

EXHIBIT 4

Mass Casualty Incident (MCI) Equipment & Supplies

Guiding Principles 2012-2013

This document provides the guiding principles related to staffing, training, exercises, operational protocols and equipment standards for healthcare systems equipment purchases with 2012-2013 Hospital Preparedness Program (HPP) funds. HPP funds are awarded from the Office of the Assistant Secretary for Preparedness Response (ASPR) of the U.S. Department of Health & Human Services (HHS) to the Florida Department of Health (Department).

Guiding Principles:

1. Hospitals should train various staff in the adopted “incident command system” based upon the hospital’s size and risk assessment. For example, training of security and safety personnel, administrative nursing supervisors (commonly called the ‘house supervisor’), administrators on-call, and others that would likely fill roles in the command structure especially during non-business hours is critical to the success of the response to any event. The types of courses and who should take them is based upon the hospital’s needs to cover all operational hours and the individuals’ assigned roles and responsibilities in an event.
 - a. Members of the medical staff and other licensed independent practitioners are trained and aware of their roles in the disaster plan including a surge and/or decontamination event.
2. The hospital should have redundant methods of communication pre, during, and post a disaster event to include methods to communicate information to staff, the public, media, and social media.
3. Hospitals must have plans to decontaminate and treat a surge of patients who may present to their hospital after any emergent situation.
 - a. A surge plan should be developed to temporarily compensate for an influx of patients as noted above.
 - b. Plans should include the ability to cohort patients inside and outside the facility in an effort to prevent the spread of disease and/or reduce the risk of facility contamination. This includes a dedicated process to quickly establish an area for decontamination and an alternate identified area in case the primary area cannot be used.
 - c. Hospital systems with two or more facilities may maintain one large decontamination team and allocate members to each facility as needed. There should be an established method of rapid notification as well as an established operational response plan. Each facility should be able to set up and be ready to provide decontamination services to patients in 30 minutes or less
4. Hospitals must conduct training and exercises to test and improve these plans.
 - a. Staff from a variety of job categories (professional, technical and allied health staff) should be educated and trained using an all hazards approach.
 - b. Hospitals should annually include training and exercises that use personal protective and decontamination equipment (PPE/Decon), including support for vulnerable populations including infant, pediatric, and geriatric patients.

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- c. Hospitals should use a hazard vulnerability assessment that is aligned with the community/regional hazard vulnerability to determine “at risk” scenarios for training and exercise.
 - d. Exercises should be scheduled and planned with other community partners and healthcare system providers.
5. Hospitals should have appropriate shower facilities to provide for mass decontamination of patients presenting with chemical, biological, radiological or nuclear exposures.
- a. The facility should be able to decontaminate a minimum of five to ten patients rapidly, presenting from a single contamination incident, using a minimum of one decontamination shower (fixed or portable showers). Additional decontamination capacity should be developed by increasing the number of trained/qualified personnel and using alternate decontamination processes, as appropriate, such as dry decon patient care kits (also called doff kits).
 - b. Hospitals must have a portable decontamination unit; however, the hospitals may also have fixed showers in place. The portable decontamination showers are based upon a performance standard of setting up the equipment (stored on site), with water flowing, in less than 30 minutes. Facilities may choose to keep portable units assembled.
 - c. The decontamination environment should be one to maintain thermal controls for patient care as appropriate.
 - d. To the extent possible, the privacy and dignity of persons going through the decontamination process should be maintained. Hospitals are expected to provide replacement clothing or covers to adult and pediatric patients after decontamination.
 - f. Hospitals should have processes in place for forensic evidence collection in addition to tracking personal belongings during and after decontamination.
6. Hospitals should have appropriate PPE available for staff that might come into contact with patients as part of the surge response. Decontamination is not necessary in every incident but should always be considered. In providing PPE, the following guidelines should be considered:*

* These guidelines are based on OSHA’s First Receivers document. The personal protective equipment and facility equipment may, in some circumstances, be more or less than what is required in connection with exposure to a particular contaminant.

