

STATE OF FLORIDA
AIR MEDICAL SERVICES
DISASTER RESPONSE PLAN V1.7
2011



Submitted by the
Florida Aeromedical Association

Accepted and Voted by FAMA 1/21/11

Purpose

Florida's challenge of a dynamic and diverse population, located in regions susceptible to hurricanes, tornadoes, flooding, and acts of terrorism necessitates the need for the highest level of coordination and preparation in disaster response.

Mission of Air Medical Transport

This plan shall provide for the systematic coordination of the Florida Air Medical (FAM) response from throughout the State of Florida to assist the State Emergency Operations Center (EOC) when requested in the event of a natural or manmade disaster. This plan serves as a conduit of communication, functioning within the scope of existing state and federal disaster plans.

FAM can provide safe rapid transport for critically ill and injured patients directly from a scene or a health care facility to a designated receiving site. All transports must be approved by the State EOC or designee.

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
 - A sending physician / designee who provides clinical authorization for transfer.
 - A receiving physician / designee and services capable to manage the clinical situation at the receiving site.
- ❑ Scene Transfer
 - Public Safety organization arranging and assisting in the transfer.
 - A receiving physician / designee and services capable to manage the clinical situation at the receiving site.
- ❑ 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 (FAR).

Note: The primary mission does not include search and rescue operations. *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.*

Disaster Response

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

FAM will vary according to aviation capabilities including but not limited to:

- Visual flight regulations vs instrument flight regulations
- Type of aircraft
- Availability of specialty transports
- Communications
- Airspace and air traffic control

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, helicopter transport should begin as soon as possible after a hurricane watch is declared for a particular location; with a goal of completing operations as soon as possible after the hurricane warning is declared.

Logistical Support

The logistical support of mutual aid resources is critical in the management of a disaster effort. Early determination of needed resources must be established.

1. Transportation to and from the area:
 - Staging areas, both within and outside the disaster area
 - Dispatch and or flight following services
 - Weather reporting
 - Maps and directions for responding support personnel
 - Maintenance plan
 - Designated fuel supply
 - Established communications
2. Overnight Staging areas and supplies:
 - 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
 - Food, water and sanitary facilities
 - Replacement of medical supplies, equipment and gasses
 - Communications links (in and out of the disaster area)

Logistical needs related to FAM are the ultimate responsibility of individual air medical operators in conjunction with Incident Command.

Coordination by Florida Aeromedical Association

The coordination of this plan, including its development, revision, distribution, training, and implementation is the responsibility of the Florida Aeromedical Association (FAMA). The FAMA Air Medical Disaster Response Committee will oversee this process.

The committee will be composed of the following:

- Chair - FAMA President
- FAMA President-elect (Chair in the President's absence)
- FAMA Secretary-treasurer (Recording – non/voting member)
- Florida Air and Surface Transport Nurses Association (ASTNA) President *or* President-elect (designee)
- Florida Neonatal Pediatric Transport Network Association (FNPTNA) President *or* President-elect (designee)
- Florida EMS Pilots Association FLEMSPA President *or* President-elect (designee)
- Florida EMS Advisory Council Air Ambulance Operator
- FAM Disaster Plan Regional Representatives *or* designated Assistant
- FAM Disaster Plan Fixed Wing Representative *or* designated Assistant
- AAMS Region 6 Representative
- FAM Based Vendor Representatives

The Committee Chair/Designee, in conjunction with the Committee, can add, delete or modify this membership as deemed necessary for the success of the Plan.

The FAMA Air Medical Disaster Response Committee will work in conjunction with the EMS Advisory Council Disaster Subcommittee. The FAMA Air Medical Disaster Response Committee Chair will participate as a liaison to the EMSAC Disaster Subcommittee and the Florida State Air Operations Group.

