

Northeast Florida Healthcare Coalition  
Resource Coordination Process & Procedures



Northeast Florida  
**Healthcare**  
COALITION  
**For Disaster Preparedness**

*Achieve a health and medical system that  
is efficient and resilient in an emergency.*

2015

The Northeast Florida Healthcare Coalition (NEFLHCC) Resource Coordination Process and Procedures outlines the resource procurement within the six county region of Baker, Clay, Duval, Flagler, Nassau and St. Johns counties. This document also details the State of Florida resource request policy.

The scope of this process is to document the existing plans and procedures in place by the counties and agencies within the Northeast Florida Healthcare Coalition agency. Also included is the State of Florida resource procurement process. These plans, policies and procedures are relevant to the member agencies of the Northeast Florida Healthcare Coalition, as used during a public health event or other emergency, threat, or impact to the health and medical system in the NEFLHCC region.

The Northeast Florida Healthcare Coalition is a coordination entity, with no response roles or authorities. Additionally, NEFLHCC does not own resources for distribution. The Coalition's role in information sharing provides the ability to document resources available in the region and assist with the coordination of resources among member organizations within the Region.

The NEFLHCC is represented by a ten (10) member Board of Directors. Of the ten members, there is one representative from each County (six members in total) and a representative from each of the following disciplines: Emergency Management, Public Health, Hospitals and Emergency Medical Services. Each county and agency has resources specific to them. Additionally, all have processes in place to obtain the resources they may need, whether locally through mutual aid or Memorandums of Understanding or in the event a resource is not available locally, the request goes through the State Division of Emergency Management to be fulfilled. Private member agencies may have agreements for the allocation of space, equipment, staff and supplies through their network.

## Public Health

At the State level, public Health forms the basis of Emergency Support Function 8 (ESF 8) in the State Emergency Operations Center (EOC) as well as each County EOC. The Department of Health is the lead agency. This ESF is responsible for coordinating the public health and medical components of a response. There are numerous roles and responsibilities of ESF 8 and therefore many units fall under the ESF 8 structure. One of those includes the Resource Unit. The responsibilities and functions of the Resource Unit include:

- Produce and maintain critical resource list for each operational period.
- Produce and maintain incident organization rosters (ICS 203).
- Forecast additional resource deployments and shortfalls.
- Maintain and display the current status and location of all resources in coordination with the Situation Unit.
- Track all resources assigned to the response to include personnel and material resources both deployed to the impact area and utilized for the state response.
- Receive status updates daily from deployed personnel.
- Advise the Planning Coordinator on any actual or potential resource shortages, lost or

missing resources, and/or resources nearing the end of their deployment period.

- Provide standard and Ad Hoc Reports on resource usage, availability, and shortfalls.

At the County level, ESF 8 has similar responsibilities for the provision of health and medical *resources* during an event. Responsibilities can include:

1. If advance warning of an impending disaster is available, resources may be pre-positioned, if necessary, for safety or in anticipation of the area of greatest need following the event.
2. No-notice incidents could result in medical and health resources being inaccessible or overwhelmed. The Primary Agency Representative will assess the need for non-local resources and request assistance through the Statewide Mutual Aid Agreement or other agreements.
3. The Primary Agency Representative will gather immediate input from the other ESFs in the EOC regarding the need for medical and health assistance, particularly those ESFs in the Operations Section, and Rapid Impact and Damage Assessment Teams, and prepare and submit to the Branch Director or Section Chief an immediate assessment of the capability of local available resources to respond to the incident, including any possible conditions that might worsen the situation and require additional resources.
  - Receive resource requests from hospitals and healthcare facilities for the procurement, allocation, and distribution of medical personnel, supplies, communications, and other resources. Should resource not be available locally, the ESF 8 will coordinate with the SEOC ESF 8 Desk (Health and Medical Services) to fulfill resource requests
  - Coordinate and prioritize requests for health services support from local responders and obtain medical/health personnel, supplies, and equipment through mutual aid or requests for state or federal support through the State Emergency Operations Center (SEOC) Emergency Support Function (ESF) 8 desk (Health and Medical)
  - Hospitals and other health care providers are instructed to provide *Hospital Disaster Status Reports* to the EOC when it is activated.

