STATE OF FLORIDA

AEROMEDICAL SERVICES

NATURAL OR MANMADE DISASTER

RESPONSE PLAN

Florida Aero-Medical Association

Florida Aero Medical Association
Disaster Plan
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Purpose

Florida, with its large and rapidly growing population centers located in regions susceptible to hurricanes, tornadoes, and flooding, accentuates the need for this level of coordination and preparation

Mission of Air Medical Transport

This plan shall provide for the systematic mobilization, organization, and coordination of Air Medical (AM) resources from throughout the State of Florida to assist the State EOC in the event of a natural or manmade disaster. We can provide safe rapid transport for patients directly from a scene or a health care facility to an approved appropriate receiving facility. All transports must be approved by the State. Typically most transporting agencies have the ability to transport one to two patients at a time depending on clinical and aeronautical criteria. Requests from the State should meet the following guidelines if at all possible:

- ❑ Interfacility Transfer
    - o A sending physician who provides authorization for transfer.
    - o A receiving physician and services capable to manage the clinical situation at the receiving facility
- ❑ Scene Transfer
    - o Public Safety organization arranging and assisting in the transfer.
    - o A receiving physician and services capable to manage the clinical situation
- ❑ Transport medical direction and protocols to support the transfer.
- ❑ Equipment necessary to continue the care of the patient.
- ❑ Transport pursuant to applicable Federal Aviation Regulations.

Note: Rescue operations involving hoisting or the loading and unloading of the aircraft during flight are generally not within the capabilities of air medical transport units.

Hurricane Response

The most successful hurricane response will be well planned, initiated at the most appropriate time and involve a predetermined response group. Air Medical programs are invited to offer support but respond only upon appropriate command request.

In the case of approaching hurricanes the decision to evacuate is critical. Preceding the storm will be weather not conducive to air ambulance operations. Prediction of when conditions are not suitable for operations is difficult to call. Generally, as soon as possible after a hurricane watch is declared for a particular location helicopter

transport should begin with a goal of completing operations as soon as possible after the hurricane warning is declared.

Logistical Support

The logistical support of the mutual aid resources is critical in the management of a disaster effort. Initial units sent to a disaster should be self-contained for a period of 12 hours. Early determination of needed resources must be considered.

1. Transportation to and from the area:
    - Staging areas, within and outside, the disaster area
    - Dispatch and or flight following services
    - Maps and directions for responding support personnel
    - Maintenance plan
    - Designated fuel supply

2. Overnight Staging areas:
    - Provide suitable (secure) overnight shelter
    - Environmental considerations (rain, sun/heat, insects, humidity)
    - Sleeping quarters
    - Transportation to and from shelter
    - Parking and security
    - Electricity/generator power
    - Water and sanitary facilities
    - Communications links (in and out of the disaster area)

Coordination by Florida Aero medical Association

The coordination of the Plan, including its development, revision, distribution, training, and implementation is the responsibility of the Florida Aero medical Association (FAMA). Air Medical Disaster Response Committee will oversee this process. The committee will be composed of the following:

    FAMA President
    FAMA Sec/Treasure
    2 Regional Coordinators

The Presidents of FAMA or Committee Chair can add to this membership as deemed for the success of the Plan.

President OF FAMA (or Designee)

Position Responsibilities: Overall coordination and implementation of the Disaster Response Plan through the Disaster Coordinator.

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<u>Actions:</u>

❑ Annually appoints the 2 Statewide Regional Disaster Coordinators.

❑ Appoints two (2) alternates for the State Regional Disaster Coordinator.

❑ Notifies the State ESF - 8 through the BEMS (Bureau of Emergency Medical Services) annually with the identity of the AM Disaster Coordinator/Liaisons.

❑ Seeks representatives from DOH and the Division of Emergency Management for the Disaster Planning Committee as deemed necessary by the coordinator.

❑ Appoints other members to assist the Disaster Planning Committee as deemed necessary by the coordinator.

❑ Coordinates AM Plan with other Statewide Agency Plans.

❑ Communicates with Disaster Coordinator on all matters affecting Statewide Disaster Planning or the Model ICS Operating procedures as put forth by FAMA.

❑ Notifies all FAMA Board Members of Plan activation.

❑ Assist Disaster Coordinator with Plan implementation and management as necessary.

