

FLORIDA AMBULANCE DEPLOYMENT STANDARD OPERATING PROCEDURE

Version 1.2

Last Update: January 13, 2012

1. PURPOSE: The purpose of this Standard Operating Procedure (SOP) is to establish a mechanism for State ESF8 to marshal and deploy ground and air emergency medical services (EMS) assets during disaster response.

2. SITUATION: EMS assets are a critical component of the public health and medical response system. County Emergency Operations Centers may request additional EMS resources during a disaster in order to supplement ground and air ambulances and EMS personnel in counties in which resources are overwhelmed by a major emergency or catastrophic disaster. Specific missions for EMS assets may include:

- Augmentation of day to day EMS services
- Patient and medical facility evacuation support
- Patient triage and transport

Appendix VIII, Public Health and Medical Services, of the State Comprehensive Emergency Management Plan establishes that deployment of EMS resources will be coordinated with State ESF 8, ESF 4 & 9 and the Florida Air Ambulance Association.

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. In addition, Florida has 23 MCI Support Units strategically located throughout the state.
- State-level deployments of EMS assets will be authorized by State ESF 8 and coordinated with State ESFs 4 & 9 and the Florida Air Ambulance Association.
- Deployments of EMS assets will strictly adhere to the principles of the Incident Command System.
- Resources can most efficiently be identified and marshaled working through established organizational structures and points of contact
- EMS resources will deploy under an authorized mission request and will not self-dispatch to the incident scene.
- Availability of EMS assets may be limited during disasters due to competing operational commitments.
- All ambulance deployments are subject to weather conditions and safety considerations.
- When requested, the processes established in this SOP can be implemented to support interstate mutual aid requests for EMS assets through the Emergency Management Assistance Compact (EMAC).

4. AUTHORITIES: F.S. 252.36 (5)(b) authorizes the use of all available resources of the State Government and political sub-divisions of the state, as reasonably necessary to cope with an emergency.

5. CONCEPT OF OPERATIONS

Florida's concept of operations is to deploy EMS assets as typed ambulance strike teams, ambulance task forces or single EMS resources. The preferred method of deployment is as strike teams/task forces; however single EMS resources may be deployed based on specific mission requirements. Florida has adopted the [National Incident Management System \(NIMS\) typing for EMS resources](#).

EMS assets that may be deployed under this SOP include:

- Air ambulances (fixed wing)
- Air ambulances (rotary wing)
- Ambulance (Ground)
- Ambulance Strike Teams
- Ambulance Task Forces
- Emergency Medical Technicians (EMTs)
- Paramedics

A. Request Process

- Request for EMS assets to the state must be coordinated through the County Emergency Operations Center and documented in EM Constellation.
- Resources should be requested by asset typed descriptions and include a capability based description of how the resources will be used as a part of the operation.
- Missions for EMS assets will be assigned to State ESF 8 in the State Emergency Operations Center. State ESF 8 will validate the mission based on current situational awareness and resource availability.
- Once validated, State ESF 8 will request EMS resources deployment assistance from either State ESF 4 & 9 and/or the Florida Air Medical Association (FAMA) depending on type of resource requested.
 - Ground ambulances, EMTs and Paramedics will be identified, mobilized, deployed and demobilized through the Florida Fire Chiefs Association, [State Emergency Response Plan \(SERP\)](#). SERP Regional Emergency Response Coordinators shall work with State ESF 8 to designate (1) one fire based Regional EMS Liaison and (1) one non-fire based Regional EMS Liaison for each of the seven domestic security regions in Florida. The Regional EMS Liaisons shall manage resource tracking for ambulance resources and will coordinate resource tracking with the SERP Regional Response Coordinator. This position will also coordinate ambulance resource tracking efforts with State ESF 8.
 - Air ambulance resources will be identified, mobilized, deployed and demobilized through the Florida Air Medical Association as per the [Florida Air Medical Services, Disaster Response Plan](#).
 - State ESF 8 will assign mission numbers to deployed EMS resources.
- The SERP Regional EMS and/or FAMA Liaisons will work directly with EMS providers to identify assets available for deployment, deploy those assets and work with the Ambulance

Strike Team (AST)/Ambulance Task Force (ATF) Leaders/Group - Division Supervisors to track deployed EMS resources.

