

FLORIDA AMBULANCE DEPLOYMENT STANDARD OPERATING PROCEDURE

Version 1.2
March 14, 2012

1. PURPOSE: The purpose of this Standard Operating Procedure (SOP) is to establish a mechanism for State ESF8 to marshal and deploy ground and air emergency medical services (EMS) assets during disaster response.

2. SITUATION: EMS assets are a critical component of the public health and medical response system. County emergency operations centers (EOC) may request additional EMS resources during a disaster in order to supplement ground and air ambulances and EMS personnel in counties when their resources are overwhelmed by a major emergency or catastrophic disaster. Specific missions for EMS assets may include:

- Augmentation of day to day EMS services.
- Patient and medical facility evacuation support.
- Patient triage, treatment and transport.

Appendix VIII, Public Health and Medical Services, of the State Comprehensive Emergency Management Plan, establishes that deployment of EMS resources will be coordinated by State ESF 8, with ESF 4 and 9, and, as necessary, the Florida Aeromedical Association.

3. ASSUMPTIONS:

- Florida has 4023 permitted EMS vehicles and 127 permitted EMS aircraft. The EMS vehicles consist of 2229 ALS transport, 1407 ALS non-transport, and 387 BLS transport. The air medical aircraft consist of 52 helicopters and 75 airplanes. In addition, Florida has 23 MCI Support Units strategically located throughout the state.
- State-level deployments of EMS assets will be authorized by State ESF 8 and coordinated with State ESFs 4 and 9 and the Florida Aeromedical Association.
- Deployments of EMS assets will strictly adhere to the principles of Florida's Incident Command System.
- Resources can most efficiently be identified and marshaled working through established organizational structures and points of contact.
- EMS resources will deploy under an authorized mission request and will not self-dispatch to the incident scene.
- Availability of EMS assets may be limited during disasters due to competing operational commitments.
- All ambulance deployments are subject to weather conditions and safety considerations.
- When requested, the processes established in this SOP can be implemented to support interstate mutual aid requests for EMS assets through the Emergency Management Assistance Compact (EMAC).

4. AUTHORITIES: Chapter 252.36 (5) (b), F.S., authorizes the use of all available resources of the state government and political sub-divisions of the state, as reasonably necessary to cope with an emergency.

5. CONCEPT OF OPERATIONS

Florida's concept of operations is to deploy EMS assets as typed ambulance strike teams, ambulance task forces or single EMS resources. The preferred method of deployment is as strike teams/task forces; however single EMS resources may be deployed based on specific mission requirements. Florida has adopted the National Incident Management System (NIMS) typing for EMS resources.

EMS assets that may be deployed pursuant to this SOP include:

- Air ambulances (fixed wing)
- Air ambulances (rotary wing)
- Ambulance (Ground)
- Ambulance Strike Teams
- Ambulance Strike Team Leaders
- Ambulance Task Forces
- Ambulance Task Force Leaders
- Ambulance Task Force Group or Division Supervisor
- Registered Nurses
- Paramedics
- Emergency Medical Technicians (EMTs)

Request Process for Incidents with Notice

- A.** Requests to the state for EMS assets must be coordinated through county emergency operations centers, and requested through and documented in EM Constellation.
- Resources should be requested by asset typed descriptions. A request will include a capability based description of how the resources will be used as a part of the operation.
 - Missions for EMS assets will be assigned to State ESF 8 in the State Emergency Operations Center. State ESF 8 will validate the mission based on current situational awareness and resource availability.
 - Once validated, State ESF 8 will request EMS resources deployment assistance from State ESF 4 and 9, and/or the Florida Aeromedical Association (FAMA) depending on type of resource requested.
 - Ground ambulances, EMTs and Paramedics will be identified, mobilized, deployed and demobilized through the Florida Fire Chiefs Association State Emergency Response Plan (SERP). SERP Regional Emergency Response Coordinators will work with State ESF 8 to designate one fire service-based Regional EMS Liaison and one non-fire service-based Regional EMS Liaison for each of the seven domestic security regions in Florida. The Regional EMS Liaisons will manage resource tracking for ambulance resources and will coordinate resource tracking with the SERP Regional Response Coordinator. This Liaison will also coordinate ambulance resource tracking efforts with State ESF 8.
 - Air ambulance resources will be identified, mobilized, deployed, tracked and demobilized through the Florida Aeromedical Association as per the Florida Air Medical Services, Disaster Response Plan.