❑ Contacts adjacent State Associations to coordinate response.

❑ Attends and facilitates critiques of the Plan.
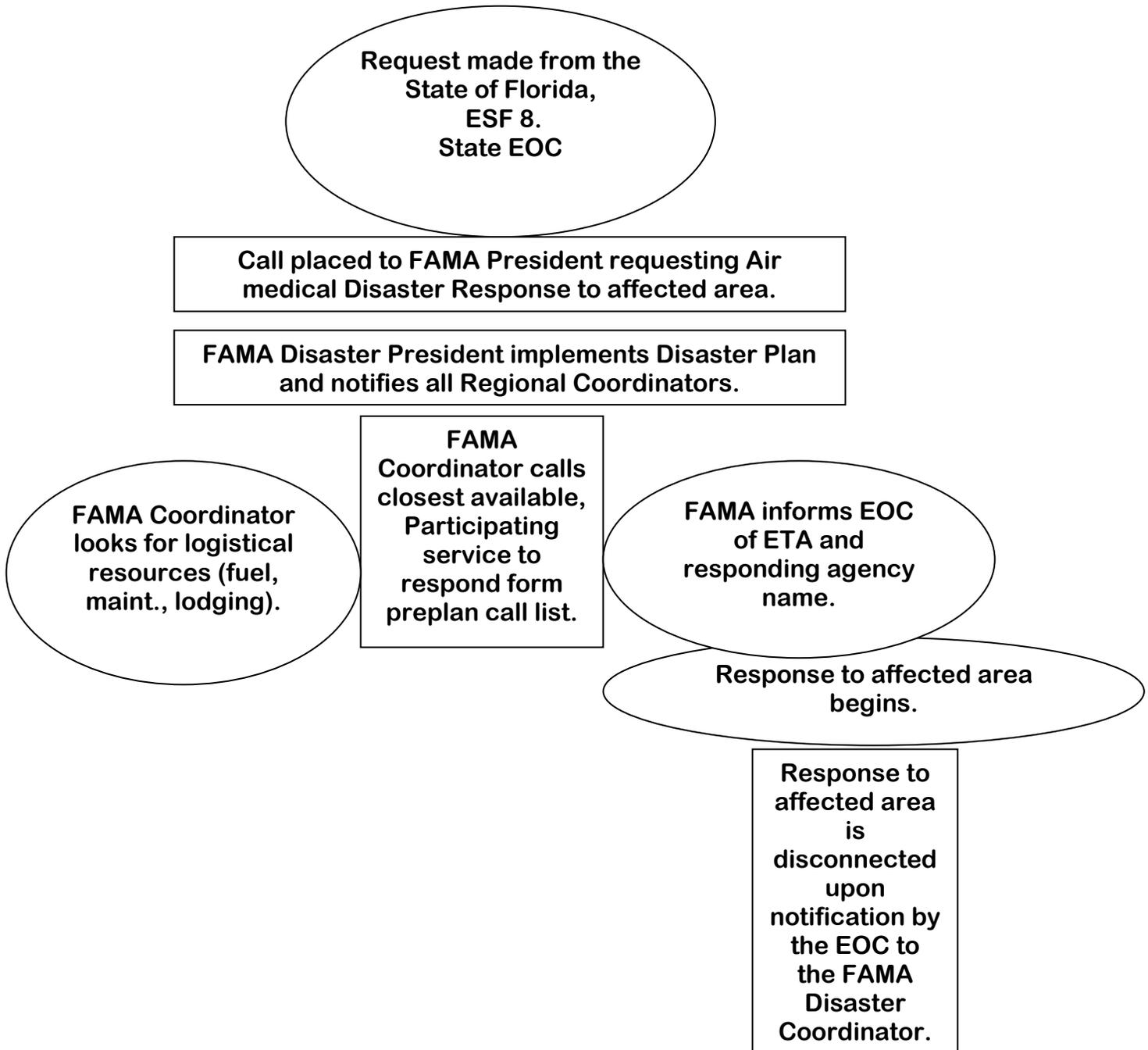
Regional Aero Medical Disaster Coordinator

Position Responsibility: Command disaster assistance operations at the affected regional level in conjunction with local area Program Managers and Program Managers assigned to the task.

Actions:

❑ Appointed annually by the President of the FAMA.