- When possible, EMS resources will be acquired from one or more un-impacted geographical regions in order prevent further burden on the impacted region.
- State ESF 8, State ESF 4 & 9 and/or FAMA will collectively assign the duty of AST/ATF Leader, and/or Group/Division Supervisor to trained and qualified personnel (see Attachment B for a description of position qualifications).
- State ESF 8, in concert with the AST/ATF Leaders/Group - Division Supervisors, will manage, as necessary, logistical support for the ground/air ambulance deployment (hotels, fuel, food, re-supply, command vehicles, MCI Support Units).
- State ESF 8 will attempt to acquire and deploy an EMS mobile command post when three or more ambulance strike teams/task forces are deployed.
- State ESF 8, working with State ESF1, will attempt to acquire and coordinate the deployment of non-ambulance transportation resources (Para-transit vehicles, buses).
- State ESF 8 may send a State ESF8 liaison to the incident to coordinate activities with the AST/ATF Leaders/Group - Division Supervisors.
- Once deployed, ambulance resource activities will be managed by the assigned AST/ATF Leaders/Group - Division Supervisors and State ESF 8 Liaison.

B. No-Notice Incident Deployment: No-notice incidents do not allow for pre-deployment coordination among State ESF 8, ESFs 4 & 9 and the FAMA. The procedures below describe the modified request process for no-notice incidents.

- State ESF 8, State ESF 4 & 9 and FAMA will collaborate to maintain the no-notice deployment plan for ground/air ambulance resources. At the discretion of ESF 4 & 9, the SERP Regional Coordinator may be notified of the need to deploy ambulance assets by State ESF8 directly. State ESF8 will keep State ESF 4 & 9 aware of the status of the deployment.
- State ESF 8, either through State ESF 4 & 9 or directly through the SERP Regional Coordinator, will acquire the necessary resources to meet the needs of the event.
- State ESF 8, either through State ESF 4 & 9 or directly through the SERP Regional Coordinator, will deploy additional ambulance resources to replace the no-notice deployed resources within 12 – 24 hours of the initial deployment. This assures EMS assets rapidly deployed can return to home base if necessary and long-term support for the mission available.
- State ESF 8, through the FAMA, will acquire the necessary air ambulances to meet the needs of the event.
- State ESF 8, through the FAMA, will deploy additional air ambulance resources to replace the no-notice deployed resources within 12 – 24 hours of the initial deployment. This assures EMS assets rapidly deployed can return to home base if necessary and long-term support for the mission available.

- Ground ambulance providers that participate in a no-notice deployment will, at the request of the SERP EMS Liaison:
 - Deploy a department supervisor to serve as an AST/ATF Leaders/Group - Division Supervisors.
 - Deploy ambulance resources that are logistically capable of sustaining themselves for 24 hours (staff, uniforms, equipment, supplies, etc).
 - Notify their EMS Liaison of any need to demobilize the deployed assets prior to the 24 hour mark.
- FAMA will assure that air ambulance providers that participate in a no-notice deployment will:
 - Deploy an air ambulance department supervisor for each group of five air ambulances that FAMA sends to the deployment to assist the designated AST/ATF Leaders/Group - Division Supervisors.
 - Deploy air ambulance resources that are logistically capable of sustaining themselves for 24 hours (staff, uniforms, equipment, supplies, fuel, maintenance, etc).
 - Notify State ESF 8 of any need to demobilize the deployed assets prior to the 24 hour mark

C. Communications: Deployed EMS personnel will utilize the [Volume II of the Emergency Medical Services Communications Plan \(EMSCP\)](#) as a reference guide in order to determine local radio frequencies to be used during a deployment. Volume II of the Emergency Medical Services Communications Plan (EMSCP) has been developed by the State of Florida, Department of Management Services (DMS) as an operational “field manual” to be carried as standard equipment on all transport permitted vehicles within the State. It is designed to contain information useful for day-to-day operations, as well as to provide the data necessary to enable radio communications during transport operations in unfamiliar areas, including neighboring counties in Georgia and Alabama.

D. Activation Process Guidelines for EMS Providers Upon Request for Deployment

The following guidelines are provided once a ground/air ambulance provider is notified of a deployment:

- Ground/air ambulances/medical personnel should report as quickly as possible to the location requested. Personnel are to take their prepared 3 day Go Packs with them to the assignment.
- State ESF 8, State ESF 4 & 9 and FAMA will provide agency representatives to work with the fire and non-fire based ground/air AST/ATF Leaders/Group - Division Supervisors in coordinating teams and getting them to the incident.
- State ESF 8, ESF 4 & 9 and FAMA representatives, if requested and assigned, will respond to the incident site and liaison with the ESF 8 and ESF 4 & 9 desks at the State Emergency Operations Center (SEOC).

