 Quarterly General Membership Meeting Agenda

I. Call to Order
   - Validation of voting members present [accept designees, if required]
   - Introductions
   - *Approval of minutes from 10/16/19 Executive Board meeting

II. Financial
   - *Budget Report (October & November 2019)
   - Expenditure Requests
   - Management and Administration

III. Business
   - *Approval of General Membership Requests
   - Statewide Healthcare Coalition Meetings
     - ASPR Surge Estimator
   - National Healthcare Coalition Conference (Houston, TX)
   - *Annual Project Submission Overview & Funding Approval (2nd Round)
   - Coalition Surge Test (CST) Exercise Kickoff for 2020
   - Presentation – Building Community Resilience in the Healthcare Sector
     - Sean Lahav, Resiliency Coordinator, Northeast Florida Regional Council
   - Upcoming Events
     - Shelter-in-Place Training and Community-Based Exercise – Jan/Feb 2020
     - COOP Plan Development Workshop (Clay County EOC) – 2/11/20
     - Personal Protective Measures for Biological Events (PER-320) – 3/3/20

IV. Member Reports
   - Board Member Reports
   - Open Discussion

VII. Adjourn

Next Executive Board Meeting – January 15 @ 1:00pm
St. Vincent’s Southside (Bryan Auditorium) - 4201 Belfort Rd, Jacksonville, FL 32216

Next General Membership Meeting – March 18 @ 1:00pm
State Laboratory and Vital Statistics Complex - 1217 N. Pearl St, Jacksonville, FL 32202

No Webinar for General Membership Meetings. Please Attend.
NEFLHCC Executive Board

Executive Board

A quorum is 50% of the total voting membership (Executive Board)

Six Voting Members = Quorum

Membership by County

- Baker – 1
- Clay – 2
- Duval – 2
- Flagler - 2
- Nassau – 1
- St. Johns – 2
- At Large – 2

TOTAL = 12

Executive Board

Chair: Rich Ward, Hospitals
Vice-Chair: Tim Connor, Emergency Management
Secretary/Treasurer: Kristy Siebert, Home Health

- 6 County Reps
  - Baker County
    - Jordan Duncan
  - Clay County
    - Sonny Rodgers
  - Duval County
    - Richard Ward
  - Flagler County
    - Suzette Reese
  - Nassau County
    - Ronnie Nessler
  - St. Johns County
    - Noreen Nickola-Williams

- 4 Discipline Reps
  - Emergency Management
    - Tim Connor
    - Joe Stores
  - Hospital
    - Rich Ward
  - Public Health
    - Robert Snyder
  - Long Term Care
    - Jeff Markulik
  - Home Health
    - Kristy Siebert

Tiebreak Vote

Regional Emergency Response Advisor

* As of 12/18/19
## Northeast Florida Healthcare Coalition Voting Members & Designated Alternates (12/18/19)

**Six Voting Members = Quorum**

<table>
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<tr>
<th>Representation</th>
<th>Voting Member</th>
<th>Alternate Name</th>
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**Chair:** Rich Ward, Hospitals  
**Vice-Chair:** Tim Connor, Emergency Management  
**Secretary/Treasurer:** Kristy Siebert, Home Health
The October Executive Board meeting of the Northeast Florida Healthcare Coalition was held in Bryan Auditorium at Ascension St. Vincent’s - Southside in Jacksonville, Florida at 1:00pm on Wednesday, October 16, 2019.

**CALL TO ORDER**

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

- Clay County – Sonny Rodgers
- St. Johns County – Noreen Nickola-Williams
- Emergency Management – Tim Connor
- EMS – Joe Stores
- Hospitals – Rich Ward
- Public Health – Robert Snyder
- Long Term Care – Micah Barth, Alternate
- Home Health – Kristy Siebert

Absent
- Baker County – Jordan Duncan
- Duval County – Richard Ward
- Flagler County – VACANT
- Nassau County – Ronnie Nessler

A sign in sheet was collected for all other attendees.

**Introductions**

Mr. Ward called for introductions.

**Approval of Minutes**

The minutes from the September 18, 2019 meeting were provided as part of the meeting packet, which included the sign-in sheets from that meeting.

*Mr. Ward called for a motion for approval of the September 18, 2019 meeting minutes. Kristy Siebert moved approval; second by Robert Snyder. Motion carried.*

**FINANCIAL**

*Budget Report*

The finance report for September 2019 was presented by Secretary/Treasurer Kristy Siebert.

With no questions, *Mr. Ward called for a motion to accept the September 2019 budget report. Tim Connor moved approval; second by Micah Barth. Motion carried.*
Northeast Florida Healthcare Coalition

*Expenditure Requests*
None at this time.

Management and Administration Update

- **Qualified Vendors** – The Healthcare Coalition will be contracting with pre-approved vendors for planning, training and exercise needs. A second round of vendors were solicited through an open submission process. A total of seven (7) qualified vendors have been approved to implement services for programs and projects of the Coalition.

- **Annual Project Funding** – Coalition staff collected submitted project applications and distributed them to the regional review team. The team was made up of six (6) people who have a regional perspective and did not have a vested interest in any of the project submissions. Project recommendations will be reviewed during this meeting.

- **Annual Summit** – Coalition staff has been working on the final items to finish up the planning for the Healthcare Coalition Summit. An update will be provided later in the meeting.

**BUSINESS**

*Approval of General Membership Requests*
As required in the bylaws, the Board must approve all membership requests. There have been eight (8) membership requests since the last meeting. The list was provided in the meeting packet.

A motion was made by Micah Barth and seconded by Tim Connor to approve the membership list as presented. Motion carried.

**Annual Training Summit**

October 29, 2019
10:00am to 4:30pm
Thrasher-Horne Center
283 College Drive, Orange Park, FL 32065

Registration Link: [https://2019-annual-summit-neflhcc.eventbrite.com](https://2019-annual-summit-neflhcc.eventbrite.com)
Registration Fee - $18

**Morning Session** - The morning session will be highlighted by the keynote speaker John M. Barry, who authored The Great Influenza: The Epic Story of the Deadliest Plague in History. He will discuss the 1918 Influenza Pandemic and its lessons for today's healthcare system. Following his speech, we will have a panel discussion on pandemic influenza and other infectious diseases with our local and state partners.
LUNCH

Afternoon Session - The afternoon session will be comprised of two training/seminar options. Attendees can choose which training they would like to attend.

