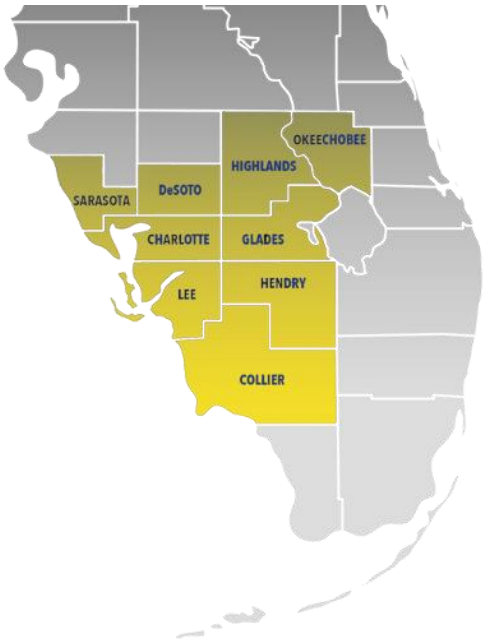
Chemical Surge Annex

Southwest Florida Healthcare Coalition

Region 6



Record of Changes

Date	Description of Change	Page #s	Changed By	Date of Approval
09/25/2023	Create Chemical Annex Template / Table of Contents	All	Program Manager	
10/11/2023	Draft Chemical Annex	All	Program Manager	
10/12/2023	Review Draft with Southwest Florida Healthcare Coalition Executive Council	All	Program Manager	
10/19/2023	Revisions made to Annex	ALL	Program Manager	10/20/2023

Contents

I. INTRODUCTION

This Chemical Surge Annex is an annex to the Southwest Florida Healthcare Coalition's (SWFL HCC) Preparedness Plan. It is intended to be high-level, identifying the available experts and specialized resources that exist within the SWFL HCC or external to the HCC. Each coalition member organization is encouraged to develop more detailed policies/procedures to support their individual operations.

The Chemical Surge Annex is consistent with guidance provided by the United States Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) and the Office the Administration for Strategic Preparedness and Response(ASPR).

This annex describes essential actions of the healthcare coalition and its member organizations to prevent and respond to a chemical surge emergency. *A **chemical surge** incident is an event in which the number of patients with chemical injuries exceeds the capabilities (resources) of local hospitals.* A chemical surge incident may include patients suffering from multiple injury types beyond chemical exposure.

A. Purpose

The Southwest Florida Healthcare Coalition (SWFL HCC) forms a broad collaborative network of healthcare and support organizations and their respective public and private sector response partners. The member counties of the SWFL HCC are Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Lee, Okeechobee, and Sarasota.

The overriding goal of the SWFL HCC Chemical Surge Annex is to ensure effective communication and information sharing during a chemical surge incident. Therefore, the Chemical Surge Annex will describe how the SWFL HCC will support local public health officials, county emergency management, and Florida Department of Health (FDOH) which requires activation of one or more of these entities due to a large-scale chemical incident impacting the state of Florida.

This annex defines the concepts of operations for a chemical surge incident, outlines the roles and responsibilities of the SWFL HCC which include coordination and information sharing efforts to ensure an effective operation. The annex establishes the framework for activation, notification, and coordination of SWFL HCC in response to a chemical incident having large-scale implications on the SWFL HCC members and/or the region's healthcare systems.

This Annex does not replace other county or local emergency operations plans or procedures, but rather builds upon the existing plans to provide additional healthcare response detail. The plan also does not replace the need to have separate chemical protocols, equipment, and training for each healthcare facility or Emergency Medical Services (EMS) agency.

B. Scope of the Annex

The Chemical Surge Annex is an Annex to the SWFL HCC Preparedness Plan and will guide the SWFL HCC in coordinating preparedness and response efforts with local public health officials, Florida Division of Emergency Management (FDEM), and/or the Florida Department of Health (FDOH). SWFL HCC will activate the Chemical Surge Annex with Board approval, at the request of local public health officials, FDEM, and/or the FDOH during and/or in anticipation of a large-scale chemical surge incident that may overwhelm the Southwest Florida Region's healthcare systems.

This annex should ensure that during a chemical emergency:

1. Resources within the coalition, and external to it, are documented and coalition members understand the timeframe for their activation and arrival.
2. Each healthcare facility and EMS agency has a plan, proper training, and necessary equipment to address the needs of patients impacted by a chemical incident, including the provision of dry and wet decontamination.
3. Sources of information regarding patient care are documented and available (e.g., job aids, technical expert reach back).
4. Emergency management and public health agencies understand the need for rapid communication to the public, the potential need for shelters where victims can perform self-decontamination (e.g., "dry" decontamination at a minimum), and additional locations for mass decontamination; the coordination of medical countermeasure deployment (e.g., CHEMPACK, Strategic National Stockpile [SNS]), and secondary transport coordination.

