – Community Room, 100 Festival Park Avenue, Jacksonville, FL 32002
June 2019

- COOP Plan Development Workshops
  - **June 3, 2019 - 0830 to 1230**
  - WJCT Building –100 Festival Park Avenue, Jacksonville, FL 32002
  - Registration link: [https://coop-plan-development-workshops.eventbrite.com](https://coop-plan-development-workshops.eventbrite.com)

- COOP Plan Development Workshops
  - **June 11, 2019 - 0830 to 1230**
  - WJCT Building –100 Festival Park Avenue, Jacksonville, FL 32002
  - Registration link: [https://coop-plan-development-workshops.eventbrite.com](https://coop-plan-development-workshops.eventbrite.com)

- Active Assailant Plan Development Workshops
  - **June 12th, 2019 - 0830 to 1230**
  - St. Johns County Emergency Operations Center (EOC), 100 EOC Drive, St. Augustine, FL 32092
***Active Assailant Plan Development Workshops***

1. **April 23rd, 2019 - 0830 to 1230**  
   Orange Park Medical Center – Classroom #7, 2001 Kingsley Avenue, Orange Park, FL 32073  

2. **May 31st, 2019 - 0830 to 1230**  
   WJCT Building – Community Room, 100 Festival Park Avenue, Jacksonville, FL 32002  

3. **June 12th, 2019 - 0830 to 1230**  
   St. Johns County Emergency Operations Center (EOC), 100 EOC Drive, St. Augustine, FL 32092  

In this **FREE 4-hour workshop**, expect to experience a dynamic combination of learning, exchanging ideas and at the same time working through how to effectively plan for an active assailant for your organization. This facilitated workshop will walk you through the planning process and key elements to consider while putting together your plan. Feel free to bring your existing plan in a format that you may edit as we move through the workshop, otherwise an electronic Active Assailant Plans Template will be sent to you prior to the workshop that you may prefer to use. Please bring a laptop with files loaded to enable you to make dynamic changes during the session. We encourage you to bring floorplans if available to help us guide you if you wish. Some of the key elements to be explored will be:

- Key Individuals and plans
- Threat Management and Active Assailant Teams
- Lockdown Procedures
- First responder coordination
- Communications
- Recovery and Continuity of Operations
- Rally/Assembly locations

At the end of the workshop you’ll be put in a position to accelerate your planning effort or update existing plans with confidence!

Questions, please contact:  
**Eric Anderson, Coalition Coordinator**  
Email: eanderson@nefrc.org  
Office: (904) 279-0885 ext. 178
Continuity of Operations Plans (COOP) are a necessary component of every organization’s readiness for emergencies and disasters that effect the organization’s ability to “stay in business” through and following an emergency or disaster; to continue serving their customer and meeting their customer’s needs. The COOP is the detailed oriented plan that documents the decision making, logistics and coordination that must occur to effectively be “back in business” at alternate locations.

The Healthcare Coalition’s Continuity of Operations Plan (COOP) program is designed to support any Coalition member organization in the development or refinement of their COOP. Regardless of how mature your COOP is; this workshop and planning experience is for you. The COOP program is structured to provide you several planning tools and planning experiences.

1. COOP Planning Materials
   - the COOP program includes a COOP Plan Template that is aligned with national standards (CMS Emergency Rule and NFPA 1600 – Standard on Disaster/Emergency Management and Business Continuity/Continuity of Operations Programs)
   - National Standard reference materials
   - Logistics checklists

2. COOP Planning Workshop
   - A free 4- hour workshop available to any Healthcare Coalition member
   - Workshop will provide an overview of the COOP template and reference materials
   - Specific “how to” prompts are provided throughout the template and discussed in the workshop
   - All workshop participants will receive COOP program materials on a USB memory device for their use

3. COOP Planning Technical Assistance
   - Workshop attendees will have access to COOP Planning Technical Assistance
   - Technical assistance by COOP planning specialists will be available on scheduled days throughout the region.

Make plans now to attend one of the workshops. Register early; we anticipate these sessions will be very popular and seats will go fast.

Questions, please contact: Eric Anderson, Coalition Coordinator
Email: eanderson@nefrc.org Office: (904) 279-0880
***FREE Course***

Nursing Home Incident Command System (NHICS)

- Thursday, May 30, 2019 from 0900 - 1630
- Student Limit: 35 Students
- Location: Flagler County Emergency Operations Center (EOC)
  1769 E. Moody Blvd., Building #3
  Bunnell, FL 32110


This is a 6-hour course that provides a working foundation of the NHICS concept. This class was developed to provide planning and response guidance to nursing homes and other long-term care facilities. It describes the nursing home incident command system, which can be used by facilities regardless of size or resident care capabilities, and is intended to assist with emergency planning and response efforts for all hazards.

The focus of the course is on organizing the nursing home team, implementing command and control measures, and decision making. The course is delivered to meet requirements from The Joint Commission. Training objectives include:

1) Reveal an increased awareness of the impact that the Incident Command System has on healthcare facilities

2) Describe the relationship of ICS, NIMS, and NHICS

3) Understand the need for nursing home planning and the use of a standardized incident management system

4) Understand the NHICS model and its integration into the current hospital organization

5) Prepare individual staff members for emergencies

***CEUs are available for Nursing Home Administrators who attend this course***

Questions, please contact: Eric Anderson, Senior Regional Planner
Email: eanderson@nefrc.org  Office: (904) 279-0885 ext. 178