There will be seven FAM disaster representatives, six in line with the seven Florida RDSTF regions (Regions 1 and 2 combined) and one representing the state fixed wing community. These will be appointed by the FAMA President in conjunction with the FAMA Air Medical Disaster Response Committee, and serve terms parallel with the FAMA President (reviewed every two years). Representatives will function as:

- Subject matter experts within their region/expertise, representing FAM in meetings, preparation of emergency management plans as requested, and available to the EOC/ESF 8 community
- Resource as requested during the scope of an event. Line of communication is through the EMSAC Air Medical Operator/Designee

Representatives will be selected according to the following minimal guidelines:

- Global understanding of FAM operations
- Active participation in FAMA and ASTNA
- Active participation in specialized constituency group meetings as indicated by personal licensure
- Ability to actively participate in regional RDSTF ESF 8 meetings (regional representatives)

Implementation of Disaster Plan

Actions:

- ❑ Governor declares disaster.
- ❑ State EOC is activated.
- ❑ Need for Air Medical Resources are identified by EOC (ESF 8)/Air Operations Branch in response to request from local EOC
- ❑ EMSAC Air Medical Operator (AMO)/Designee is contacted by EOC (ESF 8)/AOB.
 - The appointed EMSAC Air Medical Operator is the initial point of contact for the State EOC/Air Operations Branch.
 - In the event the EMSAC AMO is unavailable, either planned or as an effected party, the FAMA President is the designee contact.
 - Determine type and scope of mission
 - Request for available FAM resources
 - Information on logistics and communication
 - Incident Command contact information
- ❑ EMSAC AMO initiates call plan
 - FAMA President/Designee
 - Regional Representative of Effected Area to confirm local assets
 - Notifies all members of the FAMA Disaster Committee
- ❑ EMSAC AMO / Designee notifies EOC of available resources and maintains communication link throughout event
- ❑ Utilization of FAM resources will be coordinated by Incident Command.

- All individual program standard operating procedures (SOP) will be enforced throughout operations.

Reimbursement

A FEMA Tracking Number is to be provided to the FAM responding agency prior to liftoff. ESF 8 of the State Emergency Operations Center provides this number during activation.

A FAMA Transportation Request Worksheet may be used as a guideline in tracking patient transports.

Appendix A

Transportation Request Worksheet

Date:	Time:	Communication Specialist	
Caller Information		Admission Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:	Phone #:	Inpatient <input type="checkbox"/>	23Hour <input type="checkbox"/>
Sending Information			
Facility:	Unit:	Bed #:	
Phone #:	Nurse:	Physician:	
Destination Information			
Facility:	Unit:	Bed #:	
Phone #:	Nurse:	Physician:	
Demographic Information			
Name:	Age M <input type="checkbox"/> F <input type="checkbox"/>	DOB M.R.#	SS#:
Street Address:	City, State, Zip:		Phone:
FEMA Tracking Number	ESF- rep		
Diagnosis			
Primary:		Secondary:	
<i>Patient Needs Assessment</i>			
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"/>	

Appendix B – Communications

Communication

- Air to Air Communication 123.025 MHz Primary aircraft radio used by pilots (VHF)
- Air to Ground Communication for flight control (Air Secondary) 155.340 MHz, (VHF) no CTSS – simplex operation. Also known as Regional Med in some areas of the State.
- Air to Ground Communication for flight control - county - (800 MHz)
- Air to Ground Communication for medical control - local - (MED channels) (UHF)
- Air to Ground Communication for medical control - statewide - (MED 8) (UHF)
- Air to Ground Communications for dispatch