- State ESF 8 will assign mission numbers to deployed EMS resources.
 - The SERP Regional EMS and/or FAMA liaisons will work directly with EMS providers to identify assets available for deployment, deploy those assets and work with the Ambulance Strike Team (AST)/Ambulance Task Force (ATF) Leaders/Group - Division Supervisors to track deployed EMS resources.
 - When possible, EMS resources will be acquired from one or more un-impacted geographical regions in order prevent further burden on the impacted region.
 - State ESF 8, State ESF 4 and 9, and/or FAMA will collectively assign the duty of AST/ATF Leader, and/or Group/Division Supervisor to trained and qualified personnel (see Attachment B for a description of position qualifications).
 - State ESF 8, in concert with the AST/ATF Leaders/Group - Division Supervisors, will manage, as necessary, logistical support for the ground/air ambulance deployment (hotels, fuel, food, re-supply, command vehicles, MCI Support Units).
 - State ESF 8 will attempt to acquire and deploy an EMS mobile command post when three or more ambulance strike teams/task forces are deployed.
 - State ESF 8, working with State ESF1, will attempt to acquire and coordinate the deployment of non-ambulance transportation resources (Para-transit vehicles, buses).
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- State ESF 8 as necessary, will deploy a liaison to the incident to coordinate activities with the AST/ATF Leaders/Group - Division Supervisors.
 - Once deployed, ambulance resource activities will be managed by the assigned AST/ATF Leaders/Group - Division Supervisors and State ESF 8 Liaison (if deployed).

B. Request Process for No-Notice Incident Deployments: No-notice incidents do not allow for pre-deployment coordination among State ESF 8, ESFs 4 and 9, and the FAMA. The procedures below describe the modified request process for no-notice incidents.

- State ESF 8, State ESF 4 and 9, and FAMA will collaborate to maintain the no-notice deployment plan for ground/air ambulance resources.
- At the discretion of ESF 4 and 9, the SERP Regional Coordinator may be notified of the need to deploy ambulance assets by State ESF8 directly. State ESF8 will keep State ESF 4 and 9 aware of the status of the deployment.
- State ESF 8, either through State ESF 4 and 9, or directly through the SERP Regional Coordinator, will acquire the necessary resources to meet the needs of the incident.
- State ESF 8, either through State ESF 4 and 9, or directly through the SERP Regional Coordinator, will deploy additional ambulance resources as necessary to replace the no-notice deployed resources within 12 – 24 hours of the initial deployment.
- Ground ambulance providers that participate in a no-notice deployment will, at the request of the SERP EMS Liaison:

- Deploy a department supervisor to serve as an AST/ATF Leaders/Group - Division Supervisor.
 - Deploy ambulance resources that are logistically capable of sustaining themselves for 24 hours (staff, uniforms, medical equipment and supplies, etc).
 - Notify their EMS Liaison of any need to demobilize the deployed assets prior to the 24 hour mark.
- State ESF 8, through the FAMA, will acquire the necessary air ambulances to meet the needs of the incident. State ESF 8, through the FAMA, will deploy additional air ambulance resources to replace the no-notice deployed resources within 12 – 24 hours of the initial deployment. This assures EMS assets rapidly deployed can return to home base if necessary and long-term support for the mission available.
 - FAMA will assure that air ambulance providers that participate in a no-notice deployment will:
 - Deploy an air ambulance department supervisor for each group of five air ambulances that FAMA sends to the deployment to assist the designated AST/ATF Leaders/Group - Division Supervisor.
 - Deploy air ambulance resources that are logistically capable of sustaining themselves for 24 hours (staff, uniforms, medical equipment and supplies, fuel, maintenance, etc).
 - Notify the FAMA Liaison of any need to demobilize the deployed assets prior to the 24 hour mark

C. Communications: Deployed EMS personnel will utilize the Volume II of the Emergency Medical Services Communications Plan (EMSCP) as a reference guide in order to determine local radio frequencies to be used during a deployment. Volume II of the Emergency Medical Services Communications Plan (EMSCP) is the operational “field manual” to be carried on all transport permitted EMS vehicles within Florida. It contains information for day-to-day operations, as well as providing the data necessary to enable radio communications during transport operations in unfamiliar areas, including neighboring counties in Georgia and Alabama.