Option 1: Disaster Response & Recovery Mental Health First Aid

Presenters will be Dr. Angie Lindsey and Dr. Heidi Radunovich from the Department of Family, Youth and Community Sciences at the University of Florida.

Option 2: Disability & Natural Disasters: Preparing for the Worst and Not Just Hoping for the Best

Presenters will be Tony Delisle, PhD - Executive Director and Kevin Towles, Consumer Specialist with the Center for Independent Living in North Central Florida.

Coalition Programs – QVL Scopes of Work

The Coalition has seven (7) primary contract deliverables for 2019/2020. Coalition staff intends to complete some the work internally, while using qualified vendors to complete the remaining contract deliverables.

Coalition staff intend to complete the following items:

1. Jurisdictional Risk Assessment (JRA)
2. Coalition Continuity of Operation Plan (COOP Plan)
3. Coalition Surge Test Exercise – Inpatient Facility Evacuation Exercise
   a. March 11, 2020

The following items will be contracted out to qualified vendors of the Healthcare Coalition. Scopes of Work (SOW) will be distributed in October.

4. Infectious Diseases Best Practices
5. Evacuation and Transportation Alternative Plan
6. Active Assailant Tabletop Exercise
   a. Develop into CMS Tabletop Exercises for healthcare facilities
7. Strategic Plan

Annual Project Submission Overview & Funding Approval for FY 19/20

FY 2019-2020 project funding applications have been received. The applications were distributed to six (6) regional reviewers for their comments and project scores. A meeting was conducted to determine project funding recommendations to give to the Coalition Executive Board for consideration.
Northeast Florida Healthcare Coalition

Coalition staff provided an overview of each project, then provided the regional review committee recommendations to the Executive Board for their consideration. The recommendation was to fully fund seven (7) projects and partially fund three (3) projects for a total of $91,845.

A motion was made by Tim Connor and seconded by Kristy Siebert to approve the funding recommendations for projects. Motion carried.

One project was submitted that was being reviewed for eligibility, and there is still $13,555 available for project funding. Staff committed to corresponding with the Executive Committee on the status of the project and remaining money.

Request – Cancel November Executive Board Meeting
Coalition staff has made a request to cancel the November Executive Board meeting. The Healthcare Coalition Statewide Face-to-Face meetings have been scheduled in Tallahassee at the same time. Rich Ward and Tim Connor will be attending on behalf of the Executive Board.

A motion was made by Noreen Nickola-Williams and seconded by Robert Snyder to approve the cancellation of the November Executive Board meeting. Motion carried.

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.

- Annual Coalition Training Summit – 10/29/19 @ Thrasher-Horne Center
- Natural Disaster Awareness or Caregivers (AWR-308) – 11/5/19 (SOLD OUT)
- COOP Plan Development Workshop 12/11/19 (REGISTRATION OPEN)
- 2020 Shelter-in-Place Training & Community-Based Exercise (HazMat)

The Northeast Florida Healthcare Coalition (HCC) and Northeast Florida Local Emergency Planning Committee for Hazardous Materials (LEPC) have partnered to implement a pilot training and exercise program. The goal of this pilot program is to enhance shelter-in-place capabilities of healthcare facilities and community organizations for a hazardous materials incident.

Healthcare facilities and other organizations that are interested in participating in this community-based exercise are required to fulfill the following requirements to receive a Letter of Participation from the healthcare coalition.

1. Attend an LEPC Sponsored Shelter-in-Place Training
2. Implement training at your facility
3. Conduct the Exercise on Tuesday, February 25, 2020 at 10am
4. Evaluate the Exercise

**MEMBER REPORTS**

Board Member Reports
None at this time.

Open Discussion
None at this time.

Next **General Membership** Meeting – December 18 @ 1:00pm
State Laboratory and Vital Statistics Complex - 1217 N. Pearl St, Jacksonville, FL 32202
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<thead>
<tr>
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<td>Century Ambulance</td>
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<td>St. Vincent's</td>
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<td>Rich Ward</td>
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<td><a href="mailto:Jean.C.Silvy@ufalumni.com">Jean.C.Silvy@ufalumni.com</a></td>
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<tr>
<td>Tony Schaefer</td>
<td>JFRD</td>
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<td>Joe Lichtman</td>
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<td><a href="mailto:joseph.lichtman@bmcjax.com">joseph.lichtman@bmcjax.com</a></td>
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<td>B-314, Rehab</td>
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<td>Halle Mitchell</td>
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Northeast Florida Health Care Coalition
Financial Report
As of October 2019

### NEFHCC 19/20

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### PROJECTS FY 19/20

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Northeast Florida Health Care Coalition
Financial Report
As of November 2019

**NEFHCC 19/20**

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<td>$ 14,440.00</td>
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<td><strong>Expenses</strong></td>
<td>$ 246,151.00</td>
<td>$ 20,068.46</td>
<td>$ 81,274.17</td>
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**PROJECTS FY 19/20**

<table>
<thead>
<tr>
<th>Budget</th>
<th>November 2019</th>
<th>Project To Date</th>
<th>% of Funds</th>
<th>Funds Available</th>
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<tr>
<td><strong>Revenues</strong></td>
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<tr>
<td>State Contract</td>
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<tr>
<td><strong>Expenses</strong></td>
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<tr>
<td>Projects</td>
<td>$ 105,400.00</td>
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</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>$ 105,400.00</td>
<td>-</td>
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</tbody>
</table>
Coalition awards nearly $100,000 to Jacksonville-area first responders

By Scott Butler
Posted Dec 10, 2019 at 12:37 PM

A total of $91,845 was funded by the Northeast Florida HealthCare Coalition to agencies that handle public emergency response.

Another devastating hurricane season served as a reminder to several agencies about what it means to be an emergency responder. The Northeast Florida HealthCare Coalition recently awarded close to $100,000 to nine agencies to help them in their jobs.

The coalition is a federal initiative under the leadership of the Northeast Florida Regional Council. The annual grants are awarded to the agencies based on their project submissions for emergency preparedness initiatives in the community.

Following are the awardees and how the money will be used:

• UF Health Jacksonville, $23,000 for BluMed Shelter System.