C. Overview/Background of Southwest Florida HCC and Situation

1. Situation Overview

Within the state of Florida, there are numerous chemical hazards that can cause a surge in patients with varying injury types based on the nature of the chemical and its release type. Hazardous chemicals are commonly used in laboratory, industrial, agricultural, and military applications. Release of hazardous chemicals can occur through industrial and transportation accidents or through intentional release during a terrorist or military attack.

The most common hazardous chemicals are typically classified as:

- Blistering Agents (Vesicants)
- Choking Agents (Pulmonary)
- Nerve Agents
- Incapacitating Agents
- Caustics (Acids)
- Organic solvents
- Metals
- Riot Control Agents
- Blood Agents

The regulatory, monitoring, compliance, and response authorities for chemical hazards are shared by multiple agencies within Florida including the Florida Department of Environmental Protection (FDEP), Florida Department of Health (FDOH), and Florida Division of Emergency Management (FDEM).

Whether a chemical incident is accidental (e.g., a chlorine spill as a result of a derailed train) or intentional (e.g., a nerve gas poisoning on a busy subway), responder, patient, and population safety are key to a successful response.

During 2003–2005, there were 231 events throughout the Country where vulnerable populations were within ¼ mile of the event, and the area of impact was greater than 200 feet from the facility/point of release. Most events occurred on a weekday, during times when daycare centers or schools were likely to be in session. Equipment failure and human error caused most of the releases.

Those potentially at higher risk during a chemical emergency:

- Industrial/transportation workers
- EMS/first responders
- Those with limited evacuation options or in close proximity to a fixed chemical risk
- Those with comorbidities that may be exacerbated
- Children
- Elderly
- Hospitalized patients

2. Background of Southwest Florida HCC

The SWFL HCC is an inclusive body open to all organizations and entities that provide health services in the eight counties of Southwest Florida: Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Lee, Okeechobee, and Sarasota. Coalition membership is comprised of healthcare organizations, emergency medical services providers, emergency management agencies, public health professionals, jurisdictional entities, business, and volunteer organizations within the Southwest Florida region of Florida. The SWFL HCC includes 29 hospitals, 24 of which have acute care beds and 3 which provide long-term acute care, and 1 providing mental health.

Please refer to the SWFL HCC Preparedness Plan for the most current background information on regional demographics.

Hospitals in Region 6

Name	Type	Beds	Address	City	County
HCA FLORIDA FAWCETT HOSPITAL	ACUTE / REHAB	233/20	21298 Olean Blvd	Port Charlotte	Charlotte
SHOREPOINT HEALTH PORT CHARLOTTE	ACUTE / NICU	247/7	2500 Harbor Blvd	Port Charlotte	Charlotte
SHOREPOINT HEALTH PUNTA GORDA	ACUTE / PSYCH	156/52	809 E Marion Ave	Punta Gorda	Charlotte
NAPLES COMMUNITY HOSPITAL	ACUTE / PSYCH	368/23	350 7th St N.	Naples	Collier
NCH HEALTHCARE SYSTEM NORTH NAPLES HOSPITAL CAMPUS	ACUTE / NICU / REHAB	249/19/54	11190 Healthpark Blvd	Naples	Collier
PHYSICIANS REGIONAL MEDICAL CENTER - COLLIER	ACUTE	130	8300 Collier Blvd	Naples	Collier
PHYSICIANS REGIONAL MEDICAL CENTER - NORTH	ACUTE /REHAB	20/30	1285 Creekside Blvd E	Naples	Collier
PHYSICIANS REGIONAL MEDICAL CENTER - PINE RIDGE	ACUTE	177	6101 Pine Ridge Road	Naples	Collier
THE WILLOUGH AT NAPLES	PSYCHIATRIC	82	9001 Tamiami Trl E	Naples	Collier
DESOTO MEMORIAL HOSPITAL	RURAL	49	900 North Robert Avenue	Arcadia	DeSoto
HENDRY REGIONAL MEDICAL CENTER	CRITICAL ACCESS HOSPITAL	25	524 W Sagamore Ave	Clewiston	Hendry
ADVENTHEALTH LAKE PLACID	ACUTE	33	1210 US-27	Lake Placid	Highlands
ADVENTHEALTH SEBRING	ACUTE	171	4200 Sun N Lake Blvd	Sebring	Highlands
HCA FLORIDA HIGHLANDS HOSPITAL	ACUTE	126	3600 S Highlands Ave	Sebring	Highlands
CAPE CORAL HOSPITAL	ACUTE	291	636 Del Prado Blvd S	Cape Coral	Lee
GULF COAST MEDICAL CENTER	ACUTE / LTC	624/75	13681 Doctors Way	Fort Myers	Lee
HEALTHPARK MEDICAL CENTER / GOLISANO CHILDREN'S HOSPITAL	ACUTE / NICU	391/70	9981 S HealthPark Dr	Fort Myers	Lee
LANDMARK HOSPITAL OF SOUTHWEST FLORIDA	LTC	32	1500 Lee Blvd, 3rd Floor	Lehigh Acres	Lee