D. Activation Process Guidelines for EMS Providers Upon Request for Deployment

The following guidelines are provided once a ground/air ambulance provider is notified of a deployment:

- Ground/air ambulances/medical personnel should report as quickly as possible to the assigned rally point. Personnel are to take their prepared three-day Go Packs with them to the assignment. See Attachment C.
- State ESF 8, State ESF 4, and 9, and FAMA will provide agency representatives to work with the fire and non-fire service- based ground/air AST/ATF Leaders/Group - Division Supervisor in coordinating teams and getting them to the incident.
- State ESF 8, ESF 4, and 9, and FAMA representatives, if requested and assigned, will liaise with the ESF 8, ESF 4, and 9 representatives at the State Emergency Operations Center (SEOC).

E. Resource Management

- All ground/air ambulances will report to their designated rally point(s) to meet with AST/ATF Leaders/Group - Division Supervisors as applicable. At the rally point(s), the AST/ATF Leaders/Group - Division Supervisors will be responsible for the following:
 - Introducing team members.
 - Briefing team members on current incident conditions, safety issues and the Ambulance Deployment Standard Operating Procedure (ADSOP) Code of Conduct.
 - Issuing potential assignments.
 - Determining response route(s), considering time of day, traffic, food and fueling stops.
 - Making and communicating travel plans (convoy order).
 - Identifying radio frequencies for en route communications (typically a Talk-A-Round channel).
 - Conducting a checklist assessment of the ADSOP readiness and equipment availability.
 - Notifying the jurisdictional communication center of status and ETA to the incident site/staging area.
- If a ground/air ambulance unit is unable to continue to respond for any reason, the AST/ATF Leaders/Group - Division Supervisor will contact the State ESF 8 to request replacement of the unit. The State ESF 8 will, in turn, notify the State ESF 4 and 9 representatives and/or FAMA of the situation.
- The AST/ATF Leaders/Group - Division Supervisor shall report any deployment related incidents/accidents to the State ESF 8. The State ESF 8 will in turn notify the State ESF 4 and 9 representatives and/or FAMA of the situation.
- Each ground/air ambulance crew shall maintain responsibility for their personal equipment, their ground/air ambulance, and their medical equipment /supplies. Any problems should be reported to the AST/ATF Leaders/Group - Division Supervisor.
- At the incident scene, the deployed ambulance team shall report to the AST/ATF Leaders/Group - Division Supervisor and check in at the incident staging area or assigned area. The AST/ATF Leaders/Group - Division Supervisor will be responsible for the following:
 - Initiating and using ICS Form 214 (Unit Log) for the entire deployment.
 - Obtaining orientation to hospital locations (local information and ICS 206 – EMS Communications Plan Volume II is a resource for this information).
 - Determining preferred travel routes and brief team members.
 - Receiving Incident Briefing (IAP, ICS 205 - Communications Plan and ICS 206 - Medical Plan).
 - Briefing Team Members on Incident and their assignments.
 - Providing information, including resource order and mission number, for check-in (ICS form 211).
 - Reporting for Line Assignment(s) or to a Staging Area as directed.
- AST/ATF Leaders/Group - Division Supervisor will, at least on a daily basis, provide Situation Reports (Annex "B") to the State ESF 8 at the SEOC. The State ESF 8 at the SEOC will assure that the ground/air ambulance deployment situation reports are placed in SEOC emergency management mission tracking software.

- **Medical Protocols:** Whenever deployed, each AST/ATF Leaders/Group - Division Supervisor, EMT, Paramedic or Registered Nurse who provides any medical care during the incident, may utilize the scope of practice for which s/he is trained, licensed, and accredited according to the policies and procedures established by his/her Local Emergency Medical Services Agency (LEMSA). Ground/air ambulance personnel may not exceed their medical scope of practice regardless of direction or instructions they may receive from any authority while participating on an ambulance deployment.