As the level 1 trauma hospital for the region, the funding is for a mobile shelter that will be used as a medical tent for a patient surge during an epidemic pathogen isolation incident.

• Florida Department of Health, Flagler County, $17,433 for special needs shelter equipment and supplies.

These will be used for people with special needs who have no other option for sheltering during an emergency.

• Ascension St. V's, $14,571 for Radio Battery Replacement and Powered, Air-purifying Respirator filters.
The filters provide respiratory, head, face, eye and hearing protection to emergency response personnel during hazardous events. The radio battery replacement is to keep radio communications systems running during communication failures and power outages.

• Baker County Sheriff’s Office, $10,532 for individual first-aid kits.

Arterial bleeding if stopped quickly has an 80 percent chance of survival in most cases. The funding will provide first-aid kits, tourniquets and duty belt holders to first responders for emergency situations.

• Jacksonville Fire Rescue, $7,656 for deployable Stop the Bleed kits.

The department will purchase life-saving bleeding control kits to stop blood loss during an emergency. Each kit is equipped with a tourniquet, trauma dressing, compressed gauze, nitrile gloves, trauma shears, instruction card and a permanent marker to indicate the time that the tourniquet was applied.

• Memorial Hospital, $6,728 for chemical decontamination supplies.

As the front line defense, emergency personnel are often exposed to hazardous chemicals and infectious diseases, and decontamination equipment acts as a safeguard for emergency personnel.

• Baptist Beaches, $4,900 for Stop the Bleed training supplies.

Hospital staff will train community members on how to properly save lives by controlling severe bleeding using the bleeding control kits.

• Mental Health Resource Center, $4,491 for generator fuel capacity.

The center will purchase a 100- and 500-gallon fuel tank for the generators at its facility to increase fuel capacity and operate longer during a power outage. During Hurricanes Matthew and Irma the facility could not get any vendors to deliver fuel and had to call on the city of Jacksonville for assistance.

• Orange Park Medical Center, $2,534 for “Stop the Bleed” training supplies.
The Stop the Bleed community outreach and education program uses the bleeding control kits to provide training for basic life-saving medical interventions to schools, churches and businesses. About 3,500 individuals have been trained since January 2018.

Scott Butler: (904) 359-4566

RELATED | Read more Jacksonville-area news
Omnibus Burden Reduction Rule
CMS-3346-F

On September 26, 2019, the Centers for Medicare & Medicaid Services (CMS) took action at President Trump’s direction to “cut the red tape,” by reducing unnecessary burden for American’s healthcare providers allowing them to focus on their priority – patients. The Omnibus Burden Reduction (Conditions of Participation) Final Rule removes Medicare regulations identified as unnecessary, obsolete, or excessively burdensome on hospitals and other healthcare providers to reduce inefficiencies and moves the nation closer to a healthcare system that delivers value, high quality care and better outcomes for patients at the lowest possible cost.

This rule advances CMS’s Patients over Paperwork initiative by saving providers an estimated 4.4 million hours of time previously spent on paperwork with an overall total projected savings to providers of $800 million annually.

This rule finalizes the provisions of the following three distinct proposed rules:

- Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (“Omnibus Burden reduction”), published September 20, 2018;
- Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care, published June 16, 2016; and

While each proposed rule was published separately, CMS is finalizing them in one final rule for administrative efficiency as well as to promote transparency. Each of these rules includes reforms to Medicare regulations that are identified as unnecessary, obsolete, or excessively burdensome on health care providers and suppliers. In addition, the hospital and CAH rule addresses one of the top priorities for the President and his Administration-- advancing the overall quality and safety of patient care— by modernizing and updating the requirements for hospitals and CAHs to have infection prevention and control and antibiotic stewardship programs that are not only active and facility-wide, but which also demonstrate adherence to nationally recognized guidelines for the surveillance, prevention, and control of HAIs and other infectious diseases, as well as best practices for the optimization of antibiotic use through stewardship in order to effectively reduce the development and transmission of antibiotic-resistant organisms.

**Background**


In a continued effort to balance patient safety and quality of care while limiting unnecessary procedural burdens on providers, and in accordance with the January 30, 2017 Executive Order “Reducing Regulation and Controlling Regulatory Costs” (Executive Order 13771), CMS has conducted a comprehensive review of the
regulatory health and safety standards for applicable provider and supplier types. CMS issued this final rule to revise the applicable regulations as a continuation of our efforts to reduce regulatory burden in accordance with the aforementioned Executive Order.

CMS is finalizing changes that will simplify and streamline the current regulations, increasing provider flexibility and reducing excessively burdensome regulations. This will allow providers to focus on providing high-quality healthcare to their patients, while maintaining robust health and safety standards for patients.

This final rule will also reduce the frequency of certain required activities and, where appropriate, revise timelines for certain requirements for providers and suppliers. It will remove obsolete, duplicative, or unnecessary requirements. These finalized revisions balance patient safety and quality, while also providing broad regulatory relief for providers and suppliers. The final rule would reduce burden for participating providers and suppliers in the following ways:

**Emergency Preparedness**

- **Emergency program**: We have decreased the requirements for facilities to conduct an annual review of their emergency program to a biennial review. However, based on industry feedback, long term care (LTC) facilities will continue to review their emergency program annually.

- **Emergency plan**: Eliminating the requirement that the emergency plan include documentation of efforts to contact local, tribal, regional, State, and federal emergency preparedness officials and a facility’s participation in collaborative and cooperative planning efforts;

- **Training**: Decreasing the training requirement from annually to every two years. Nursing homes will still be required to provide annual training.

- **Testing (for inpatient providers/suppliers)**: Increasing the flexibility for the testing requirement so that one of the two annually-required testing exercises may be an exercise of the facility’s choice; and

- **Testing (for outpatient providers/suppliers)**: Decreasing the requirement for facilities to conduct two testing exercises to one testing exercise annually.

**Hospitals**

- Allowing multi-hospital systems to have unified and integrated Quality Assessment and Performance Improvement (QAPI) programs and unified and integrated infection control and antibiotic stewardship programs for all of their member hospitals;

- Removing the requirement for a hospital’s medical staff to attempt to secure autopsies in all cases of unusual deaths and of medical-legal and educational interest.