E. Resource Management

- All ground/air ambulances will report to their designated rally point to meet with AST/ATF Leaders/Group - Division Supervisors as applicable. At the rally point, the AST/ATF Leaders/Group - Division Supervisors will be responsible for the following:
 - Introducing team members.
 - Briefing team members on current incident conditions, safety issues and the Ambulance Deployment Standard Operating Procedure (ADSOP) Code of Conduct.
 - Issuing potential assignments.
 - Determining response route, considering time of day, traffic, food and fueling stops.
 - Making and communicating travel plan (provide a line-up of vehicles to travel).
 - Identifying a travel radio frequency for en route communications (typically a Talk-A-Round channel).
 - Conducting a checklist assessment of the ADSOP readiness and equipment availability.
 - Notifying the jurisdictional communication center of status and ETA to the incident site/staging area.
- If a ground/air ambulance unit is unable to continue to respond for any reason the AST/ATF Leaders/Group - Division Supervisors shall contact the State ESF 8 to request replacement of the unit. The State ESF 8 will in turn notify the State ESF 4 & 9 desk and/or FAMA of the situation.
- The AST/ATF Leaders/Group - Division Supervisors shall report any deployment related incidents/accidents to the State ESF 8. The State ESF 8 will in turn notify the State ESF 4 & 9 desk and/or FAMA of the situation.
- Each ground/air ambulance crew shall maintain responsibility for their personal equipment, their ground/air ambulance, and their medical equipment /supplies. Any problems should be reported to the AST/ATF Leaders/Group - Division Supervisor.
- At the incident, the deployed ambulance team shall report to and check in at the incident staging area or assigned area. The AST/ATF Leaders/Group - Division Supervisors will be responsible for the following:
 - Initiating and use ICS Form 214 (Unit Log) for the entire incident.
 - Providing information, including resource order and request #, for check-in (ICS form 211).
 - Receiving Incident Briefing (IAP, ICS 205 - Communications Plan and ICS 206 - Medical Plan).
 - Briefing Team Members on Incident and their assignments.
 - Reporting for Line Assignment(s) or to a Staging Area as directed.
 - Obtaining orientation to hospital locations (local information and ICS 206 – EMS Communications Plan Volume II is a resource for this information).
 - Determining preferred travel routes and brief team members.
- AST/ATF Leaders/Group - Division Supervisors will, at least on a daily basis, provide Situation Reports (Annex “B”) to the ESF 8 desk at the SEOC. The ESF 8 desk will assure that the ground/air ambulance deployment situation reports are placed in SEOC emergency management mission tracking software.

- F. Medical Protocols:** During a response into another Florida county or out of state jurisdiction, and when requested as part of an ground/air ambulance deployment, an EMT, Paramedic or Registered Nurse may utilize the scope of practice for which she/he is trained and accredited according to the policies and procedures established by his/her Local Emergency Medical Services Agency (LEMSA).
- If the AST/ATF Leaders/Group - Division Supervisors provides any medical care during the incident, they will utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting LEMSA.
 - EMT-Basic personnel functioning as members of an ambulance deployment out of their local jurisdiction are authorized to perform any skills in the State of Florida EMT-Basic scope of practice (as outlined in F.S. 401 and Rule 64J) and any extended scope of practice skills in which they are trained and authorized by their home LEMSA.
 - Ground/air ambulance personnel may not exceed their medical scope of practice regardless of direction or instructions they may receive from any authority while participating on an ambulance deployment.
- G. Logistical Support:** The deployment team reporting to the scene of a disaster or other incident should not expect support services to be in place in the early stages of the incident. For this reason all deployed ambulance teams are expected to be self-sufficient for up to 3 days or have a plan to be supported in the response area. The location and magnitude of the incident will determine the level of support services available. State ESF 8 will work to provide logistical support beyond the 24 hour mark for the deployed EMS resources. However:
- The AST/ATF Leaders/Group - Division Supervisors may have to utilize commercial services for food, fuel, and supplies until logistical services are established. Obtaining replacement medical supplies during the first days of a disaster may also be difficult.
 - The AST/ATF Leaders/Group - Division Supervisors may have to work within the local EMS structure to replenish medical supplies for the ambulance deployment team. (The County Emergency Manager, with the assistance of local ESF 8, may be able to provide medical re-supply services.)
 - The AST/ATF Leaders/Group - Division Supervisors or designee is expected to attend all operational shift briefings and keep all personnel on the team informed on conditions. If the individual units of the ambulance deployment are assigned to single resource functions, i.e., patient transportation, triage, or treatment, the AST/ATF Leaders/Group - Division Supervisors will make contact with the personnel at least once during each Operational Period.
 - If possible, all units in an ambulance deployment will stay together when off-shift unless otherwise directed by the AST/ATF Leaders/Group - Division Supervisors. At minimum, all team members will remain in constant communications. Until incident facilities are established each AST/ATF Leaders/Group - Division Supervisors will coordinate with their respective support services to provide facilities support to the ambulance deployment team.
- H. Demobilization:** State ESF 4& 9 is responsible for the preparation and implementation of the ground ambulance Demobilization Plan to ensure that an orderly, safe, and cost effective movement of personnel and equipment is accomplished from the incident. FAMA is responsible for the preparation and implementation of the air ambulance Demobilization Plan to ensure that an orderly, safe, and cost effective movement of personnel and equipment is accomplished from the incident. At no time should a deployed ground/air ambulance team or individual