F. Logistical Support: The deployment team reporting to the scene of an incident should not expect logistical support services to be in place in the early stages of the incident. For this reason all deployed ambulance teams are expected to be self-sufficient for up to three days or have a plan to be supported in the response area. The location and magnitude of the incident will determine the level of support services available. State ESF 8 will work to provide logistical support beyond the 24 hour mark for the deployed EMS resources. However:

- The AST/ATF Leaders/Group - Division Supervisor may have to utilize commercial services for food, fuel, and supplies until these logistical services are established. Obtaining replacement medical supplies during the first days of a disaster may also be difficult.
- The AST/ATF Leaders/Group - Division Supervisor may have to work within the local EMS structure to replenish medical supplies for the deployed ambulance team. (The County Emergency Manager, with the assistance of local ESF 8, may be able to provide medical resupply services.)

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

G. Demobilization: State ESF 4 and 9 in coordination with State ESF 8 are responsible for the preparation and implementation of the ground ambulance Demobilization Plan to ensure that an orderly, safe, and cost effective movement of personnel and equipment is accomplished from the incident site(s). FAMA in coordination with State ESF 8 is responsible for the preparation and implementation of the air ambulance Demobilization Plan to ensure that an orderly, safe, and cost effective movement of personnel and equipment is accomplished from the incident site(s). At no time should a deployed ground/air ambulance team or individual crewmember leave without receiving departure instructions from their AST/ATF Leaders/Group - Division Supervisor.

- State ESF 8 will coordinate demobilization of EMS resources with State ESF 4 and 9 and the Florida Aeromedical Association.
- State ESF 8 will coordinate with State ESF 4 and 9 to implement any required decontamination processes of equipment and personnel.

- AST/ATF Leaders/Group - Division Supervisors should obtain necessary supplies to assure that the ground/air ambulances leave in a "state of readiness" whenever possible. If unable to replace lost, used or damaged equipment, the AST/ATF Leaders/Group - Division Supervisor will notify the State ESF 4 and 9 and State ESF 8 representatives at the SEOC prior to leaving the incident/staging location. State ESF 8 will notify the FAMA if the demobilization. The AST/ATF Leaders/Group - Division Supervisor will collect and return all radios and equipment on loan for the incident. The AST/ATF Leaders/Group - Division Supervisor will record timekeeping records and shall be submitted them to State ESF 8 prior to departure. All deployed ambulance personnel will receive a debriefing from the AST/ATF Leaders/Group - Division Supervisor prior to departure from the incident site(s).
- Vehicles safety checks will be conducted by AST/ATF Leader/Group - Division Leader prior to the EMS unit's departure from the incident site. Any problems will be communicated to the AST/ATF Leaders/Group - Division Supervisor. The AST/ATF Leaders/Group - Division Supervisor will review return travel procedures with departing EMS personnel.
- State ESF 4 and 9 will notify ESF 8 of ground ambulance release time, travel route, estimated time of arrival back at home base, and actual arrival time back at home base.
- The FAMA will notify ESF 8 of air ambulance release time, travel route, estimated time of arrival back at home base, and actual arrival time back at home base.

H. Code of Conduct: The conduct of deployed resources under the ADSOP is of paramount importance to the State ESF 8, ESF 4, ESF 9, the EMS Advisory Council, FAMA, the sponsoring agency, and the local Authority Having Jurisdiction (AHJ).

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

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

The deploying EMS resources are representatives of a well-organized, highly trained, and disciplined group of responders who have been assembled to help communities in need of their assistance. At the conclusion of a mission, team members must ensure that their performance has been positive, and that they will be remembered for the professional manner in which they conducted themselves

General Responsibilities

- It is the responsibility of the Sponsoring Agency to prepare its members before deployment regarding conduct. Each deployed member is bound by their Sponsoring Agency's rules, regulations, policies, and procedures.

- It is the responsibility of the AST/ATF Leaders/Group - Division Supervisor or designee(s) to reinforce the ADSOP Code of Conduct during all planning sessions, team meetings, and briefings, and to monitor compliance. Any violations must be documented, with appropriate follow-up action taken by the State ESF8, ESF 4 and 9, FAMA and the Sponsoring Agency.
- At no time during a mission will system members take personal advantage of any situation and/or opportunity that arises.
- It is the responsibility of each system member to abide by this Code of Conduct.