❑ Identifies at least one (1) alternate for the state.

❑ Appoints AM personnel and other essential personnel within the region to serve as Operations, Plans, Logistic, Administration, EMS Liaison, Public information and their alternates as well as other positions deemed necessary to fill the incident, management position to the disaster.

❑ Serves as AM Coordinator in the affected Region(s). Uses the FAMA President as liaison for assistance outside of the Region.

❑ Serves as member of the State Disaster Planning Committee.

❑ Interacts with various County Emergency Operations Centers in the region.

❑ Identifies mobilization areas for disaster assistance. Updates this information pre and post event.

❑ Coordinates AM aid assistance into the disaster area.

❑ Pre-determine equipment, personnel, etc. that are available for response.

❑ Communicates with the State (EOC) Emergency Operations Center, ESF - 8.

❑ Responsible for training, staff, functional leaders, and alternates. Insures Aero Medical knowledge of all participants

❑ Maintains access to records and inventories of equipment, personnel, etc. in Region. (See data document in appendix)

Plan Design

Request made from the
State of Florida,
ESF 8.
State EOC

Call placed to FAMA President requesting Air
medical Disaster Response to affected area.

FAMA Disaster President implements Disaster Plan
and notifies all Regional Coordinators.

FAMA
Coordinator calls
closest available,
Participating
service to
respond form
preplan call list.

FAMA Coordinator
looks for logistical
resources (fuel,
maint., lodging).

FAMA informs EOC
of ETA and
responding agency
name.

Response to affected area
begins.

Response to
affected area
is
disconnected
upon
notification by
the EOC to
the FAMA
Disaster
Coordinator.

Reimbursement

Insure FEMA authorization number is provided to the responding agency prior to liftoff. ESF 8 of the State Emergency Operations Center provides this number during activation.

Communication

- ❑ Air to Air Communication 123.025
- ❑ Air to Ground Communication (Air Secondary) 155.340 (CTCSS Hz 167.9 Transmit and Receive)

Call List

1. Accept request for transport
2. All available services offering service on a first come first serve basis.
3. Establish email list for advising of availability. Include type of equipment, number and qualifications of personnel, duration of volunteer services.

Map

See the FAMA Website. www.fama.org

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Transportation Request Worksheet

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Date:	Time:	Communication Specialist	

Caller Information   **Admission   Yes ☐   No ☐**

Name:	Phone #:	
		Inpatient ☐ **23Hour** ☐

Sending Information

Facility:	Unit:	Bed #:
Phone #:	Nurse:	Physician:

Destination Information

Facility:	Unit:	Bed #:
Phone #:	Nurse:	Physician:

Demographic Information

Name:	Age M ☐ F ☐	DOB M.R.#	SS#:
Street Address:	City, State, Zip:		Phone:
FEMA Tracking Number	ESF- rep		

Diagnosis

Primary:	Secondary:

Patient Needs Assessment

Procedure Today: NO ☐ YES ☐		**Type:**	**Patient weight:**
Condition: Stable ☐ **Unstable ☐ Critical ☐**		**Pt. on Cardiac Monitor:** NO ☐ YES ☐	
Oxygen: NO / YES ☐ PT's own O2 ☐		**Device:** N/C ☐ MASK ☐ TRACH ☐ VENT ☐	
Invasive Lines: NO ☐ YES ☐		**Device:** ART LINE ☐ SWAN ☐ Other ☐	
Life Support Devices: NO ☐ YES ☐		**Device:** IABP ☐ PACER ☐ Other ☐	
Special Drains: NO ☐ YES ☐		**Type:** CHEST TUBE ☐ Other ☐	
IV Infusions: NO ☐ YES ☐		**Special Needs: RN ☐ RT ☐ Restraints ☐**	
Meds Infusing:			
		Fall Precautions Yes☐ No☐	
Amb. Status: Fully-Amb Non-Amb With-Assist	☐ ☐ ☐	**Isolation Precautions:** Yes ☐ No ☐ Type: Colonized Yes☐ No ☐	
Physician Order: Transfer Transport Discharge	☐ ☐ ☐		
Mode of Transport: Ambulance ☐ Helicopter ☐ Fixed-wing ☐			
Level of Care Ordered: CCT ☐ ALS ☐ BLS ☐		**Mode:** Air ☐ Ground ☐	