

**Concept of Operations for
Utilization of the FEMA Ambulance Contract in Florida during Disasters**

Version 1.2

Last Update: November 1, 2010

1. PURPOSE: The purpose of this concept of operations is to describe Florida's approach to utilizing the FEMA ambulance contract as a part of a disaster response in Florida

2. SITUATION: FEMA has developed a mechanism for activating and deploying ground ambulances, EMS aircraft and para-transit vehicles to support states in disaster response through contract services. This contract is the federal resource for providing EMS support during disasters.

For the purpose of the contract; the country is divided into four zones from which the vendor will pull contacted resources. Each zone is required to produce:

- 300 Ground Ambulances (typically 70% ALS / 30% BLS)
- 25 Aircraft (mix of rotor wing / fixed wing)
- 3500 Para-transit seats (note: not total number of vehicles)

Resources will not be pulled from the affected state or from neighboring states committed via EMAC. They must be available to respond to the affected state within 24-hours of activation of the contract.

These resources can be used for the mission of evacuating patients and at-risk populations from an area at significant risk, or to provide pre-hospital care and transport services in a region that has already been affected by a disaster.¹

3. ASSUMPTIONS:

- Florida has 4032 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.
- Florida has an unknown number of para-transit vehicles in state that can be called upon to respond to disasters.
- It would require a major or catastrophic disaster to overwhelm Florida's in-state EMS resources.
- The federal government may pre-activate the contract in anticipation of a request from a state in order to rapidly deploy resources.
- Resources requested through an action request form and deployed by the federal government incur no direct costs to the State of Florida.
- FEMA retains the ability to demobilize or re-assign resources in rare circumstances.

4. OPERATIONS

Florida's approach for supporting local EMS resource needs is four tiered.

1. EMS support will be coordinated at the county level through mutual aid agreements.

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2. When local resources have been overwhelmed, the state will coordinate deployment of EMS resources through the Ambulance Deployment Plan².
3. When state resources have been overwhelmed, the State will request assistance through the Emergency Management Assistance Compact
4. The state may make a request for federal support if:
 - a. Resources are not available through EMAC
 - b. The resources available through EMAC can not deploy to Florida within a reasonable amount of time to meet the mission

4.A Initiating Support

When the State of Florida deems it necessary to request federal support for ground ambulances, EMS aircraft or para-transit vehicles:

- The state should, in coordination with the HHS Regional Emergency Coordinator and with approval by the SERT make a capability based mission request through an Action Request Form (ARF) to the federal government for assistance. The ARF should identify a staging area(s) or airports for the resources to report to in-state. Upon approval of the ARF, federal ESF8 will determine the type and number of assets to be deployed.
- The state should initiate a supplemental order to the Governor's Executive Order allowing the licensed EMS personnel from another state to practice in Florida as a part of the response. F.S. 252.36 provides authority to do this. This must be in place for EMTs and paramedics to legally provide services in Florida. DOH has drafted pre-scripted supplemental order language for this purpose.³

4.B Resource Management

Once assets leave the staging area, they fall under the tactical control of state/local officials until their assigned tasking is complete and they return back to the staging area. Florida's concept is to integrate resources into local response operations for their control. Locals will be responsible for:

1. Scheduling, tasking and tracking the resources in theatre
2. Tracking patients transported by contracted assets
3. Establishing communications between deployed resources and command

State ESF8 can provide support in any of the three areas noted above through a separate mission to the state from the county. HHS will provide a liaison officer to assist with the management of the resources. They will assign units based on direction from locals. The liaison will be deployed to the command post as directed by the state.

The contractor is responsible for the logistics support and administrative control of the deployed resources. They will assure lodging, feeding, equipment maintenance, and drug resupply.

The federal plan indicates that states should provide medical direction to the assets. If states are unable or unwilling to provide medical direction then HHS will provide a physician to serve in this capacity. Florida will designate a state-level medical director. EMS providers will be directed to follow the protocols that they use on a daily basis. Should Florida have established Disaster Medical Protocols for EMS, those will prevail as the protocols for the response. In situations where Florida is unable to provide medical direction, State ESF8 will request a physician from HHS to serve in this role.

² Florida SERP

³ Pre-scripted EO language under development

5. DEMOBILIZATION

Individual assets will be demobilized when its task are complete or when it is determined by the state and locals that it is no longer needed. HSS will oversee the demobilization of resources.

The FEMA Joint Field Office does reserve the ability to demobilize or re-assign resources (to another state) should a situation warrant. This may be the result of another incident response or inappropriate use of resources in the field. If this situation occurs the state will be notified by HHS.

6. RECORD OF CHANGES & APPROVAL

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