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

- Keep the value of life and the welfare of the patient constantly in mind.
 - Remain cognizant of cultural issues including race, religion, gender and nationality, and people with disabilities.
 - Abide by all local law enforcement practices, including local policies regarding weapons. System members will not carry firearms.
 - Abide by all regulations regarding the handling of sensitive information, including HIPAA.
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- Follow local regulations regarding medical care and handling of patients and/or human remains.
 - Follow local jurisdiction and federal regulations or restrictions regarding taking and showing pictures of victims or structures.
 - Follow prescribed direction regarding dress code and personal protective equipment.
 - Not be in possession of non-prescribed or illegal substances, nor consume alcoholic beverages while on duty or subject to call.
 - Only procure equipment through appropriate channels.
 - Not accept gratuities to promote cooperation.
 - Not deface any property nor remove property from an operational work site as a souvenir.
 - Transit only via approved roadways and not stray into restricted areas.
 - Demonstrate proper consideration for other teams' capabilities and operating practices.

6. RECORD OF CHANGES & APPROVAL

This Ambulance Deployment Standard Operating Procedure replaces and supersedes the previously approved Ambulance Deployment Plan dated March 14, 2012. A copy of this Ambulance Deployment SOP will be made available to all licensed EMS providers in the state of Florida and is posted for

general public access to the Department of Health's website at www.doh.state.fl.us/demo/EMS/disasterresource.html.

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February 17, 2012

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March 1, 2012

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March 13, 2012

6. ATTACHMENTS

- A. Minimum Requirements for EMS Participation
- B. Recommended Standards for an Ambulance Strike Force and Ambulance Task Force
- C. Equipment Recommendations for Ambulance Deployment Teams, Ambulances and Team Leaders
- D. Ambulance Deployment Standard Operating Procedure Daily Report
- E. Self Deployment Notice

Attachment A: Minimum Requirements for EMS Participation

Minimum Requirements for participation:

EMS organizations that will deploy will be compliant with this SOP:

- ADSOP ground/air ambulance provider ambulances will hold current licenses and be considered to be in good standing by the Florida Department of Health, Bureau of Emergency Medical Services.
- ADSOP ground/air ambulance providers will be responsible for the deployment only of qualified personnel as described in this document.

Standards for Ambulance Personnel will:

- Be a member or employee in good standing of the EMS provider organization.
- Be currently certified and in good standing as an EMT, Paramedic or Registered Nurse with the state of Florida.
- Have a minimum of one year of EMS experience as an EMT, Paramedic or Registered Nurse.
- Have completed ICS 100.
- Have completed ICS 700.
- Have current immunizations as identified in National Incident Management System (NIMS) typing for EMS resources.
- Be trained in Hazmat Awareness, and have documented Weapons of Mass Destruction Awareness level training.
- Be trained and able to work in a minimum of Level "C" personal protective equipment (in accordance with CFR 1910.120 APP B) in a cold zone assisting in secondary decontamination processes.

Standards for an Ambulance Strike Team (AST) Leader/Ambulance Task Force Leader (ATL):

Minimum Training Requirements for the AST/ATL Leader:

- Must be currently certified and in good standing as an EMT, Paramedic or Registered Nurse with the state of Florida.
- All training requirements for the individual personnel plus
 - ICS 200
 - ICS 800
 - Two years EMS experience in an EMS leadership position
 - Basic competency of Mass Casualty Incident Field Operations
- Optional: Florida Ambulance Strike Team/Task Force Leader Course

Duties and Responsibilities of the AST/ATL Leader:

The AST/ATL Leader is responsible for:

- Assuring the safety and readiness of the assigned AST/ATL personnel and equipment.
- Coordinating the movement of the personnel and equipment traveling to and returning from an incident site.
- Supervising the operations of the AST/ATL team at the incident site, as directed by the Ambulance Group or Division Supervisor, or Incident Commander.
- Maintaining familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned personnel, keeping the team accountability at all times.