crewmember leave without receiving departure instructions from their AST/ATF Leaders/Group - Division Supervisors.

- AST/ATF Leaders/Group - Division Supervisors should obtain necessary supplies to assure that the ground/air ambulances leave in a “state of readiness” whenever possible. If unable to replace lost, used or damaged equipment, the AST/ATF Leaders/Group - Division Supervisors shall notify the State ESF 4 & 9 desk at the SEOC prior to leaving the incident/staging location. The AST/ATF Leaders/Group - Division Supervisors will collect and return all radios and equipment on loan for the incident. Timekeeping records will be recorded and shall be submitted to the appropriate personnel at the incident prior to departure. All deployed ambulance personnel will receive a debriefing from the AST/ATF Leaders/Group - Division Supervisors prior to departure from the incident.
- Vehicles safety checks will be conducted by AST/ATF Leader/Group - Division Leaders prior to the EMS unit’s departure from the incident. Any problems will be communicated to the AST/ATF Leaders/Group - Division Supervisors. AST/ATF Leaders/Group - Division Supervisors will review return travel procedures with departing EMS personnel.
- State ESF 8 will coordinate with State ESF 4 & 9 to implement any required decontamination processes of equipment and personnel.
- State ESF 8 will coordinate demobilization of EMS resources with State ESF 4 & 9 and the Florida Air Ambulance Association.
- State ESF 4 & 9 will notify ESF 8 of ground ambulance release time, travel route, estimated time of arrival back at home base and actual arrival time back at home base.
- The Florida Air Ambulance Association will notify ESF 8 of air ambulance release time, travel route, estimated time of arrival back at home base and actual arrival time back at home base.

- I. **Code of Conduct:** The conduct of deployed resources under the ADSOP is of paramount importance to the State ESF 8, the EMS Advisory Council, ESF 4 & 9, FAMA, the sponsoring agency, and the local Authority Having Jurisdiction (AHJ).

These resources are perceived as representatives of a well-organized, highly trained group of responders who have been assembled to help communities in need of assistance. At the conclusion of a mission, system members must ensure that their performance has been positive, and that they will be remembered for the outstanding way they conducted themselves both socially and in the work environment.

This Code of Conduct consists of the rules and standards governing the expected demeanor of members of agencies responding as part of the ADSOP. Each system member is both a representative of their response team and their Sponsoring Agency. Any violation of principles or adverse behavior demonstrated will be looked upon as unprofessional. Such behavior may discredit the good work that the resource completes and will reflect poorly on the entire team's performance and it's Sponsoring Agency.

General Responsibilities

- It is the responsibility of the Sponsoring Agency to prepare its system members before deployment regarding conduct expectations. Each deployed member is bound by their sponsoring agency's rules, regulations, policies, and procedures.