LEE MEMORIAL HOSPITAL	ACUTE / LTC / REHAB	336/18/60	2776 Cleveland Ave	Fort Myers	Lee
LEHIGH REGIONAL MEDICAL CENTER	ACUTE	53	1500 Lee Blvd	Lehigh Acres	Lee
PARK ROYAL HOSPITAL	PSYCHIATRIC	126	9241 Park Royal Dr	Fort Myers	Lee
SELECT SPECIALTY HOSPITAL-FORT MYERS	LTC	60	3050 Champion Ring Rd	Fort Myers	Lee
ENCOMPASS HEALTH REHABILITATION HOSPITAL OF CAPE CORAL	REHAB	40	1730 Ne Pine Island Rd	Cape Coral	Lee
HCA FLORIDA RAULERSON HOSPITAL	RURAL	100	1796 US-441	Okeechobee	Okeechobee
HCA FLORIDA ENGLEWOOD HOSPITAL	ACUTE	100	700 Medical Blvd	Englewood	Sarasota
HCA FLORIDA SARASOTA DOCTORS HOSPITAL	ACUTE / PSYCH	139/16	5731 Bee Ridge Rd	Sarasota	Sarasota
PAM SPECIALTY HOSPITAL OF SARASOTA	LTC	40	6150 Edgelake Dr	Sarasota	Sarasota
SARASOTA MEMORIAL HOSPITAL	ACUTE /NICU / PEDI PSYCH / REHAB / ADULT PSYCH	722/33/37/ 60/49	1700 S Tamiami Trail	Sarasota	Sarasota
SARASOTA MEMORIAL HOSPITAL - VENICE	ACUTE	110	2600 Laurel Rd E	North Venice	Sarasota
ENCOMPASS HEALTH REHABILITATION HOSPITAL OF SARASOTA	REHAB	116	6400 Edgelake Dr	Sarasota	Sarasota

D. Planning Assumptions

Note: Even though this is a Coalition annex, individual facility preparedness for a chemical surge event is essential.

The following assumptions apply for a chemical surge response utilizing SWFL HCC as a coordination and information sharing entity for the Southwest Florida region of Florida:

- Each facility or healthcare organization should understand expectations specific to them as part of the coalition, especially within the first minutes and hours of a large-scale chemical incident.
- Hospitals may need to shelter in place (or, less likely, evacuate) in response to a chemical release or plume.
- There should be an understanding of the general expectations for EMS and fire/rescue personnel during a chemical incident response that is appropriate to regional resources.

- Hospitals must have appropriate plans, Personal Protective Equipment (PPE), and equipment to receive and decontaminate patients as self-referral is common.
- On-duty staff will need to quickly evaluate many real versus possible exposures.
- Job aids will be needed to help initiate response, decontamination, and treatment guidance for these uncommon events.
- Specialty consultation (e.g., poison control center, regional HAZMAT experts) will be needed quickly to provide specific care recommendations for agent type and magnitude of release.
- Depending on the scale of the chemical incident, establishment of alternate decontamination or screening locations may be required to assess low-risk patients and provide basic decontamination needs.
- There may not be an adequate local supply of specific countermeasures and antidotes for a large-scale chemical emergency.
- Health concerns, prolonged response requirements, fatigue, difficult work environments, and stress may contribute to mental health challenges among coalition members and the public.
- Depending on the scale, severity, and type of chemical emergency, it may be necessary to contract private organizations to assist with large-scale containment and clean-up efforts.
- It is not possible to provide comprehensive guidance for all chemical emergencies.
- Contamination monitoring, proper PPE utilization, and decontamination efforts will be essential in protecting coalition partners, staff, and the public.
- Staff at member facilities may be impacted by exposure, fear of exposure, or family obligations (e.g., child/family care if schools are closed, acute care facilities are affected).
- Fear from the incident will cause a worried well surge to the emergency departments and pharmacies.
- Public safety (e.g., police, fire, EMS) and other first responder personnel are considered a high-risk population; the implementation of protocols for monitoring control zones and effective contamination control measures will be essential for workforce protection.
- Allocation of limited/scarce resources, and their distribution, should be based on agreed upon prioritization systems/methods.
- Some individual healthcare facilities may require large-scale fatality management support.
- Health concerns, prolonged response requirements, difficult work environments, and stress may present behavioral health challenges among staff of coalition members and the public.

