

# DRAFT

## 2020

### Evacuation & Transportation Alternative Planning Tool



Region 3 Healthcare

Coalition Alliance

Approved: June 2020

## Executive Summary

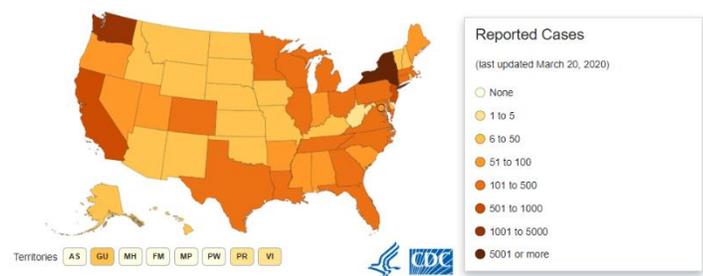
The intent of this project is to develop a medical patient evacuation and transportation alternative tool and include a summary describing the process of developing the plan. At a minimum, it will include an inventory of transportation assets available in the region. Additionally, a listing of non-traditional transportation assets, including contact information and deployment requirements should be included. The accepted end-goal is to create a tool that lists available transportation assets, both conventional or unconventional that may be used by local emergency management and ESF-8 during the most devastating of catastrophes, a local emergency or a medical surge exercise.

NEFRC engaged Critical Integrated Solutions (CIS) to take on this project with the initial meeting on 18 December 2019. A strategy was outlined, emergency managers and the Northeast Healthcare Coalition (NEFHCC), North Central Healthcare Coalition (NCFHCC) and Coalition for Health and Medical Preparedness (CHAMP) were addressed or interviewed for project advisement and best practices. The CIS team adjusted strategy to include electronic surveying the above healthcare coalitions in addition to coalitions that fell into a 200 miles of the notional center point of the three above coalitions and Gainesville being the center point. The prevailing thought centered on resources that could be potentially moved into the area within four hours of a sudden unanticipated disaster (low frequency/high impact).

The year of 2020 brought on another type of low frequency/high impact emergency, Corona Virus -19 (COVID-19). According to the CDC “COVID-19 is caused by a coronavirus. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with [MERS-CoV](#), [SARS-CoV](#), and now with this new virus (named SARS-CoV-2).”

### COVID-19 Cases in the U.S.

[Cases in U.S.](#) [Situation Summary](#)



Although the outbreak began in China, it quickly moved into Europe and South Korea and now, the United States. Officially a pandemic, COVID-19 has had rising impacts on the medical community and resources including the NEFHCC, NCFHCC and CHAMP.

Due to the onset of COVID-19 and strain it has placed on the medical community, the continuance of the NFRC Transportation and evacuation Planning Tool has been discontinued for the purposes of focusing energy on the response to COVID-19. This executive summary report and associated documents are provided so that when this heavily needed (per interviews) project continues, this document will serve as a launch point for continuity of efforts.

## Project Purpose

### Requirements from the NEFRC's contract with the Florida Department of Health Contract:

Develop an evacuation and transportation alternative plan and include a summary describing the process of developing the plan. Submit the evacuation and transportation alternative plan to Coalition's board for review and approval.

The project strategy evolved based on follow-on meetings with NEFRC and Critical Integrated Solutions (vendor), whereas a "tool" such as an excel spreadsheet would better serve NEFRC healthcare coalition members.

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Primary Emergency Medical Transport Resources

Secondary Emergency Medical Transport Resources

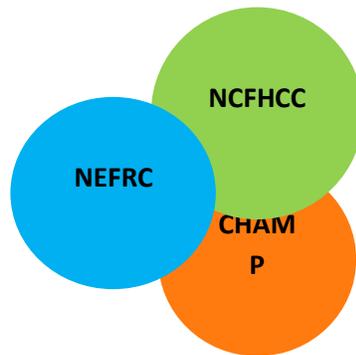
Tertiary Emergency Medical Transport Resource

## Project Phase 1 – Data Gathering Process

Phase 1 was characterized by interviewing all county emergency managers as both an introduction to what the project entailed and to seek out their thought and comments on the project that would allow for the collection of evacuation plans, transportation resource data from county/coalition/regional transportation inventory – air, land, water.

During this period the team conducted research to confirm existing inventory plus began research on non-traditional resources.

Overall impression from emergency managers were that they were enthusiastic over the project, understood the potential of transportation shortage potential and were pleased to be part of the process



### COUNTY EMERGENCY MANAGERS INTERVIEWED

NASSAU  
BAKER  
CLAY  
ST. JOHNS  
FLAGLER  
HAMILTON  
COLUMBIA  
SUWANNEE  
LAFAYETTE  
LEVY  
GILCHRIST  
UNION  
ALACHUA  
BRADFORD  
MARION  
DIXIE  
DUVAL

**Project Phase 2 – Coalition Meetings and Data Collection and Analysis**

During this period team members were able to attend either the regularly scheduled healthcare coalition general membership or executive board meetings where they provided a briefing on the project and how their memberships could help identify primary, alternate or tertiary emergency ad-hoc medical transportation resources. These meetings were well attended. Team members provided contact information to coalition members so they could provide transportation asset information following the meeting. It was during these meetings that the suggestion of sending out a survey to the coalition membership came forth.