- It is the responsibility of the AST/ATF Leaders/Group - Division Supervisors or designee(s) to reinforce the ADSOP Code of Conduct during all planning sessions, team meetings and briefings and to monitor compliance. Any violations must be documented, with appropriate follow-up action taken by the State ESF8, ESF 4 & 9, FAMA and the Sponsoring Agency.
- At no time during a mission will system members take personal advantage of any situation and/or opportunity that arises.
- It is the responsibility of each system member to abide by this Code of Conduct.

As a basic guide, system members will base all actions and decisions on the ethical, moral and legal consequences of those actions. It is in this manner that positive and beneficial outcomes will prevail in all system events. Accordingly system members will:

- Keep the value of life and the welfare of the victim constantly in mind.
- Remain cognizant of cultural issues including race, religion, gender and nationality.
- Abide by all local law enforcement practices, including its policy regarding weapons.
- Abide by all regulations regarding the handling of sensitive information.
- Follow local regulations regarding medial care and handling of patients and/or deceased.
- Follow prescribed direction regarding dress code and personal protective equipment
- Not carry firearms.
- Not be in possession of non-prescribed or illegal substances, other than over the counter medications.
- Will not consume alcoholic beverages while on duty or subject to call.
- Only procure equipment through appropriate channels.
- Follow AHJ and federal regulations or restrictions regarding taking and showing pictures of victims or structures.
- Not remove property from an operational work site as a souvenir.
- Not deface any property.
- Transit only via approved roadways and not stray into restricted areas.
- Demonstrate proper consideration for other teams' capabilities and operating practices.
- Not accept gratuities to promote cooperation.

5. RECORD OF CHANGES & APPROVAL

This Ambulance Deployment Standard Operating Procedure replaces and supersedes the previously approved Ambulance Deployment Plan dated XXXX. A copy of this Ambulance Deployment SOP will

be made available to all licensed EMS providers in the State of Florida and is posted for general public access to the Department of Health's website at XXX.

Prepared by: Bobby Bailey
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November 3, 2011

Reviewed by: TBD
Title
Date

Approved by: Rhonda White,
Chief, FDOH Bureau of Preparedness and Response
<insert date>

6. ATTACHMENTS

- A. Minimum Requirements for EMS Participation
- B. Recommended Standards for an Ambulance Strike Force and Ambulance Task Force
- C. Equipment Recommendations for Ambulance Deployment Teams, Ambulances and Team Leaders
- D. Ambulance Deployment Standard Operating Procedure Daily Report
- E. Self Deployment Notice

Attachment A: Minimum Requirements for EMS Participation

Minimum Requirements for participation:

Recommended Standards For an Ambulance Deployment Standard Operating Procedure (ADSOP) Ambulance Provider:

- ADSOP ground/air ambulance provider ambulances must be currently licensed and in good standing by the Florida Department of Health, Bureau of Emergency Medical Services.
- ADSOP ground/air ambulance provider must be responsible for the assignment of only qualified individuals for deployment as described in this document.

Recommended Standards for ADSOP Ambulance Personnel:

- Must be a member or employee in good standing of an Agency Member.
- Must be currently certified and in good standing as an EMT, Paramedic or Registered Nurse with the State of Florida.
- Must have a minimum of 1 year of EMS experience as an EMT, Paramedic or Registered Nurse.
- Completed ICS 100.
- Completed ICS 700.
- Have current immunizations as noted in [National Incident Management System \(NIMS\) typing for EMS resources](#).
- Have training in Hazmat Awareness.
- Trained and able to work in a minimum of Level "C" personal protective equipment (in accordance with CFR 1910.120 APP B) in a cold zone assisting in secondary decontamination processes.
- Have documented Weapons of Mass Destruction awareness level training.

Recommended Standards for an Ambulance Strike Team (AST) Leader/Ambulance Task Force Leader (ATL):

Minimum Training Requirements for the AST/ATL Leader:

- Must be currently certified and in good standing as an EMT, Paramedic or Registered Nurse with the State of Florida.
- All training requirements from the ADSOP Individual Member requirements plus;
- ICS 200 & 800
- 2 Years EMS Experience in an EMS leadership position
- Basic competency of MCI Field Operations
- Optional: Strike Team Leader Course (Example: Florida Forestry Strike Team/Task Force Leader course designed for EMS)

Duties and Responsibilities of the AST/ATL Leader:

The AST/ATL Leader is responsible for:

- Assuring the safety and condition of the AST/ATL personnel and equipment.
- Coordinating the movement of the personnel and equipment traveling to and returning from an incident.
- Supervising the operational deployment of the AST/ATL team at the incident, as directed by the Ambulance Group or Division Supervisor, or Incident Commander.