- Allowing hospitals the flexibility to establish a medical staff policy describing the circumstances under which a pre-surgery/pre-procedure assessment for an outpatient could be utilized, instead of a comprehensive medical history and physical examination;
For psychiatric hospitals, CMS is also finalizing the clarification of the requirement to allow the use of non-physician practitioners and doctors of medicine/doctors of osteopathy (MD/DOs) to document progress notes of patients receiving services in psychiatric hospitals.

Hospital swing-bed providers, Critical Access Hospitals, Rural Health Centers, and Federally Qualified Health Centers

Hospital and CAH swing-bed providers:

- Removing the requirement for a facility to request or allow swing-bed patients to perform services for the facility;
- Removing the requirement for the facility to provide an ongoing activities program that is directed by a qualified professional because the patient’s activity needs are addressed in the nursing care plan;
- Removing the requirement for facilities with more than 120 beds to employ a qualified social worker on a full-time basis because of the hospital swing-bed and CAH bed limit requirements; and
- Removing the requirement for facilities to assist residents in obtaining routine and 24-hour emergency dental care because of the existing requirement for hospitals and CAHs to provide care in accordance with the needs of the patient (emergent and non-emergent).

CAHs:

- Reducing the frequency that is currently required for CAHs to perform a review of all their policies and procedures; and
- Removing the duplicative requirement for CAHs to disclose the names of people with a financial interest in the CAH.

RHCs and FQHCs:

- Reducing the frequency of review of the patient care policies and facility evaluation from annually to every two years.

Ambulatory Surgical Centers

- Reducing burden for ASCs by removing the provisions requiring ASCs to have a written transfer agreement with a hospital that meets certain Medicare requirements or ensuring that all physicians performing surgery in the ASC have admitting privileges in a hospital that meets certain Medicare requirements. Instead, ASCs will be required to periodically provide the local hospital with written notice that outlines the ASC operation and patient population served by the ASC facility. All ASCs must continue to have an effective procedure for immediate transfers to a hospital for patients requiring emergency medical care beyond the capabilities of the ASC; and
- Removing the current requirements that a physician or other qualified practitioner conduct a complete comprehensive medical history and physical assessment on each patient not more than 30 days before the date of the scheduled surgery. Additionally, CMS is finalizing the requirement that each ASC establish and implement a policy that identifies patients who require an H&P prior to surgery.

### Transplant Centers

- Updating the terminology used in the regulations to conform to the terminology that is widely used and understood within the transplant community, thereby reducing provider confusion; and

- Removing the requirement for transplant centers to submit clinical experience, outcomes, and other data in order to obtain Medicare re-approval. This policy seeks to address the unintended consequences of the existing requirements that have resulted in transplant programs potentially avoiding performing transplant procedures on certain patients and many organs going unused. Although we are finalizing the removal of this requirement, CMS will continue to monitor and assess outcomes and quality of care in transplant programs after initial Medicare approval.

### Home Health

- Removing the requirement that the Home Health Agency (HHA) conduct a full competency evaluation of a home health aide when deficiencies are identified in aide services, and replacing it with a requirement to retrain the aide regarding the identified deficient skill(s), and requiring the aide to complete a competency evaluation related only to those skills; and

- Limiting the requirements for verbal (meaning spoken) notification of all patient rights to those rights related to payments made by Medicare, Medicaid, and other federally funded programs, and for potential patient financial liabilities, as specified in the Social Security Act. HHAs will still be required to provide written notice of all patient rights to all HHA patients.

### Hospices

- Allowing hospices to defer to State licensure requirements for qualification of their hospice aides, regardless of the State licensure content or format, thus allowing states to set forth training and competency requirements that meet the needs of their populations. We anticipate this change will streamline the hiring process for most hospices;

- Removing the prescriptive requirement that hospices must consult with an individual with expertise in drug management in addition to the hospice’s own expert clinicians; and

- For hospices that provide hospice care to residents of a Skilled Nursing Facility or Intermediate Care Facilities for Individuals with Intellectual Disabilities, CMS is requiring hospices to work with their chosen Skilled Nursing Facility and intermediate care facility partners to educate facility staff about the hospice philosophy of care and specific
hospice practices. CMS believes this will encourage collaboration between both entities; and will avoid duplication of efforts with other hospices that are orienting the same facility staff.

**Comprehensive Outpatient Rehabilitation Facilities**

- Reducing the frequency of the implementation of a utilization review plan from four times per year to annually, which will allow an entire year to collect and analyze data to inform changes to the facility and the services provided.

**Community Mental Health Centers**

- Removing the requirement for CMHCs to update the client comprehensive assessment every 30 days for all CMHC clients and instead only retain the minimum 30-day assessment update for those clients who receive partial hospitalization program services. CMS believes this will allow for an efficient use of CMHC clinician time, allowing for more time with their clients.

**Portable X-Ray Services**

- Removing the four training and education requirements, which focus on the accreditation of the school where the technologist received training, and replacing it with a streamlined qualification that focuses on the skills and abilities of the technologist; and
- Allowing for portable x-ray services to be ordered in writing, by telephone, or by electronic methods, streamlining the ordering process.

**Religious Nonmedical Health Care Institutions (RNHClrs)**

Since RNHClrs provide health care furnished under religious tenets that prohibit medical care, we have reduced burden by not requiring them to prepare discharge instructions to a medical facility. We are allowing a more condensed and flexible discharge process by requiring RNHClrs only to provide discharge instructions to the patient and/or the patient’s caregiver when the patient is discharged home.

*Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care*, published June 16, 2016.