Regionally, the Regional Emergency Response Advisory (RERA) of the Department of Health for Region 3 maintains a health discipline resource inventory of all major assets of the region that can be requested through mutual aid. These resources are both county and regional assets and range from mobile medical and dental clinics to portable generators and IT Communications trailers. The regional assets include a CHEMPACK unit and the SMRT team.

## Emergency Management

Each County Emergency Management Agency in Florida has developed and maintains a Comprehensive Emergency Management Plan (CEMP), based on criteria established by Chapter 27P-2, Florida Administrative Code, which addresses health and medical resource needs. With an activated Emergency Operations Center, ESF-8 is responsible for the provision of resources locally. County CEMP's have an ESF 8 Annex (or similar plan component) which provides roles and responsibilities of ESF 8 and provides

documentation of processes in place within the County. When resources are not available locally, the County reaches out to the Florida Division of Emergency Management for resource requests. This is done through a very specific process, as documented in the Unified Logistics Section of the State of Florida Comprehensive Emergency Management Plan. These plans are made by the County Emergency Management office and can be found online or by contacting the County directly.

## Hospitals

Hospitals and other health care providers are responsible for obtaining and managing resources (personnel, equipment, and supplies) needed for disaster response. When internal resources are exhausted, these facilities may inform the County of shortfalls and request assistance in obtaining additional resources.

Generally, the following procedure is used to request resources from the County:

- The requesting facility staff shall submit resource requests to ESF 8.
- If phone lines are not operating, resource request information may be read over an 800 MHz radio to the Healthcare facilities coordinator in the ESF 8 or ham radio to the radio operator at the EOC.
- Problem reports and resource requests related to environmental health and mental health services similar to requests from hospitals, clinics, skilled nursing facilities, surgical centers, and dialysis centers, are to be received by the ESF 8 Supervisor in the Operations Section.
- The ESF 8 will work on the request and refer it to the Logistics Section Resources Group for assistance. The EOC will report back as soon as possible to the requesting facility.
- If resource requests cannot be solved at the EOC, they are sent via EM Constellation request to the State ESF 8 Desk located at the State EOC.

During local non-declared disaster events, hospitals have an agreement through the First Coast Disaster Council (FCDC) to voluntarily coordinate disaster aid services to each of the signatories of the agreement, in a good faith effort to minimize risk to patient care and hospital operations. This agreement is maintained and on record with the First Coast Disaster Council and can be referenced as needed.

## Emergency Medical Services

The purpose of Emergency Support Function 8 (ESF 8) is to coordinate the public health and medical resources, capabilities and capacities in an all-hazards emergency or disaster event. To accomplish this goal, ESF 8 oversees the emergency management functions of preparedness, response, recovery and mitigation with all agencies and organizations that carry out public health or medical services.

ESF 8 provides the means for a public health and medical response, triage, treatment and transportation of survivors/vulnerable populations of a disaster or catastrophic incident; assistance in

the evacuation of survivors/vulnerable populations out of the disaster area before, during and after the event; immediate support to public health and medical systems; provision of emergency behavioral health crisis counseling; special needs sheltering and care; develop, disseminate, and coordinate accurate and timely public health and medical information; and the re-establishment of all public health and medical systems.

Therefore, the priority resource coordination during a response between Emergency Management, Public Health, Hospitals and EMS will take place through ESF 8, at the County and State level.

### **The Role of the Northeast Florida Healthcare Coalition**

During the preparedness cycle, the Northeast Florida Healthcare Coalition (NEFLHCC) has documented the capabilities and gaps within the Region for its member organizations and works to update this information yearly. A focus of this documentation is to include the resources of each member organization. This work is ongoing and NEFLHCC strives to maintain and update resource information continually.

In the response phase, the Coalition would have a limited role and may work with the Regional Emergency Response Advisor for Region 3 to assist in the identification of needed resources throughout the region. The Coalition will assist the RERA in coordination efforts, if needed, for distribution of the needed resources. Members of the Coalition would follow established protocols for requesting additional resources, beginning with contacting ESF 8 in their County.

During recovery, the Northeast Florida Healthcare Coalition will return to pre-event procedures and resume its role of information sharing.

Finally, during the mitigation phase, the NEFLHCC will continue to gather information on resources within the region in order to maintain emergency preparedness readiness and to develop and maintain community relationships.