- a. The provision of PPE should be accompanied by education and training, to include fit testing (as applicable) and other safety measures identified by rule/regulation or as directed by the manufacturer. Also, it is critical that employees are trained to know what PPE is appropriate based upon their role in an emergency.
- b. Hospitals should establish operational protocols regarding the use of PPE that include when PPE should be used, who wears that equipment and which hospital staff determines when it should be deployed. All facilities are expected to maintain a sufficient supply of PPE, and have a response plan in place to protect their staff during an initial and potentially sustained response, to the maximum extent necessary.

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- c. Decontamination ensembles should include chemically resistant splash suits, as well as chemically resistant outer gloves, and boots. Positive pressure, full- face protective respirators (i.e., Level C PAPRs) are required. Level C protective equipment is most likely sufficient for the type of decontamination performed at the hospital.
 - d. Hospitals should purchase, or have available, at least one portable radiation survey meter and 24/7 access to trained personnel to use it. It is recommended that hospital plan(s) include a personal dosimetry exposure mechanism for staff as part of the process of treating and decontaminating patients exposed to potential radiological agents.
 7. As part of the contract process to obtain HPP funding for MCI Equipment and Supplies from the Department, hospitals and the Department will use the current MCI Equipment and Supplies List (List) and will apply the following related requirements:
 - a. Funding must be directed in the following priority order:
 - I. All hospitals must meet the minimum required quantities first, as found in the List.
 - II. After the hospital has satisfied the required minimums in #1, then any existing burns and/or trauma cache of equipment purchased from a previous HPP contract must be maintained. This only applies to trauma centers and specific non-trauma centers identified by the Florida Office of Trauma as providing the following services during a Bomb, Burn, or Blast MCI: trauma centers must have available a cache of equipment and supplies to care for up to 20 burn patients for 1-3 days; non-trauma centers must be able to provide surge capacity for 13 trauma and/or burn patients for up to 5 days.
 - III. After the requirements in #1 and #2 have been satisfied, then preventative maintenance for items purchased in previous HPP contracts are required to be completed to ensure continued operation of the equipment. Preventative maintenance purchases must be labeled with the appropriate information regarding the description of the equipment, serial number where applicable; year purchased contract number and/or pay_item number from the current List, and include "PM" after the pay item number.
 - IV. Once all of the requirements in #1-3 have been met (whenever applicable), then the hospital may order any other item from the List, based on needs per their HVA, risk assessment or other identified organizational review process. An exception to this process is that lab equipment is intended for designated advanced capacity laboratories and ICU equipment is intended for designated trauma centers.
 - b. The List is intended to address the needs of Florida's hospitals to maintain standard, minimal hospital capabilities for preparedness, protection, and response to an emergency involving CBRNE (chemical, biological, radiological, nuclear and explosive substances), that could result in the need for a facility to activate their surge and/or decon plan. This contract cycle will continue to assist hospitals in sustaining current capabilities.
 6. Hospitals that receive HPP funding for equipment should educate and train the appropriate number of staff on the safe and proper use of the equipment as noted above.

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7. Equipment purchased with HPP funds should be selected based upon the premise of interoperability so that equipment may be shared without undue delays.
8. Hospitals have the flexibility to purchase the equipment on the approved list from distributors of choice, except as restricted in these principles or when the approved list specifies a required manufacturer. The Department has advised that, because private hospitals are receiving the funds to make the actual purchases of this equipment, these hospitals are not subject to the state bidding or distributor restriction requirements and therefore, can select different distributors than those available to state agencies, with the restrictions noted in these principles.
9. Using a direct distributor is preferred when purchasing equipment and supplies. If you do not use a direct distributor, be sure to address concerns about warranties, fit testing and exchanges prior to the purchase. Also, prior to purchasing from any vendor, check the vendor through the Excluded Parties List System (<http://www.epls.gov/>) to ensure that they have not been banned from doing business in the State of Florida. Print the results of the search and maintain in the appropriate set of records.
10. Variance requests on the part of a hospital must follow the instructions described in Exhibit 7 of the contract. Any questions pertaining to the variance process should be directed to the appropriate Department's Contract Manager.
11. Patient and employee safety should be the primary intent when evaluating equipment that will be used in a healthcare facility. Education and training should be completed and documented based on manufacturer recommendations regardless of the location in which the equipment will be utilized.
12. Hospitals should consider the development of operational protocols regarding the proper use of equipment and should include but are not limited to the rotation of supplies through normal hospital processes to avoid expired items, where applicable.

END OF TEXT