II. CONCEPT OF OPERATIONS

A. Activation

The Coalition staff are available to provide support for local Emergency Operations Center and Emergency Support Function 8 (EOC/ESF8) operations upon request. The Coalition will work with county EOCs to identify appropriate response roles for Coalition staff. The Coalition can host conference calls or webinars for information sharing (situational awareness) and resource coordination with the members to discuss the issues and possible resolutions.

The Coalition's role in information sharing is to monitor communications from local and State ESF8 and share information with member organizations that is not provided via other partners, such as regional status. During exercises and grey skies, the Coalition uses the ReadyOp mass communication system to share information with members.

HAZARDOUS MATERIALS CLASSIFICATION LEVELS. The classification levels of hazardous materials incidents differ from the emergency classifications generally found in most emergency plans. In a hazardous materials incident, the response is based upon the characteristics of the chemical involved, the size or potential size of the spill, and the threat posed to life, property, and the environment.

CLASSIFICATION LEVEL	ACTIONS
Level I – Probable Emergency Conditions	No evacuation is necessary other than from the immediate scene. The level of the incident does not pose a chemical exposure hazard to first responders from fire services using dermal and respiratory gear. Examples of Level I incidents are: • minor releases of fuel from vehicular accidents. • small releases of corrosives and illegally discarded chemical containers that are not in danger of releasing substances. Normally the HCC Annex and Emergency Response Plan (ERP) are not activated.
Level II – Limited Emergency Situation	An incident involving a greater hazard or larger area that poses a potential threat to life or property which may require a limited evacuation of the surrounding area. This incident may require outside assistance to stop the release. Examples of this level are: • releases of significant quantities of volatile organics at a fixed facility or a transportation or storage cargo tank release. In this situation the HCC Annex and ERP may normally be activated (depending on the needs of the healthcare community).
Level III – Full Emergency Situation	This type of incident/accident involves severe potential exposure for the responders or the public. Mitigation may require a large- scale evacuation or proper sheltering-in-place. Response will include the expertise or resources of private industry, mutual aid partners, as well as State or Federal government agencies. The HCC Annex and ERP will be activated if the incident involves the healthcare community or if requested by the State Emergency Support Function 8 (ESF8).

B. Notification

The Coalition staff will initiate information sharing whenever the state EOC is activated or for any event in the region that is larger than a single county; or if warranted/requested due to a member event. The SWFL HCC will likely be notified by the County EOC.

C. Logistics

Logistics are the responsibility of the local jurisdiction.

1. Space

Hospitals have internal surge procedures to activate for any MCI event. All Counties within the region should have an identified alternate care site (ACS) which may be used for surge capacity.

2. Staff

The SWFL HCC has one full-time Readiness & Response Coordinator position who will work to support the incident in the capacity they have to do so.

Maintaining appropriate staffing at response agencies and in healthcare facilities is essential to providing a safe work environment for healthcare personnel (HCP) and safe patient care.

3. Supplies

Storage of disaster supplies is often difficult for hospitals due to space and maintenance issues. However, there is no substitute for appropriate hospital beds and clinical monitoring equipment.

CHEMPACK

CHEMPACK provides antidotes (three countermeasures used in concomitantly) to nerve agents for pre-positioning by State, local and/or tribal officials throughout the U.S. The CHEMPACK Program is envisioned as a comprehensive capability of the effective use of medical countermeasures in the event of an attack on civilians with nerve agents. Emergency Medical Services (EMS) and Hospitals should contact Regional Emergency Response Advisor (RERA) and local Emergency Operations Center (EOC) to request access to CHEMPACK if not already known.

Response time to the incident will be dependent upon the request process, activation, and distance to the scene. EMS CHEMPACK is specifically for First Responders, is 85% auto injectors and has a 454-casualty capacity. Hospital CHEMPACK stockpile that is used in the clinical environment with 85% multi- dose vials and a 1,000-casualty capacity. Both of these are monitored and maintained by CDC's Division of Strategic National Stockpile.