- Maintaining familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned units, keeping the team accounted for at all times.
- Contacting appropriate Incident personnel with problems encountered on the incident, including mechanical, operational, or logistical issues.
- Prior to deployment, determining mission duration, special circumstances, reporting location and contact information.
- Ensuring completion and submission of ICS documents for timekeeping and Demobilization (Incident Command System [ICS] Form 214).
- Contact State ESF 8 and State ESF 4 & 9 at least daily, no later than 9 am, providing ADSOP Situation Report and IAP.

In summary, the AST/ATL Leader must have the capability and experience to manage, coordinate, and direct the actions of the ambulance crews at a wide variety of emergency situations. This includes maintaining all required records, and ensuring the logistical needs of all personnel are met during the entire activation of the team.

Recommended Standards for an Ambulance Group - Division Supervisor:

- All training requirements from the AST/ATF Leader requirements plus;
- Minimum five years experience in an EMS leadership role.
- ICS 300 & 400
- Successful Completion of the Florida Ambulance Strike Team/Task Force Leader Course

Duties and Responsibilities of the Group - Division Supervisor:

- Ensure that administrative support personnel, complete with office supplies, deploy with the Group/Division Supervisor.
- Assuring the safety and condition of the personnel and equipment.
- Coordinating the movement of the personnel and equipment traveling to and returning from an incident.
- Supervising the operational deployment of the ambulance strike teams/task forces at the incident, as directed by the Operations Section Chief, or Incident Commander.
- Maintaining familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned units, keeping the team accounted for at all times.
- Contacting appropriate Incident personnel with problems encountered on the incident, including mechanical, operational, or logistical issues.
- Ensuring vehicles have adequate communications capability (see communications section).
- Maintaining positive public relations during the incident.
- Prior to deployment, determining mission duration, special circumstances, reporting location and contact information.
- Ensuring completion and submission of ICS documents for timekeeping and Demobilization (ICS Form 214).

In summary, the AST/ATF Leaders/Group - Division Supervisors must have the capability and experience to manage, coordinate, and direct the actions of the ground/air ambulance crews at a wide variety of emergency situations. This includes maintaining all required records, and ensuring the logistical needs of all personnel are met during the entire activation of the team.

Attachment B: Recommended Standards for an Ambulance Strike Force and Ambulance Task Force

Ambulance Strike Team

A Florida Ambulance Strike Team will consist of the following NIMS typed assets:

- 3 - 5 ground/air ambulances of the same Type
- 2 AST Leaders with separate vehicles (for 24 hour operations).

Ambulance Task Force:

A Florida Ambulance Task Force will contain the following assets:

- 3 - 5 related EMS assets (ground or air)
- 2 ATL Leaders with separate vehicles (for 24 hour operations).

Optional Deployment Resources:

- Command Vehicle that has radio communications capabilities, satellite phones, wireless internet capabilities, generator power and enough reserve fuel to last 72 hours.
- Support Ambulance Task Force Incident Management Team representatives.
- MCI Support Units(s) with generator and enough reserve fuel to last 3 days.
- Type 2 Field Mobile Mechanics with service vehicles and equipment/supplies
- Ground vehicle fuel tender Type I that is capable of carrying enough diesel fuel and gasoline to support the deployment for 3 days.
- Helicopter fuel tender with ground crew.
- Food and water adequate enough to sustain the Ambulance Task Force for 3 days.
- Tents and cots with air conditioning, generator and fuel in adequate quantities/size to support the Ambulance Task Force for 3 days.
- Self-sufficiency for 3 days.
- Department of Health, Disaster Planning Consultants, Mobile Communications Unit(s)

Attachment C: Equipment Recommendations for Deployed Ground/Air Ambulance Personnel

Personal GO Pack for Deployed Ambulance Personnel should contain the following:

- Jacket
- Safety boots
- Sunglasses
- Hats (Ball cap or Boonie hat)
- Potable water for 3 days
- Rain gear
- Food supplies or Meals Ready to Eat (MREs) for 3 days
- Toilet paper
- Personal meds (enough to last ten days) & Medical History Documentation
- Toiletries & other personal items as needed
- Sunscreen
- Bug spray
- Sleeping bag & pillow
- Hearing protection (ear plugs)
- Photo I.D. and petty cash
- Clothing in sufficient quantities & appropriate for climate
- Flashlight with extra batteries

