

**STATE OF FLORIDA**  
**NEONATAL/PEDIATRIC SERVICES**  
**NATURAL OR MANMADE DISASTER**  
**RESPONSE PLAN**

**Florida Neonatal Pediatric Transport Network Association**

Florida Neonatal Pediatric Network Association  
Disaster Plan  
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# Florida Neonatal Pediatric Network Association Disaster Plan

## **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 Neonatal Pediatric Transport**

This plan shall provide for the systematic mobilization, organization, and coordination of Neonatal Pediatric 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 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 criteria. Requests from the State should meet the following guidelines if at all possible:

- ❑ Interfacility Transfer
  - A sending physician who provides authorization for transfer.
  - A receiving physician and services capable to manage the clinical situation at the receiving facility
- ❑ Transport medical direction and protocols to support the transfer.
- ❑ Equipment necessary to continue the care of the patient.

## **Hurricane Response**

The most successful hurricane response will be well planned, initiated at the most appropriate time and involve a predetermined response group. Neonatal Pediatric 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 weather may not conducive to air or ambulance operations. Prediction of when conditions are suitable for operations is difficult to call. Generally, as soon as possible after a hurricane watch is declared for a particular location ground or air transport should begin with a goal of completing operations as soon as possible after the hurricane warning is declared.

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**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 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 Neonatal Pediatric Transport  
Network Association**

The coordination of the Plan, including its development, revision, distribution, training, and implementation is the responsibility of the Florida Neonatal Pediatric Network Association (FNPTNA). FNPTNA Disaster Response Committee will oversee this process. The committee will be composed of the following:

FNPTNA President  
FNPTNA Sec/Treasure  
2 Regional Coordinators

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

**President OF FNPTNA (or Designee)**

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

## Florida Neonatal Pediatric Network Association Disaster Plan

### Actions:

- ❑ 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 FNPTNA.
- ❑ Notifies all FNPTNA 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.
- ❑ **For FNPTNA should I remove all of this and just state we will report under FAMA**

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## Regional Neonatal Pediatric Medical Disaster Coordinator

Position Responsibility: **Work with FAMA president to coordinate** command disaster assistance operations at the affected regional level in conjunction with local area Program Managers and Program Managers assigned to the task.

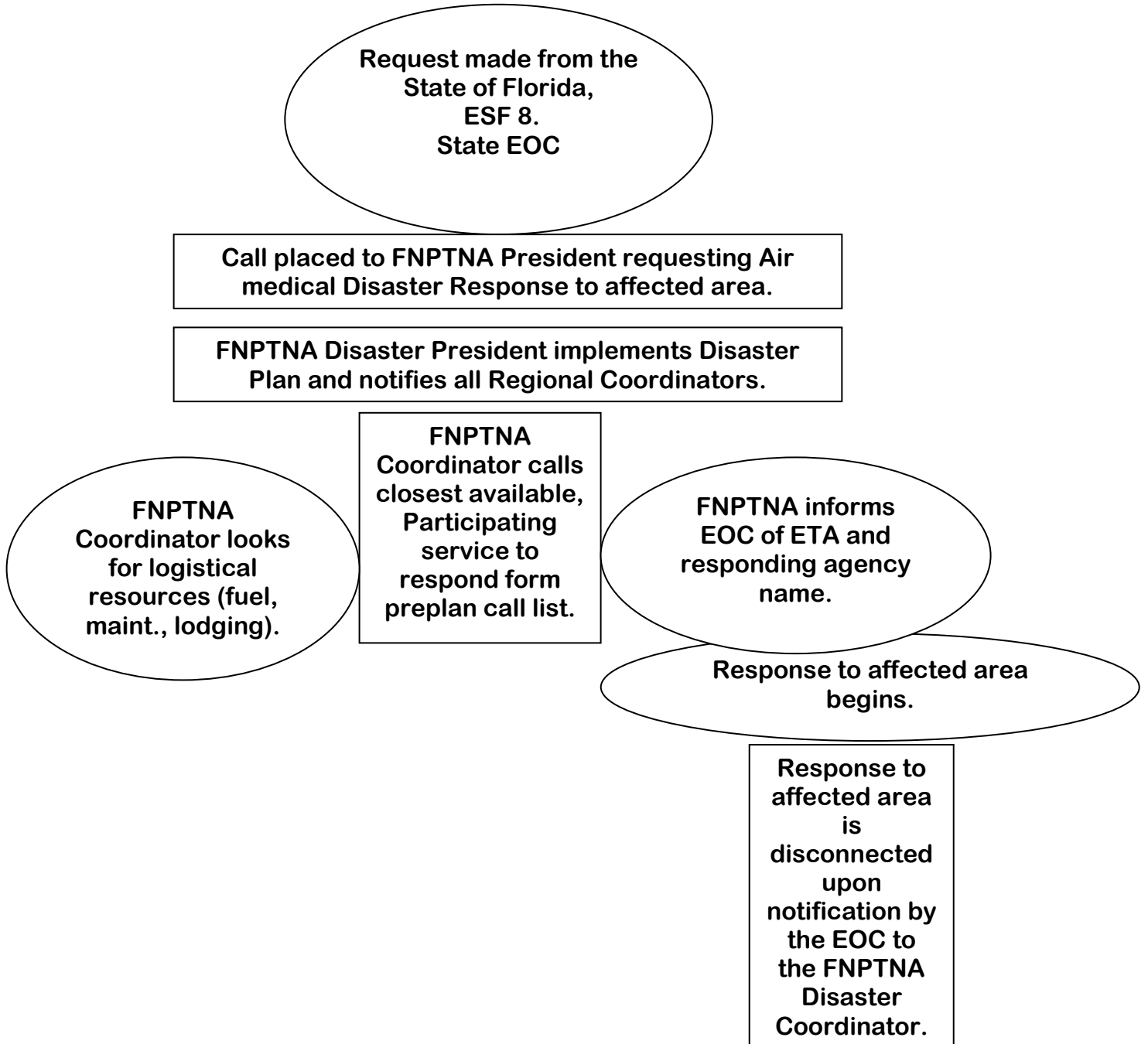
Actions:

- ❑ Appointed annually by the President of the FNPTNA.
- ❑ 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 FNPTA 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)

Remove all the actions?

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**Plan Design**



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## 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)
- ❑ **Not sure about this section**

## 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](http://www.fama.org)



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## Transportation Request Worksheet

Date:	Time:	Communication Specialist	
<b>Caller Information</b>		Admission Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Phone #:	Inpatient <input type="checkbox"/>	23Hour <input type="checkbox"/>
<b>Sending Information</b>			
Facility:	Unit:	Bed #:	
Phone #:	Nurse:	Physician:	
<b>Destination Information</b>			
Facility:	Unit:	Bed #:	
Phone #:	Nurse:	Physician:	
<b>Demographic Information</b>			
Name:	Age M <input type="checkbox"/> F <input type="checkbox"/>	DOB M.R.#	SS#:
Street Address:	City, State, Zip:		Phone:
<b>FEMA Tracking Number</b>	ESF- rep		
<b>Diagnosis</b>			
Primary:		Secondary:	
<b><u>Patient Needs Assessment</u></b>			
Procedure Today: NO <input type="checkbox"/> YES <input type="checkbox"/>		Type:	Patient weight:
Condition: Stable <input type="checkbox"/>	Unstable <input type="checkbox"/>	Critical <input type="checkbox"/>	Pt. on Cardiac Monitor: NO <input type="checkbox"/> YES <input type="checkbox"/>
Oxygen: NO / YES <input type="checkbox"/> <input type="checkbox"/>	PT's own O2 <input type="checkbox"/>		Device: N/C <input type="checkbox"/> MASK <input type="checkbox"/> TRACH <input type="checkbox"/> VENT <input type="checkbox"/>
Invasive Lines: NO <input type="checkbox"/> YES <input type="checkbox"/>	Device: ART LINE <input type="checkbox"/> SWAN <input type="checkbox"/> Other <input type="checkbox"/>		
Life Support Devices: NO <input type="checkbox"/> YES <input type="checkbox"/>	Device: IABP <input type="checkbox"/> PACER <input type="checkbox"/> Other <input type="checkbox"/>		
Special Drains: NO <input type="checkbox"/> YES <input type="checkbox"/>	Type: CHEST TUBE <input type="checkbox"/> Other <input type="checkbox"/>		
IV Infusions: NO <input type="checkbox"/> YES <input type="checkbox"/>	Special Needs: RN <input type="checkbox"/> RT <input type="checkbox"/> Restraints <input type="checkbox"/>		
Meds Infusing:		Fall Precautions Yes <input type="checkbox"/> No <input type="checkbox"/>	
Amb. Status: Fully-Amb <input type="checkbox"/>	Non-Amb <input type="checkbox"/>	With-Assist <input type="checkbox"/>	Isolation Precautions: Yes <input type="checkbox"/> No <input type="checkbox"/>
			Type: Colonized Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Physician Order: Transfer <input type="checkbox"/>	Transport <input type="checkbox"/>	Discharge <input type="checkbox"/>	
Mode of Transport: Ambulance <input type="checkbox"/>		Helicopter <input type="checkbox"/>	Fixed-wing <input type="checkbox"/>
Level of Care Ordered: CCT <input type="checkbox"/>		ALS <input type="checkbox"/>	BLS <input type="checkbox"/>
		Mode: Air <input type="checkbox"/> Ground <input type="checkbox"/>	