Appendix C – Contact Information

EMSAC Air Ambulance Operator	John Scott	W 813.844.4758 C 813.3631553	jscott@tgh.org
FAMA President	Kathy Koch	W 813.844.4329 C 813.363.1593 F 813.844.4191	kkoch@tgh.org
FAMA Sec/Treas	Julie Bacon	C 407.432.5498 H 407.905.2639	julielbacon@aol.com
ASTNA President	Brian Burrell	C 772.360.7503	brian.burrell@omniflight.com
ASTNA Pres-Elect	TBA		
FNPTNA President	Louise Bowen	C 727.420.7432 W 727.767.4115 F 727.897.4837	Louise.Bowen@allkids.org
FNPTNA Pres-Elect	Maria Fernandez	O 305.668.5580 P 305.286.0102 C 305.439.0065	Maria.Fernandez@MCH.com
FLEMSPA President	Mark Womack	C 352.516.4328 W 352.265.0222 H 386.454.3037	mwomack@airmethods.com
FLEMSPA Pres-Elect	Joe "Woody" Woodard	C 321.544.1851	mamlbjaw@aol.com
FAM Rep Reg 1/2	Kevin Stanhope	W 850.469.2098 C 850.313.0111 Dispatch 800.874.1555	KStanhope@BHCPNS.ORG
Asst	Larry Hall	W 850-529-9135	Larry.Hall@lqts.net
FAM Rep Reg 3	John Lunde	C 904.338.7982 H 904.298.0715	JLunde@airmethods.com
Asst	Mark Womack	C 352.516.4328 W 352.265.0222 H 386.454.3037	mwomack@airmethods.com
FAM Rep Reg 4	Scott Wyant	C 727.893.6216 F 727.893.6035	scott.wyant@bayfront.org
Asst	Kathy Koch	W 813.844.4329 C 813.363.1593 F 813.844.4191	kkoch@tgh.org
FAM Rep Reg 5	Mark Clemens	C 321.508.5241 P 321.635.3989 W 321.434.7240	Mark.Clemens@health-first.org
Asst	Brian Burrell	C 772.360.7503	brian.burrell@omniflight.com
FAM Rep Reg 6	Ken Grimes	C 727-423-4289 H 727-820-0993 W 800-223-4494	ken.grimes@goldenhourdata.com
Asst	Rick O'Neal	C 239.229.2056	ROneal@leegov.com
FAM Rep Reg 7	Gerry Pagano	W 561.689.7140 x1422 C 561.719.6704 H 561.450.6402	gpagano@hcdpbc.org
Asst	Maria Fernandez	O 305.668.5580 P 305.286.0102 C 305.439.0065	Maria.Fernandez@MCH.com
FAM Fixed Wing Rep	Adin Miller		adin@jeticu.com
Asst	Lynn Stevens		lynn@jeticu.com
AAMS Region 6 Rep	Gerry Pagano	W 561.689.7140 x1422 C 561.719.6704 H 561.450.6402	gpagano@hcdpbc.org
Vendor			

Appendix D – Suggested Training

Listed below are FEMA on-line courses required for responders to disaster incidents. Please be aware that federal disaster reimbursements may be affected by not adhering to these educational requirements:

FEMA 100 Introduction to Incident Command

<http://training.fema.gov/emiweb/is/is100a.asp>

FEMA 200 Single Resources and Initial Action Incidents

<http://training.fema.gov/EMIWeb/IS/IS200a.asp>

FEMA 700 NIMS An Introduction

<http://training.fema.gov/EMIWeb/IS/is700a.asp>

FEMA 800 National Response Framework, An Introduction

<http://training.fema.gov/EMIWeb/IS/IS800b.asp>

FEMA IS-5 An Introduction to Hazardous Material

<http://training.fema.gov/EMIWeb/IS/IS5.asp>

Appendix E – Acronyms

AAMS – Association of Air Medical Services
AAO – Air Ambulance Operator
AOB – Air Operations Branch
ASTNA – Air Surface Transport Nurses Association
EMS – Emergency Medical Services
EMSAC – Emergency Medical Services Advisory Council
EOC – Emergency Operations Center
ESF 8 – Emergency Services Function 8 (Health/Medical)
FAM – Florida Air Medical
FAMA – Florida Aeromedical Association
FAR – Federal Aviation Regulations
FEMA – Federal Emergency Management Agency
FLEMSPA – Florida Emergency Medical Services Pilots Association
FNPTNA – Florida Neonatal Pediatric Transport Network Association
RDSTF – Regional Domestic Security Task Force
SOP – Standard Operating Procedures