Strategic National Stockpile (SNS)

The SNS is part of the federal medical response infrastructure and can supplement medical countermeasures needed by states, tribal nations, territories, and the largest metropolitan areas during public health emergencies. The supplies, medicines, and devices for lifesaving care contained in the stockpile

can be used as a short-term, stopgap buffer when the immediate supply of these materials may not be available or sufficient. The SNS response time is at a minimum 12 hours.

Local jurisdictions will go through their Emergency Operations Centers to request activation of the SNS.

D. Operations – Medical Care

The HCC does not provide clinical guidance related to medical management of patients, nor decontamination procedures.

1. Patient Care/Management

The care for patients suffering from chemical injuries varies depending on several external factors including the type of chemical, level of exposure, and preexisting conditions that can cause complications. Chemical incidents may likely require an immediate supply of antidotes and medical supplies both on-scene and at hospitals.

For facility-specific planning considerations refer to Attachment 2: Operations – Medical Care.

2. Triage

Disaster triage is a method of quickly identifying victims who have life-threatening injuries and who also have the best chance of survival. Identification of such victims serves to direct other rescuers and health care providers to these patients first when they arrive on the scene.

For facility-specific planning considerations refer to Attachment 2: Operations – Medical Care.

3. Treatment

HCC partners should refer to facility specific plans, protocols, and training for guidelines regarding chemical patient treatment.

For facility-specific planning considerations refer to Attachment 2: Operations – Medical Care.

4. Safety and Control Measures Decontamination

Standard Operating Procedures to reduce risks to first responders in the event of a hazardous materials incident, health and safety SOPs must be developed by each healthcare organization and first responder agency.

For facility-specific planning considerations refer to Attachment 2: Operations – Medical Care.

5. Laboratory Support

Contact ESF8 through RERA and local County EOC.

6. Fatality Management

The Medical Examiner/Coroner should be notified of any mass chemical or biological exposure event. Within Region 6 there are six Florida Department of Law Enforcement (FDLE) districts for Medical Examiners; District 10 (Highlands), District 12 (DeSoto, Sarasota), District 19 (Okeechobee), District 20 (Collier), District 21 (Glades, Hendry, and Lee), and District 22 (Charlotte). The Medical Examiner, based in each County, would be the entity responsible for handling a mass fatality, and will work through their normal processes and procedures in order to do so.

The Medical Examiner Offices within the region will need assistance if a chemical mass fatality situation occurs. They will follow guidelines in the regional plan and the State Mass Fatality Plan (MEC supported). The regional ME offices will request State assistance through the local ESF8 desk to deploy appropriate FEMORS team members/equipment and the National Guard CBRNE team. In most chemical related deaths, the state team will request federal teams (DMORTs).

Additional References:
State Resources-
FDOH Fatality Management Response in a Chemical, Radiological, or Nuclear Environment
Federal FM CONOPS (femors.org)
Handling of Disaster Victim Human Remains
FEMORS.qxd (ufl.edu)

Additional resources and guidance from Chemical Hazards Emergency Medical Management (CHEMM) can be found here.

7. Transportation

EMS assets are a critical component of the public health and medical response system. County Emergency Operations Centers (EOC) may request additional EMS resources during a disaster to supplement ground and air ambulances and EMS personnel in counties when their resources are overwhelmed by a major emergency or catastrophic disaster. The State EOC may request EMS resources to fulfill missions from other states under the Emergency Management Assistance Compact (EMAC).

8. Surveillance, Tracking, and Situational Awareness

Incident Command in collaboration with ESF8 will track patients from the scene to hospital disposition.

E. Deactivation and Recovery

As operations begin to scale back, the SWFL HCC will participate in developing best practices, After Action Reports (AAR)/Improvement Plans (IP). This annex will default to the deactivation and recovery procedures established in the SWFL HCC Preparedness Plan.

III. ROLES AND RESPONSIBILITIES

A. HCC Roles and Responsibilities

AGENCY	ROLE
Southwest Florida Healthcare Coalition	• Facilitate incident-related information sharing among the HCC members and stakeholders. • Identify resources and/or resource vendors to assist the healthcare sector manage the incident. • Share just-in-time training materials, including topics on donning, and doffing, personal protective equipment (PPE), infection control and prevention, and transfer of infectious or potentially infectious patients, as made available from HCC members.