CMS is finalizing several of the proposed changes in order to modernize the hospital and CAH requirements, improve quality of care, and support HHS and CMS priorities. CMS believes that benefits of these finalized requirements will include: reduced incidence of hospital-acquired conditions (HACs), including reduced incidence of healthcare-associated infections (HAIs); reduced inappropriate antibiotic use; a proactive approach to quality assessment and performance improvement in CAHs; potential cost savings for some hospitals, CAHs, and insurers; and strengthened patient protections overall. We estimate an annual cost of approximately $98 million. The benefits of these finalized requirements will include:

- Changing the term “Licensed Independent Practitioner” in the hospital Patient’s Rights CoP to “Licensed Practitioner.” This revision reflects our goal of allowing healthcare
professionals, such as nurse practitioners and physician assistants, to care for patients to the full extent of their licenses and scopes of practice as well as allowing hospitals to more effectively utilize these highly trained and effective clinical professionals to fully benefit patients. By making this change, we will reduce regulatory burden for hospitals and remove the unnecessary obstacles that prevent nurse practitioners, physician assistants, and other qualified advanced practice providers from effectively working to the highest level of their training and education;

- Updating the hospital CoPs to specify that hospital QAPI programs must incorporate existing quality indicator data, including patient care data submitted to, or received from, quality reporting and quality performance programs. This requirement gives hospitals increased flexibility, while continuing to promote patient safety and quality of care;

- Clarifying requirements for nursing services that have been ambiguous or confusing due to unnecessary distinctions between hospital inpatient and outpatient services. This change will add flexibility to account for the variety of ways through which a hospital might meet its nurse staffing requirements;

- Updating hospital requirements for infection prevention and control programs, which do not fully conform to current standards of practice for the surveillance, prevention, and control of HAIs and other infectious diseases, and also requiring that hospital programs demonstrate adherence to nationally recognized infection prevention and control guidelines for reducing the transmission of infections within their hospitals;

- Requiring hospitals to establish and maintain antibiotic stewardship programs to help reduce inappropriate antibiotic use and antimicrobial resistance. By requiring that hospitals have antibiotic stewardship programs that are not only active and hospital-wide, but also demonstrate adherence to nationally recognized guidelines for the optimization of antibiotic use through stewardship, the changes are aimed at effectively reducing the development and transmission of HAIs and antibiotic-resistant organisms that ultimately will greatly improve the care and safety of patients while adding cost benefits for hospitals;

- Adding flexibility to the hospital CoPs by specifying that a unified and integrated infection prevention and control program may also include a unified and integrated antibiotic stewardship program for a multi-hospital system;

- Allowing registered dietitians in CAHs to order therapeutic diets for patients in accordance with State scope-of-practice laws to allow for flexibility and to produce savings in this area;

- Requiring CAHs to have infection prevention and control and antibiotic stewardship programs similar to those being finalized for hospitals; and
- Requiring CAHs to develop, implement, and maintain proactive QAPI programs. This requirement replaces the current reactive annual evaluation requirement and provides greater flexibility for improving health care.

We are updating requirements for certain higher-risk dialysis facilities from the 2000 edition of the fire safety code to the 2012 edition of the fire safety code. This change aligns with state requirements and with the requirements for all other facility types. It also removes an existing obsolete requirement for facilities to comply with the 2000 edition of the fire safety code. There is no additional burden for these facilities as all states have adopted the 2012 edition of the NFPA 101 and 99. CMS is finalizing this rule as proposed. Specifically, CMS is finalizing as proposed the adoption of the 2012 editions of the NFPA 101 and 99 for dialysis facilities that do not provide one or more exits to the outside at grade level from the treatment area level.

The final rule was published in the *Federal Register* on September 30, 2019. The Rule went into effect on November 29, 2019.
# New Member Requests (as of December 11, 2019)

<table>
<thead>
<tr>
<th>#</th>
<th>Last Name</th>
<th>First Name</th>
<th>Facility Name</th>
<th>Facility Type</th>
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<tbody>
<tr>
<td>1</td>
<td>Bennett</td>
<td>Sonia</td>
<td>Shands Starke Regional Medical Center</td>
<td>Hospital</td>
</tr>
<tr>
<td>2</td>
<td>Carter</td>
<td>Marcie</td>
<td>Rural Health Inc., d/b/a Azalea Health</td>
<td>Primary Care Provider, including pediatric and women’s health care providers</td>
</tr>
<tr>
<td>3</td>
<td>Crawford</td>
<td>Deena</td>
<td>Shands Starke Regional Medical Center</td>
<td>Hospital</td>
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<tr>
<td>4</td>
<td>Haney</td>
<td>Maria</td>
<td>Clay County Emergency Management</td>
<td>Emergency Management Organization</td>
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<tr>
<td>5</td>
<td>Heyward</td>
<td>Wendell</td>
<td>Baptist Medical Center South</td>
<td>Hospital</td>
</tr>
<tr>
<td>6</td>
<td>Jones</td>
<td>Wayne</td>
<td>Middleburg Rehabilitation and Wellness Center</td>
<td>Skilled Nursing, Nursing &amp; Long-term care facility</td>
</tr>
<tr>
<td>7</td>
<td>Reese</td>
<td>Suzette</td>
<td>DOH Flagler</td>
<td>Public Health Agency</td>
</tr>
<tr>
<td>8</td>
<td>Sloan</td>
<td>Christie</td>
<td>ResCare FL; Ocala Cluster</td>
<td>Skilled Nursing, Nursing &amp; Long-term care facility</td>
</tr>
<tr>
<td>9</td>
<td>Sygowski</td>
<td>Cheryl</td>
<td>Normandy Village Dialysis</td>
<td>Dialysis Centers &amp; Regional Centers for Medicare &amp; Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks</td>
</tr>
</tbody>
</table>
MEMORANDUM

DATE: NOVEMBER 1, 2019

TO: NORTHEAST FLORIDA HEALTHCARE COALITION EXECUTIVE BOARD

FROM: ERIC ANDERSON, COALITION COORDINATOR

RE: PROJECT FUNDING AMENDMENT FOR FY 2019-2020

Item 1 - Coalition staff provided an overview of project requests at the October meeting of the Executive Board. The Executive Board chose to fund projects based on the recommendations of the regional review team.

Unfortunately, staff failed to include a project for funding consideration by the Executive Board during the official meeting. The project was for 200 Stop-the-Bleed kits requested by Jacksonville Fire/Rescue for deployable packages for large special events.

Staff notified the voting members of the Executive Board following the meeting about the missing project and asked for their review and vote to approve the funding. Stop-the-Bleed kits we funded for all projects in 2019-2020. The Executive Board approved of the funding of $7,656.00.

Item 2 – The Baptist Beaches Decon Project funding request was tabled at the October Executive Board meeting pending FDOH guidance on if this is an allowable project. A determination was made by FDOH that this project was allowable, but they expressed concerns of the project addressing the decontamination gap identified.