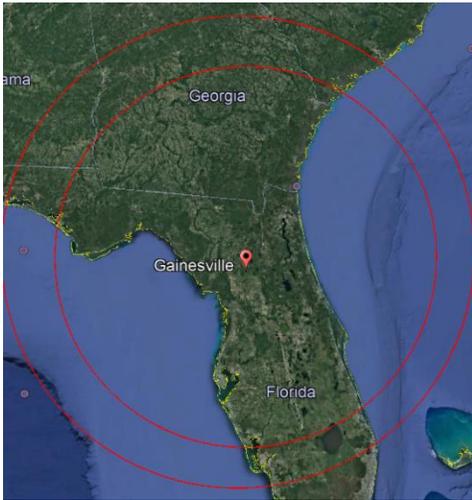


**Project Phase 3 – Develop Strategy and Write Draft**

CIS began looking at the data and the best way to capture and more importantly, the best and easiest format for the end user. The team then designed and developed the Emergency Transportation & Evacuation Inventory tool. The tool is based upon the Microsoft Excel platform and is searchable in variety of ways including asset type, coalition, county, etc. This tool has been accepted by the NEFRC as the draft plan format moving forward.

 <b>Emergency Transportation &amp; Evacuation Inventory Tool</b>																
Ground (G), Air (A), Water (W)	Asset Type	Patient Capacity	Capability	Description	Medic On-Board (Y/N)	Quantity in Stock	Coalition	Location/County	Response Time (hours)	Agreement in Place? Y/N	Contract Needed?	Funded By	Provider	Request Process	Contact POC & Alternate	Phone
G	BLS Ambulance	2		1. Basic ventilation and airway equipment 2. Immobilization devices 3. Automatic External Defibrillator (AED) 4. Dressings and bandages 5. Patient restraints		25	Coalition (NEFHCC, NCFHCC, CHAMP)	Jacksonville	0.5	N	Y/N	HCC			Joey Bag of Doughnuts	(xxx) 999-0000

The strategy evolved from what the tool would look like, what resources (air, land, water) would be considered, to what a reasonable response time for emergency transportation resources to respond to any given area within the NEFRC’s area of responsibility. Gainesville was selected as the notional center point of the three coalitions (CHAMP, NEFHCC, NCFHCC) and a 200-mile radius was established as a reasonable response zone. In the graphic below, the inner circle represents 200-miles. As can be seen, this radius crossed many jurisdictional lines including a small portion of Alabama and Georgia.



The suggestion of utilizing surveys was further discussed and accepted as the most likely avenue of collecting the data needed to provide the best tool for the coalitions. Two surveys were developed, one targeting the three coalitions that the NEFRC represents and would ask about primary, alternate and tertiary resources, that could, during an emergency be converted to patient transportation. The second survey was written for all other healthcare coalitions inside the 200-mile radius, with an initial focus on their willingness to share coalition member owned (primary) resources, asset type, points of contact, etc.

A final consideration to be determined is identifying who has access to the tool and protocols required when requesting assistance from outside healthcare coalitions. A recommendation to control contents of the tool is having a written memorandum of understanding that outlines when the memorandum can be enacted and by who, who must be notified prior to requesting resources (emergency management, HCC executive board), and under what conditions it can be enacted.

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### Phase 4 – Finalize Strategy, Submit Final Emergency Transportation & Evacuation Tool

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The Northeast Florida Regional Council and the Critical Integrated Solutions team had finalized the strategy, developed the Emergency Transportation and Evacuation Tool, drafted surveys and were ahead of the game schedule wise, the project has been postponed due to the COVID-19 pandemic.

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### Closing Comments and Moving Forward

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Due to the overwhelming response and protective actions required of healthcare coalition members, completing this project would be an undue burden on the membership at this time. The feedback received by emergency management and coalitions were overwhelmingly positive. We discovered that, in general, there is no county that, in general, has an evacuation plan and a cursory look multiple contracts are tied to limited to a short list of contractors. This may prove to be problematic. Formal agreements, memorandums of

understanding/agreements are far and few between but can go along way in satisfying alternate transportation requirements.

An executive board member from the Emerald Coast HCC had expressed interest in contributing to the project as well as a Region 2 Department of Health representative. The NEFRC and CIS were able to provide limited data into the tool and have brought this project close to closure.

Moving forward will require a re-review and familiarization of the strategy outlined above, to include surveys and the “Tool”. Surveys must be sent out and data analyzed, and some follow-up is expected on resources, types, numbers etc., before being placed in the tool. If surveys are to be sent outside the purview of NEFRC area of responsibilities, it is recommended that a memorandum of understanding be established on information sharing and request protocols. This document should be considered a living document and validated annually. Any memorandum of understanding/agreement should be updated every two years or on a schedule that satisfies coalition members.

***The Evacuation and Transportation Inventory list is available to Emergency Managers & ESF8 representatives.***

***To request a copy, please contact the Region 3 Healthcare Coalition Alliance***

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