B. Primary Agency Roles and Responsibilities

AGENCY	ROLE
The lead agency for a chemical emergency response would be the local affected County Emergency Management with support from FDEM Region 9 and Region 7 Regional Preparedness and Response Coordinators.	• Local County Emergency Management and Public Safety would initiate a response. • FDEM primary function during incidents or events is to provide assistance, guidance, and technical support to County Emergency Management (EM) Officials while ensuring the State Emergency Response Team (SERT) is provided timely notification of operational status, protective measures, anticipated resource requests and unmet needs that an impacted area may have.
The lead agency for operation of community reception centers would be FDOH Public Health Preparedness and Response Florida Department of Health ESF-8 R6 RERA with support from FDEM Region 9 and Region 7 Regional Preparedness and Response Coordinators.	When it is safe to evacuate, emergency response officials may instruct you to go to a community reception center (CRC). At CRCs people, service animals, and sometimes pets will: • Receive first aid services, if needed. • Be provided resources and instructions to decontaminate, if needed. • Register information for follow up. • People with moderate or major injuries or people experiencing a medical emergency should go directly to a hospital or seek emergency medical care. Do not take them to a CRC.
The lead agency for establishing and operation of alternate care sites would be FDOH Public Health Preparedness and Response Florida Department of Health ESF-8 R6 RERA with support from FDEM Region 9 and Region 7 Regional Preparedness and Response Coordinators.	• If ACS establishment/assistance is required from the State, assistance guidelines and procedures can be found in the Florida Department of Health's Alternate Care Site Standard Operating Procedure located at: https://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/_documents/alternate-care-site-sop.PDF
The lead agency for risk communications would be the local affected County Emergency Management with support from FDEM Region 9 and Region 7 Regional Preparedness and Response Coordinators.	• Local County Emergency Management and Public Safety would initiate a response. • FDEM primary function during incidents or events is to provide assistance, guidance, and technical support to County Emergency Management (EM) Officials while ensuring the State Emergency Response Team (SERT) is provided timely notification of operational status, protective measures, anticipated resource requests and unmet needs that an impacted area may have.

C. Support Agency Roles and Responsibilities

AGENCY	ROLE
Hospitals	• Report bed availability to Florida Agency for Health Care Administration's (AHCA) Health Facility Reporting System (HFRS) as requested. • Provide final decontamination of patients on their arrival, prior to moving patients into the emergency room. • Support for on-site hazardous materials surveillance and medical treatment operations will be provided in the form of consultations with EMS personnel. • Develop and maintain their individual standard operating procedures (SOPs).
Local Emergency Management	• Incident Coordination. • Local Emergency Operations Center (EOC) Management. • Coordinates with and advises local government officials, agency, and department heads on hazardous materials preparedness planning and incident response.
Public Health	• Provide subject matter expertise on health- related issues to the Incident Commander. • Provide public health media releases, working in conjunction with the Incident Commander and the Public Information Officer for the incident. • Develop and maintain their individual SOPs.
DHHS-PHEP	• Medical Counter Measures request. • CHEMPACK mobilization.
HazMat	• HazMat operations on scene. • Develop and maintain their individual SOPs.
EMS	• On scene patient assessment and patient decontamination needs. • Develop and maintain their individual SOPs.
LEPC	• Coordinating planning activities among signatory agencies to protect the public health and environment during and following a hazardous material incident.

D. Subject Matter Experts

AGENCY	ROLE
48th Civil Support Team	To support civil authorities at a domestic Chemical, Biological, Radiological and Nuclear high-yield Explosives (CBRNE) incident site by identifying CBRNE agents/substances, assessing current or projected consequences, advising on response measures, and assisting with appropriate requests for additional follow-on state and federal military forces.
Agency for Toxic Substance and Disease Registry	Available 24 hours a day, and comprised of toxicologists, physicians, and other scientists available to assist during an emergency involving hazardous substances in the environment. **Emergency Response at ATSDR** (770) 488-7100
(ASTDR) Emergency Response Team	The Pediatric Environmental Health Specialty Units (PEHSUs) are a national network of experts in the prevention, diagnosis, management, and treatment of health issues that arise from environmental exposures from preconception through adolescence. Find an expert: Pediatric Environmental Health Specialty Units - PEHSU
Region 6 Regional Domestic Security Task Force	Task force members include first responders from the disciplines of fire/rescue, emergency management, public health, and hospitals, as well as law enforcement. The task forces also work in partnership with schools, businesses, and private industries. By utilizing a multi-disciplinary approach, the RDSTFs provide support to impacted communities by serving as a force multiplier for local agencies and working in conjunction with emergency management professionals. https://www.fdle.state.fl.us/Domestic-Security/Contact-Us.aspx
Region 7 (DeSoto, Highlands, And Okeechobee) and Region 9 (Charlotte, Collier, Glades, Hendry, Lee, and Sarasota) Local Emergency Planning Committee (LEPC)	Pursuant to the Emergency Planning and Community Right-To-Know Act, a Local Emergency Planning Committee (LEPC) is responsible for preparing a regional hazardous materials emergency response plan, serves as a repository for regional hazardous materials information, and performs outreach functions to increase hazardous materials awareness. LEPC membership consists of local professionals representing occupational categories such as firefighting, law enforcement, emergency management, health, and/or transportation. https://www.floridadisaster.org/contentassets/831999a0a3e645559a910ffbff222c51/lepc_20230712.pdf