Staff provided an email to the voting members of the Executive Board with the FDOH comments and asked for a vote on funding of the project. All eleven voting members responded with a vote (Flagler County seat is vacant). The Executive Board voted 8 to 3 to deny funding of the project.

Staff has since reopened the project funding cycle with $13,555 left to allocate to projects in FY 2019-2020.
### Project Review & Prioritization Committee Recommendations - NEFLHCC 2019-20

<table>
<thead>
<tr>
<th>Agency</th>
<th>Project Title</th>
<th>Total Cost</th>
<th>Recommended for Funding</th>
<th>Amount to fund</th>
<th>If partial funding is recommended, specific portions of project recommended for funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension St. V’s</td>
<td>Radio Battery Replacement</td>
<td>2,230</td>
<td>Yes</td>
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<tr>
<td>Ascension St. V’s</td>
<td>PAPR Filters</td>
<td>12,341</td>
<td>Yes</td>
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<td>Baker Co. Sheriff’s Office</td>
<td>Individual 1st Aid Kits</td>
<td>10,532</td>
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<td>Jacksonville Fire Rescue JFRD</td>
<td>Deployable STB Kits</td>
<td>7,656</td>
<td>Yes</td>
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<td>Memorial Hospital</td>
<td>Chemical Decon Supplies</td>
<td>6,728</td>
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<td>Mental Health Resource Center</td>
<td>Generator Fuel Capacity</td>
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<td>UF Health Jacksonville</td>
<td>BluMed Shelter System</td>
<td>23,000</td>
<td>Yes</td>
<td>$ 23,000</td>
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<tr>
<td>Baptist Beaches</td>
<td>Stop the Bleed</td>
<td>12,400</td>
<td>Partial</td>
<td>$ 4,900</td>
<td>Fund: STB Training Kits Supplies</td>
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<td>DOH-Flagler</td>
<td>SpNS Equipment &amp; Supplies</td>
<td>22,612</td>
<td>Partial</td>
<td>$ 17,433</td>
<td>Fund: Bariatric cots and O₂ equipment: Pulse Oximeters, H tank regulator, E tank &amp; H tank carts, concentrators, manifolds,</td>
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<tr>
<td>Orange Park Medical Center</td>
<td>Community Outreach &amp; Ed.</td>
<td>72,717</td>
<td>Partial</td>
<td>$ 2,534</td>
<td>Fund: STB Training Kit &amp; Z-Medica Trauma Trainer Leg</td>
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<tr>
<td><strong>Total Funding Available</strong></td>
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<td><strong>$ 105,400</strong></td>
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<td><strong>Total Funded</strong></td>
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<td><strong>Remaining Amount</strong></td>
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<td><strong>$13,555.00</strong></td>
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#### Project Pending Decision

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<tr>
<th>Agency</th>
<th>Project Title</th>
<th>Amount</th>
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<td>Baptist Beaches</td>
<td>Decon Improvement</td>
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#### Committee’s General Comments

The Committee recommends the following:

1. If Baptist Beaches decon project is not allowable, then the Committee recommends the Board considers re-opening the project application for additional projects or reallocating the funds to training & exercises.
2. The Coalition does not continue to fund sustainment projects e.g. routine maintenance and replacement of outdated/expire equipment parts.
3. Projects should provide benefit for the regional healthcare system.
4. Projects should not fund the cost of doing business for a facility e.g. purchases to meet regulations and requirements.
<table>
<thead>
<tr>
<th>Agency</th>
<th>Project Title</th>
<th>Total Cost</th>
<th>Recommended for Funding</th>
<th>Amount to fund</th>
<th>If partial funding is recommended, specific portions of project recommended for funding</th>
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<tr>
<td>Baptist Health</td>
<td>Communication Improvements</td>
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<td>Yes</td>
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<td>DOH-Duval</td>
<td>MCM Project</td>
<td>$4,844.57</td>
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<td>Flagler EM</td>
<td>Portable Field Care Facility</td>
<td>$19,000</td>
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<td>Flagler Hospital</td>
<td>MSAT Satellite Phone System</td>
<td>$6,117</td>
<td>Partial</td>
<td>$4,129.54</td>
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<td>MHRC</td>
<td>Portable Air Conditioners</td>
<td>$5,125</td>
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<td>OPMC</td>
<td>STB Outreach &amp; Education</td>
<td>$10,512.66</td>
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<td>Memorial</td>
<td>Bio Conversion Kits for Breath Easy PAPRs</td>
<td>$1,226.40</td>
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<td>Nassau EM</td>
<td>Fall-Prevention Training for Evacuation Shelter Staff</td>
<td>$9,750</td>
<td>No</td>
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<td>Project has been submitted to FDOH – State to fund as a statewide eligible project</td>
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Funding Allocated to date: $91,845

Total Funding Available: $13,555

Total Funded: $66,001.09

$13,555.00

**Committee’s General Comments**

The Committee recommends the following:

1. The Coalition does not continue to fund sustainment projects e.g. routine maintenance and replacement of outdated/expired equipment parts.
2. Projects should provide benefit for the regional healthcare system.
3. Projects should not fund the cost of doing business for a facility e.g. purchases to meet regulations and requirements.
2020 COALITION SURGE TEST (CST) EXERCISE
January 10, 2020 from 1000 to 1030

Webinar Link: https://global.gotomeeting.com/join/651706837

Conference #: 1 (646) 749-3122
Access Code: 651-706-837 #

1. Introductions
2. Coalition Surge Test Exercise Overview/Guidance
3. Overview of the 2018 CST Exercise, Changes for 2019
4. Acute Care Beds/Hospitals in Region 3 Coalitions
5. Hospital Participation
6. Emergency Management & ESF-8 Health and Medical
7. Exercise Staff – Assessor/Evaluators
8. Training on the Coalition Surge Tool Exercise
9. Next Meetings
   i. Participating Hospitals
   ii. Assessors/Evaluators
10. Assignments
11. Adjourn

March 11, 2020 – Exercise Date
BUILDING COMMUNITY RESILIENCE

Presentation for Florida Healthcare Providers

Sean D. Lahav, MPA | Resiliency Coordinator
2020 Operation Shelter-in-Place: A HazMat Incident
A Community-Based Exercise for Healthcare Facilities

(Shelter-In-Place means seeking immediate shelter inside a building when outside air quality is threatened or compromised by a chemical hazard, sheltering in place keeps you inside an area offering more protection.)