- Contacting appropriate incident personnel with problems encountered during the deployment, including administrative, mechanical, operational, or logistical issues.
- Prior to deployment, determining mission duration, special circumstances, reporting location and contact information.
- Ensuring completion and submission of ICS documents for timekeeping, demobilization (Incident Command System [ICS] Form 214), and lessons learned.
- Providing situation report and IAP to State ESF 8, State ESF 4, and 9 (as appropriate), pursuant to the schedule prescribed by the receiving entity(s).
- Participate in After Action Report Process

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

Recommended Standards for an Ambulance Group - Division Supervisor:

- All training requirements for the AST/ATF Leader requirements, plus
 - Minimum five years experience in an EMS leadership role.
 - ICS 300
 - ICS 400
 - Successful Completion of the Florida Ambulance Strike Team/Task Force Leader Course
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Duties and Responsibilities of the Group - Division Supervisor:

- Ensure that administrative support personnel, with basic loads of office supplies, deploy with the Group/Division Supervisor.
- Ensure the safety and readiness of the deploying personnel and equipment.
- Coordinate the movement of the personnel and equipment traveling to and returning from an incident.
- Supervise the operational deployment of the ambulance strike teams/task forces at the incident, as directed by the Operations Section Chief, or Incident Commander.
- Maintain familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned units, keeping the team accountability at all times.
- Contact appropriate State Incident Command System personnel with problems encountered by deploying teams, including administrative, mechanical, operational, or logistical issues.
- Ensure vehicles have adequate communications capability (see communications section).
- Maintain positive public relations during the incident.
- Prior to deployment, determine mission duration, special circumstances, reporting location and contact information.
- Ensure completion and submission of ICS documents for timekeeping and Demobilization (ICS Form 214).
- Participate in After Action Report Process.

In summary, the AST/ATF Leaders/Group - Division Supervisors must have the capability and experience to manage, coordinate, and direct the actions of the ground/air ambulance teams at a wide variety of emergency situations. This includes maintaining all required records, and ensuring the administrative and logistical needs of the teams are met during the deployments of the team(s).

Attachment B: Florida Standards for an Ambulance Strike Force and Ambulance Task Force

Ambulance Strike Team

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

- Three to five ground/air ambulances of the same Type
- Two Ambulance Strike Team Leaders with separate vehicles (for 24 hour operations).

Ambulance Task Force:

A Florida Ambulance Task Force will contain the following assets:

- Three to five related ground/air ambulances of different Types
- Two Ambulance Task Force Team Leaders with separate vehicles (for 24 hour operations).

Optional Deployment Resources: Additional resource may be required to support EMS activities during the response. Deployment of the following resources will be determined at the time of mission tasking by State ESF 8 in concert with ESF 4 and 9 and FAMA.

- State ESF 8 IT Disaster Preparedness Consultants Communications trailer(s)
- Command Vehicle that has radio communications capabilities, satellite phones, wireless internet capabilities, generator power and enough reserve fuel to last three days.
- Department of Health, Disaster Planning Consultants, Mobile Communications Trailers(s)
- Support Ambulance Task Force Incident Management Team representatives.
- Mass Casualty Incident Support Units(s) with generator and fuel for three days.
- Type 2 Field Mobile Mechanics with service vehicles and equipment/supplies.
- Ground vehicle fuel tender Type I that is capable of carrying enough diesel fuel and gasoline to support the deployment for three days.
- Helicopter fuel tender with ground crew.
- Helicopter mechanic with equipment and supplies
- Food and water adequate enough to sustain the AST/ATF for three days.
- Tents and cots with air conditioning, generator and fuel in adequate quantities/size to support the AST/ATF for three days.

Attachment C: Equipment for Deployed Ground/Air Ambulance Personnel

Personal GO Pack for deploying personnel should contain the following:

- Clothing (shirts, pants, shorts, etc) in sufficient quantities and appropriate for climate
- Jacket
- Safety boots
- Sunglasses
- Hats (Ball cap or Boonie hat)
- Potable water for three days
- Rain gear
- Food supplies or Meals Ready to Eat (MREs) for three days
- Toilet paper
- Personal meds (enough to last ten days) & Medical History Documentation
- Toiletries & other personal items as needed
- Sunscreen
- Bug spray
- Sleeping bag & pillow
- Hearing protection (ear plugs)
- Photo I.D. and petty cash
- Handheld flashlight(s) with extra batteries

Ground/Air Ambulance:

- Sufficient quantities of equipment and supplies to meet expected three day deployment that meets minimum scope of practice (ALS or BLS) as determined by applicable statute and rules.
- Maps of incident area and surrounding areas
- Communications equipment (TBD)
- Capability to purchase fuel locally (credit cards [department, corporate or personal], and or cash)
- 20 Patient Care Reports (PCRs)
- 20 Disaster Triage Tags
- 2 pair Work gloves
- 2 Safety Helmets with dust-proof safety goggles
- 4 HEPA N95 masks and 4 dust filters
- 2 Handheld flashlights with batteries

Supplies and Equipment for AST/ATF Leaders/Group - Division Supervisors that is in addition to personal Go Packs:

- ICS position specific vests
- Maps of impacted area and surrounding areas
- Laptop computer with wireless capability, vehicle-based charger, wall charger, printer, paper, office supplies.
- Compass and/or portable GPS
- Capability to purchase fuel locally (credit cards [department, corporate or personal], and or cash)
- Communications equipment capable of communicating with the teams en route and at the incident: Cell Phone, radios, extra batteries and chargers, Satellite Phone and Charger
- State of Florida Field Operations Guide (FOG) Manual
- Food supplies or MREs (Quantities sufficient enough to support the team for length of deployment)
- Potable Water (Quantities sufficient to support the team for length of deployment)
- 50 Disaster Triage Tags

- 2 Safety helmets with dust-proof safety goggles
- 2 pairs Work gloves
- 2 Flashlights or headlamp
- ICS Forms & Ambulance Strike Team/Task Force/Group/Division Leader(s) Kit
- 100 Patient Care Reports (PCRs)
- Extra bulbs etc. as needed for all equipment.

Attachment D: Daily Situation Report Template

Date of Operations

Reporting Period

Current Situation

- Summary of day's events
- Area of Operations (geographic description)
- List of assets deployments by area of operations
- Operations Undertaken
- Operations to be undertaken in current period (Work Period Objectives)
- Logistical issues and recommendations
- Communications issues and recommendations
- Administrative issues and recommendations

Proposed Demobilization Plan (when applicable)

Submit to: StateESF8_Planning@doh.state.fl.us

Attachment E: Self Deployment Notice

DO NOT RESPOND TO THE IMPACTED AREA UNLESS AUTHORIZED

In order to help minimize self deployments prior to a formal, authorized ambulance deployment, State ESF 8 will distribute the following notice to all EMS Providers.

State ESF 8 is coordinating the deployment of EMS resources to the <incident name> impacted area with State ESF 4 and 9, and the Florida Aeromedical Association. State ESF 4 and 9 will be working with the Florida Fire Chiefs, State Emergency Response Plan (SERP) Regional coordinators as the points of contact. The Florida Aeromedical Association will be working with Florida licensed air ambulance providers as the point of contact.

You are being deployed to assist the local EMS in their response to the incident. Your assistance is greatly appreciated.

While on the deployment you will work under the Incident Commander or designee (Medical Branch, Transport Officer Etc.) You must work within the ICS system, and follow the directions of the Incident Command staff or the Ambulance Strike Team/Task Force/Group – Division Supervisor.

Prior to Deployment

Please consider the following:

- Period of service may be for seven to ten days.
- Have a credit card for the purchase of fuel, food and or other personal supplies.
- Each vehicle must be permitted, staffed and equipped at the level permitted (BLS, ALS).
- Vehicles/aircraft available for the response are to be mechanically sound and capable of sustained operation during the deployment period in addition to travel to and from the area of operations.
- Deploying teams and personnel will have with them the items in Attachments B and C.

While on Assignment:

- Follow the Ambulance Deployment Standard Operating Procedure, Code of Conduct at all times.
- Freelancing is not allowed. Any freelancing will cause the service and the personnel on the vehicle to be relieved of assignment and notification of the home organization.
- All personnel are to stay with their assigned unit until assigned a task by the Strike Team/Task Force/Group – Division Supervisor.
- Keep radio traffic to a minimum. Use plain English.
- You are directed to follow your organization's approved patient care protocols.
- You may only perform procedures and provide medications covered or described in your organization's clinical protocols. If you are advised to provide care with which you are not familiar, you must advise the medical control physician that what was requested is beyond the scope of practice or calls for a medication that is not a part of the organization's clinical protocol. At all times you must provide only the care allowed under your Florida certification.