IV. ANNEX DEVELOPMENT AND MAINTENANCE

A. Annex Maintenance

It is the responsibility of the SWFL HCC Program Manager to coordinate the review and update of this annex.

1. The Chemical Surge Annex will be reviewed and updated annually.
2. In conducting the annex review and update, the SWFL HCC Coordinator will seek input and support from the agencies that play a role in the execution of this annex.
3. If necessary, the SWFL HCC Coordinator will conduct meetings, working groups or workshops to complete the review and revision of this annex.
4. As changes are made, dated, and approved, the relevant changed pages will be provided to all individuals and agencies that hold copies. It is the responsibility of the copyholder to keep individual copies current.

B. Exercise and Evaluation

Local and state drills, tabletop exercises, functional exercises and full-scale exercises should periodically include exercising a component of this annex.

All tabletop or functional exercises will include, at a minimum, representatives from the healthcare sector, EMS providers, emergency management and public health departments (local and state). The exercise tests should include (but not be limited to): information sharing, resource demand contingencies, patient referral/transport, laboratory specimen collection and submission, and other operational gaps. Exercises will be developed, conducted, and evaluated according to Homeland Security Exercise and Evaluation Program (HSEEP). After Action Report/Improvement Plan will be submitted after each exercise.

An AAR will entail both written and verbal input from all appropriate participants following an event/incident. An Improvement Plan will be developed based on the deficiencies identified; an individual, department, or agency will be assigned responsibility for correcting the deficiency; and a due date shall be established for that action.

V. LEGAL AUTHORITIES AND REFERENCES

A. Legal Authorities

Coalition Member Organizations are encouraged to work with their respective legal teams to address legal issues that may arise during a disaster.

- SARA Title III (the Emergency Planning and Community Right-to-know Act of 1986)
- Occupational Safety and Health Administration
- 40 CFR Part 310, Reimbursement to Local Governments for Emergency Response to Hazardous Substance Releases
- 40 CFR Part 302, Comprehensive Environmental Response Compensation and Liability Act (CERCLA) List of 717 Substances
- 40 CFR Part 310, Reimbursement to Local Governments for Emergency

Response to Hazardous Substance Releases, Interim Final Rule
- 40 CFR Part 355 and Appendix A, List of 406 Extremely Hazardous Substances
- 40 CFR Part 370, Hazardous Chemical Reporting: Community Right to Know, Tier I and Tier II Forms, Chemical Inventory Reporting
- 40 CFR Part 372, Toxic Chemical List, Toxic Chemical Release Reporting: Community Right to Know
- Section 319 of the Public Health Services Act (PHSA)