The Northeast Florida Healthcare Coalition and Northeast Florida Local Emergency Planning Committee for Hazardous Materials is hosting a community-based exercise on **Tuesday, February 25, 2020 at 10am** to assist healthcare facilities in meeting CMS training and testing requirements. Other organizations in the community are also encouraged to participate.

Training and Exercise Overview

The Northeast Florida Healthcare Coalition (HCC) and Northeast Florida Local Emergency Planning Committee for Hazardous Materials (LEPC) have partnered to implement a pilot training and exercise program. The goal of this pilot program is to enhance shelter-in-place capabilities of healthcare facilities and community organizations for a hazardous materials incident.

Healthcare facilities and other organizations that are interested in participating in this community-based exercise are required to fulfill the following requirements to receive a Letter of Participation from the healthcare coalition.

**I. Prepare - (Required)**

- a. Attend a LEPC Sponsored Shelter-in-Place Training (2-hours)
- b. Multiple offerings available throughout the region in Jan/Feb of 2020
  - i. Reference the attached Training Flyer for registration information
- c. Only facilities that have attended a training can participate in the Exercise

**II. Implement Training** – Take the lessons learned in the LEPC sponsored shelter-in-place training and conduct an internal training at your healthcare facility or organization in preparation for the community-based exercise.

Exercise details will be discussed at the pre-requisite Training
III. **Conduct Exercise** - On Tuesday, February 25, 2020 at 10am, registered healthcare facilities and other organizations will take part in the exercise. The scenario will simulate a hazardous materials threat and subsequent need to implement shelter-in-place protocols.

**On Tuesday, February 25, 2020 at 10am**, you will:

- Receive an alert from the healthcare coalition with the scenario and instructions for conducting the exercise.
- Facilities will be responsible for implementing their internal shelter-in-place protocols.
- Document the shelter-in-place exercise by obtaining a sign in sheet of participants. If appropriate, take photos during the exercise.

IV. **Evaluate Exercise** - When the shelter-in-place exercise is complete, take a moment to review actions that worked well and actions that need improvement with exercise players.

a. Following the exercise, complete the following steps by March 13, 2020.
   
i. Complete an online participant evaluation survey.
   
ii. Submit exercise participant sign-in-sheets to eanderson@nefrc.org
   
iii. Submit any photos that you would like us to include in the after-action report (optional) to eanderson@nefrc.org

**Documentation Provided** - By Friday, April 3, 2020, your organization will receive an After-Action Report and Letter of Participation. These documents may be used for meeting CMS training and testing requirements.

**For more information:**

<table>
<thead>
<tr>
<th>Eric Anderson, Coalition Coordinator</th>
<th>Tyler Nolen, LEPC Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email – <a href="mailto:eanderson@nefrc.org">eanderson@nefrc.org</a></td>
<td>Email – <a href="mailto:tnolen@nefrc.org">tnolen@nefrc.org</a></td>
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</table>

**Exercise details will be discussed at the pre-requisite Training**
Healthcare facilities and other organizations that are interested in participating in the community-based exercise on Tuesday, February 25, 2020 are required to complete the following shelter-in-place training requirement. Training opportunities will be offered throughout the region. Community-based exercise details will be discussed at the training.

January 7, 2020 – St. Johns County
St. Johns County Emergency Operations Center
100 EOC Drive, St. Augustine, FL 32092
Click Here to Register

January 8, 2020 – Duval County
WJCT Building
100 Festival Park Avenue, Jacksonville, FL 32202
Click Here to Register

January 9, 2020 – Flagler County
Flagler County Emergency Operations Center
1769 E. Moody Blvd., Bldg. #3, Bunnell, FL 32110
Click Here to Register

January 14, 2020 – Nassau County
Nassau County Emergency Operations Center
77150 Citizens Circle, Yulee, FL 32097
Click Here to Register

January 16, 2020 – Baker County*
Florida Department of Health in Baker County
480 West Lowder Street, Macclenny, FL 32063
Click Here to Register

January 28, 2020 – Clay County
Clay County Emergency Operations Center
2519 State Road 16, Green Cove Springs, FL 32043
Click Here to Register

January 29, 2020 – Putnam County
Putnam County Emergency Services Department
400 State Road 19 S, Palatka, FL 32177
Click Here to Register

Select the registration link for the date, time, and location that you would like to attend. Two options available each day: 9am - 11am or 1pm - 3pm
*9am only available in Baker County

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FACT SHEET
Chemical Agents: Facts About Sheltering in Place

What “sheltering in place” means

Some kinds of chemical accidents or attacks may make going outdoors dangerous. Leaving the area might take too long or put you in harm’s way. In such a case it may be safer for you to stay indoors than to go outside.

“Shelter in place” means to make a shelter out of the place you are in. It is a way for you to make the building as safe as possible to protect yourself until help arrives. You should not try to shelter in a vehicle unless you have no other choice. Vehicles are not airtight enough to give you adequate protection from chemicals.

Every emergency is different and during any emergency people may have to evacuate (http://www.bt.cdc.gov/planning/evacuationfacts.asp) or to shelter in place depending on where they live.

How to prepare to shelter in place

Choose a room in your house or apartment for the shelter. The best room to use for the shelter is a room with as few windows and doors as possible. A large room with a water supply is best—something like a master bedroom that is connected to a bathroom. For most chemical events, this room should be as high in the structure as possible to avoid vapors (gases) that sink. This guideline is different from the sheltering-in-place technique used in tornadoes and other severe weather and for nuclear or radiological (http://www.bt.cdc.gov/radiation/shelter.asp) events, when the shelter should be low in the home.

You might not be at home if the need to shelter in place ever arises, but if you are at home, the following items, many of which you may already have, would be good to have in your shelter room:

- First aid kit
- Flashlight, battery-powered radio, and extra batteries for both
- A working telephone
- Food and bottled water. Store 1 gallon of water per person in plastic bottles as well as ready-to-eat foods that will keep without refrigeration in the shelter-in-place room. If you do not have bottled water, or if you run out, you can drink water from a toilet tank (not from a toilet bowl). Do not drink water from the tap.
- Duct tape and scissors.
- Towels and plastic sheeting. You may wish to cut your plastic sheeting to fit your windows and doors before any emergency occurs.