Ground/Air Ambulance:

- Sufficient quantities of equipment and supplies to meet expected 3 day burn rate that meets minimum scope of practice (ALS or BLS) as determined by F.S. 401, Rule 64J
- Maps for impacted area
- Communications equipment (TBD)
- Capability to purchase fuel locally (credit cards [department, corporate or personal], and or cash)
- 20 Patient Care Reports (PCRs)
- 20 Disaster Triage Tags
- 2 pair Work gloves
- 2 Safety Helmets with dust-proof safety goggles
- 4 HEPA N95 masks and 4 dust filters
- 2 Flashlights

Additional Logistical Supplies for AST/ATF Leaders/Group - Division Supervisors:

- ICS position specific vests
- Maps for impacted area
- Lap Top with wireless capability, vehicle charger, wall charger, printer, paper, office supplies.
- Compass and/or portable GPS
- Consider Fuel tender or capability to purchase fuel locally (credit cards [department, corporate or personal], and or cash)
- Communications Equipment capable of communicating with the team en route and at the incident: Cell Phone, radios, extra batteries and chargers, Satellite Phone and Charger
- State of Florida Field Operations Guide (FOG) Manual
- Food supplies or MREs (Quantities sufficient enough to support the team for length of deployment)
- Potable Water (Quantities sufficient to support the team for length of deployment)
- 50 Disaster Triage Tags

- 2 Safety helmets with dust-proof safety goggles
- 2 pairs Work gloves
- 2 Flashlights or headlamp
- ICS Forms & Ambulance Strike Team/Task Force/Group/Division Leader(s) Kit
- 100 Patient Care Reports (PCRs)
- Extra bulbs etc. as needed for all equipment.

Draft Not Approved

Attachment D: Daily Situation Report Template

Date of Operations

Time of Report

Current Situation

- Summary of day's events
- Area of Operations

Work Period Objectives

Recommendations

List of assets deployment by area of operations

Proposed Demobilization Plan (when applicable)

Submit to: StateESF8_Planning@doh.state.fl.us

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Attachment E: Self Deployment Notice

DO NOT RESPOND TO THE IMPACTED AREA UNLESS AUTHORIZED

In order to help alleviate self deployments, prior to an ambulance deployment, State ESF 8 will distribute the following notice to all licensed EMS Providers.

State ESF 8 is coordinating the deployment of EMS resources to the impacted area with State ESF 4 & 9 and/or the Florida Air Ambulance Association. State ESF 4 & 9 will be working with the Florida Fire Chiefs, State Emergency Response Plan (SERP) Regional coordinators as the point of contact. The Florida Air Ambulance Association will be working with Florida licensed air ambulance providers as the point of contact.

You are being deployed to assist the local EMS in their response to the incident. Your assistance is greatly appreciated.

While on the deployment you will work under the Incident Commander or designee (Medical Branch, Transport Officer Etc.) You must work within the ICS system; follow the directions of the Incident Command staff or the Ambulance Strike Team/Task Force/Group – Division Supervisors.

Prior to Deployment

Please consider the following:

- Period of service may be for seven to ten days.
- Have a credit card for the purchase of fuel, food and or other personal supplies.
- Each vehicle must be permitted, staffed and equipped at the level permitted (BLS, ALS)
- Vehicles/aircraft available for the response should be mechanically sound and capable of sustained operation during the deployment period in addition to the trip to and from the staging area
- Assure personnel have the necessary equipment for an Ambulance Deployment see Annex C for a recommended 3 day Go Pack.

While on Assignment:

- Follow the Ambulance Deployment Standard Operating Procedure, Code of Conduct at all times.
- Free lancing is not allowed. Any freelancing will cause the service and the personal on the vehicle to be relieved of assignment and notification of the sponsoring agencies.
- Stay with your unit until assigned a task by the Strike Team/Task Force Leader
- Keep radio traffic to a minimum. Use plain English
- You are directed to follow your services approved protocols.
- You may only perform procedures and provide medications from your local protocols. If you are advised to provide care with which you are not familiar, you must advise the medical control physician “this is not a skill you are allowed to perform or a medication that you carry”. At all times you must provide only the care allowed under you Florida certification.