How to know if you need to shelter in place

Most likely you will only need to shelter for a few hours.

- If there is a “code red” or “severe” terror alert, you should pay attention to radio and television broadcasts to know right away whether a shelter-in-place alert is announced for your area.
- You will hear from the local police, emergency coordinators, or government on the radio and on television emergency broadcast system if you need to shelter in place.
What to do

Act quickly and follow the instructions of your local emergency coordinators such as law enforcement personnel, fire departments, or local elected leaders. Every situation can be different, so local emergency coordinators might have special instructions for you to follow. In general, do the following:

- Go inside as quickly as possible. Bring any outdoor pets indoors.
- **If there is time,** shut and lock all outside doors and windows. Locking them may pull the door or window tighter and make a better seal against the chemical. Turn off the air conditioner or heater. Turn off all fans, too. Close the fireplace damper and any other place that air can come in from outside.
- Go in the shelter-in-place room and shut the door.
- Turn on the radio. Keep a telephone close at hand, but don’t use it unless there is a serious emergency.
- Sink and toilet drain traps should have water in them (you can use the sink and toilet as you normally would). If it is necessary to drink water, drink stored water, not water from the tap.
- Tape plastic over any windows in the room. Use duct tape around the windows and doors and make an unbroken seal. Use the tape over any vents into the room and seal any electrical outlets or other openings.
- If you are away from your shelter-in-place location when a chemical event occurs, follow the instructions of emergency coordinators to find the nearest shelter. If your children are at school, they will be sheltered there. Unless you are instructed to do so, do not try to get to the school to bring your children home. Transporting them from the school will put them, and you, at increased risk.
- Listen to the radio for an announcement indicating that it is safe to leave the shelter.
- When you leave the shelter, follow instructions from local emergency coordinators to avoid any contaminants outside. After you come out of the shelter, emergency coordinators may have additional instructions on how to make the rest of the building safe again.

How you can get more information about sheltering in place

You can contact one of the following:

- **State and local health departments** (http://www.cdc.gov/other.htm#states)
- Centers for Disease Control and Prevention Public Response Hotline (CDC)
  - Public Response Hotline (CDC)
  - English (888) 246-2675
  - Español (888) 246-2857
  - TTY (866) 874-2646
- **Emergency Preparedness and Response Web site** (http://www.bt.cdc.gov/)
- E-mail inquiries: cdcresponse@ashastd.org
- Mail inquiries:
  Public Inquiry c/o BPRP
  Bioterrorism Preparedness and Response Planning
  Centers for Disease Control and Prevention
  Mailstop C-18
  1600 Clifton Road
  Atlanta, GA 30333
  For more information, visit www.bt.cdc.gov or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)
*****COOP Plan Development Workshops***

February 11, 2020 – 0830 to 1230
Clay County Emergency Operations Center – 2519 State Road 16, Green Cove Springs, FL 32043

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.

**Questions, please contact:** Eric Anderson, Coalition Coordinator
Email: eanderson@nefrc.org Office: (904) 279-0880
**Personal Protective Measures for Biological Events**

**(PER 320)**

March 3, 2020

8am to 5pm

Ascension St. Vincent’s Southside (Bryan Auditorium)

4201 Belfort Road, Jacksonville, Florida 32216

Registration link:


This course focuses on the challenges faced by first responders and clinical health care professionals in pre-hospital and hospital environments as they deal with Personal Protective Equipment (PPE) needs and potential contamination issues while dealing with highly infectious diseases. Personal Protective Measures for Biological Events provides students with an overview of personal protective equipment (PPE), and includes an experiential learning activity (ELA) practicing donning and doffing PPE Level C. Additionally, there is a review of the different types of decontamination and an ELA practicing technical decontamination.

**TOPICS:**

- Hazards specific to infectious disease incidents in a health care setting
- Exposure control plans
- Best safe work practices and current guidance from the CDC and WHO
- Use and limitations of personal protective equipment (PPE)
- Donning & doffing of appropriate levels of PPE to include practice with Level C PPE
- Roles and responsibilities
- Technical decontamination processes and procedures

**Participants:** Responders & Receivers such as EMS, Public Health, Hospital, Private Sector Healthcare & Hospital Organizations, County/State/Federal Responders.

The ENA (Emergency Nurses Association) & the AAFP (American Association of Family Physicians) has approved this class for Nurses & Physicians to receive 8 hrs of CE's.

This course is provided through the National Emergency Response & Rescue Training Center at Texas A&M Engineering Extension Service (TEEX).

**Questions, please contact:** Eric Anderson, Coalition Coordinator

Email: eanderson@nefrc.org    Office: (904) 279-0880 ext. 178
***MEDICAL MANAGEMENT OF CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR AND EXPLOSIVE (CBRNE) EVENTS (PER 211)***

May 26-27, 2020
8am to 5pm daily
Brooks Rehabilitation Hospital
3599 University Blvd. S, Jacksonville, Florida 32216

Registration link: https://medical-management-of-cbrne-events-jacksonville.eventbrite.com

What if a catastrophic event occurs? Will you be ready? Will you need a special level of protection? Is decontamination necessary? Do you have the right medications? This course answers these questions and more as you learn how to distinguish between different agents of concern that could be used in an incident. A combination of facilitated discussions, small-group exercises, human patient simulator hands-on scenarios, and traditional classroom discussions are used to present the topics. The multi-discipline make-up of the participants helps to strengthen information sharing, communications, and medical surge capabilities.

TOPICS:

- Environmental Factors & Appropriate Self-Protection Measures for First Responders & Public
- Planning for Potential Consequences of a CBRNE Incident
- Recognizing & Identifying CBRNE Agents & Their Physiological Effects on the Human Body
- Basic Decontamination Considerations
- Appropriate Triage Methods
- RAPID-Care Concepts

Participants: Responders & Receivers such as EMS, Public Health, Hospital, Private Sector Healthcare & Hospital Organizations, County/State/Federal Responders.

The ENA (Emergency Nurses Association) & the AAFP (American Association of Family Physicians) has approved this class for Nurses & Physicians to receive CE’s.

This course is provided through the National Emergency Response & Rescue Training Center at Texas A&M Engineering Extension Service (TEEX).

Questions, please contact: Eric Anderson, Coalition Coordinator
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