B. References

- PRISM Decontamination Guidance Volumes 1-3
  PRISM Volume 1: Strategic Guidance (medicalcountermeasures.gov)
  PRISM - Volume 2: Tactical Guidance (medicalcountermeasures.gov)
  PRISM Volume 3: Operational Guidance (medicalcountermeasures.gov)
- ASPIRE (Algorithm Suggesting Proportionate Incident Response Engagement a prototype decision aiding tool. ASPIRE Beta (hhs.gov)
- WISER- Wireless Information System for Emergency Responders. WISER Home (nih.gov)
- U.S. Department of Transportation 2020 Emergency Response Guidebook
- U.S. Department of Health & Human Services Chemical Hazards Emergency Medical Management
- OSHA Best Practices for Hospital-Based First Receivers.osha3249.pdf
- Long-term Care considerations for evacuation. Chemical Hazard Spills Near Long-Term Care Facilities (hhs.gov)
- The ATSDR ToxFAQs™ is a series of summaries about hazardous substances. Information for this series is excerpted from the ATSDR Toxicological Profiles. Each fact sheet serves as a quick and easy to understand guide. Answers are provided to the most frequently asked questions (FAQs) about exposure to hazardous substances found around hazardous waste sites and the effects of exposure on human health. ToxFAQs™ - Letter A | Toxic Substance Portal | ATSDR (cdc.gov)
- Shelter in Place. Stay Put and Seal Off Your Space in a Chemical Emergency (cdc.gov)
- Evacuation. Evacuate In a Chemical Emergency (cdc.gov)
- Personal cleaning and disposal of contaminated clothing. Get It Off(cdc.gov)
- Response to a suspicious letter/container. Guidance on Initial Responses to a Suspicious Letter/Container with a Potential Biological Threat (cdc.gov)
- NIOSH Guidance for Protecting Building Environments. guidance1(cdc.gov)
- ATSDR Emergency Response Resources. Emergency Responders(cdc.gov)
- ASTDR Healthcare Professionals and Clinician Resources. Healthcare Professionals & Clinicians (cdc.gov)
- Managing Hazardous Materials Incidents. Managing Hazardous Materials Incidents | ATSDR (cdc.gov)
- Public Health Emergency Response Guide. cdcresponseguide.pdf
- Southwest Florida Healthcare Coalition (2023). Preparedness Plan.
- Southwest Florida Healthcare Coalition (2023). Pediatric Surge Annex.
- Federal Emergency Management Agency (2010). Comprehensive Preparedness Guide (CPG) 101 – Version 2.0 Developing and Maintaining Emergency Operations Plans

VI. ACRONYMS

ACRONYM	DESCRIPTION
AAR/IP	After Action Reports/Improvement Plans
ACS	Alternative Care Site
ASPR	Administration for Strategic Preparedness and Response
ATSDR	Agency for Toxic Substances and Disease Registry
SWFL HCC	Southwest Florida Healthcare Coalition
CBRNE	Chemical, Biological, Radiological, Nuclear, and high yield Explosives
CDC	Center for Disease Control and Prevention
CONOPS	Concept of Operations
DMORT	Disaster Mortuary Operational Response Teams
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EMAC	Emergency Management Assistance Compact
ERP	Emergency Response Plan
ESF 8	Emergency Support Function 8 – Public Health and Medical Services
FDEM	Florida Division of Emergency Management
FDOH	Florida Department of Health
FEMORS	Florida Emergency Mortuary Operations Response System
FEMA	Federal Emergency Management Agency
HAZMAT	Hazardous Materials
HCC	Healthcare Coalition
HCP	Healthcare Personnel
HHS	Health and Human Services
MEO	Medical Examiner Offices
MMG	Medical Management Guides
OSHA	Occupational Safety and Health Administration
PEHSU	Pediatric Environmental Health Specialty Units
PPE	Personal Protective Equipment
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure

VII. ATTACHMENT 1: SPECIAL CONSIDERATIONS

A. Behavioral Health

Emergencies may have severe emotional impact on survivors, their families, and responders and cause substantial destabilization of patients with existing behavioral health issues. Hospitals and outpatient care providers, including behavioral health professionals, should identify a regional approach to assess and address the needs of the community. Behavioral health organizations are valuable HCC members and can provide needed support to survivors, responders, and people with pre-existing behavioral health concerns.

Information on chemical emergencies can be found on the CDC website (https://www.cdc.gov/chemicalemergencies/index.html).

B. Pediatric and At-Risk Populations

An important element of the planning process is deliberately including children, individuals with disabilities and others with access and functional needs, household pets and service animals.

Public health authorities and emergency planners should identify and prioritize special populations in the community that have special needs after a chemical incident. These include the following:

- Children (note: Be cognizant of minor children without custodial adults present, e.g., school children. Families should remain together.)
- Pregnant women
- Nursing mothers
- Elderly people requiring assistance
- Immunocompromised individuals
- Disabled persons requiring the use of wheelchairs or other mobility aids
- Workers or Emergency responders
- Transient or migrant workers or Commuters
- Homeless people
- Institutionalized individuals who may or may not be able to evacuate or relocate
- Hospital patients
- Residents of nursing homes or other institutions
- Prison inmates, guards, and workers required to maintain, operate, or secure critical and
- Essential infrastructure

C. Communications

The Coalition has redundant communication capabilities with its members. The Coalition uses ReadyOp to share information on meetings, plans, trainings, and exercises with its members.

D. Jurisdictional – Specific Considerations

Florida's geography and climate conditions could vary significantly at the same location in just a matter of hours. Monitoring for changes in conditions must be done regularly.

VIII. ATTACHMENT 2: OPERATIONS – MEDICAL CARE

The HCC does not provide clinical guidance related to medical management of patients, nor decontamination procedures.

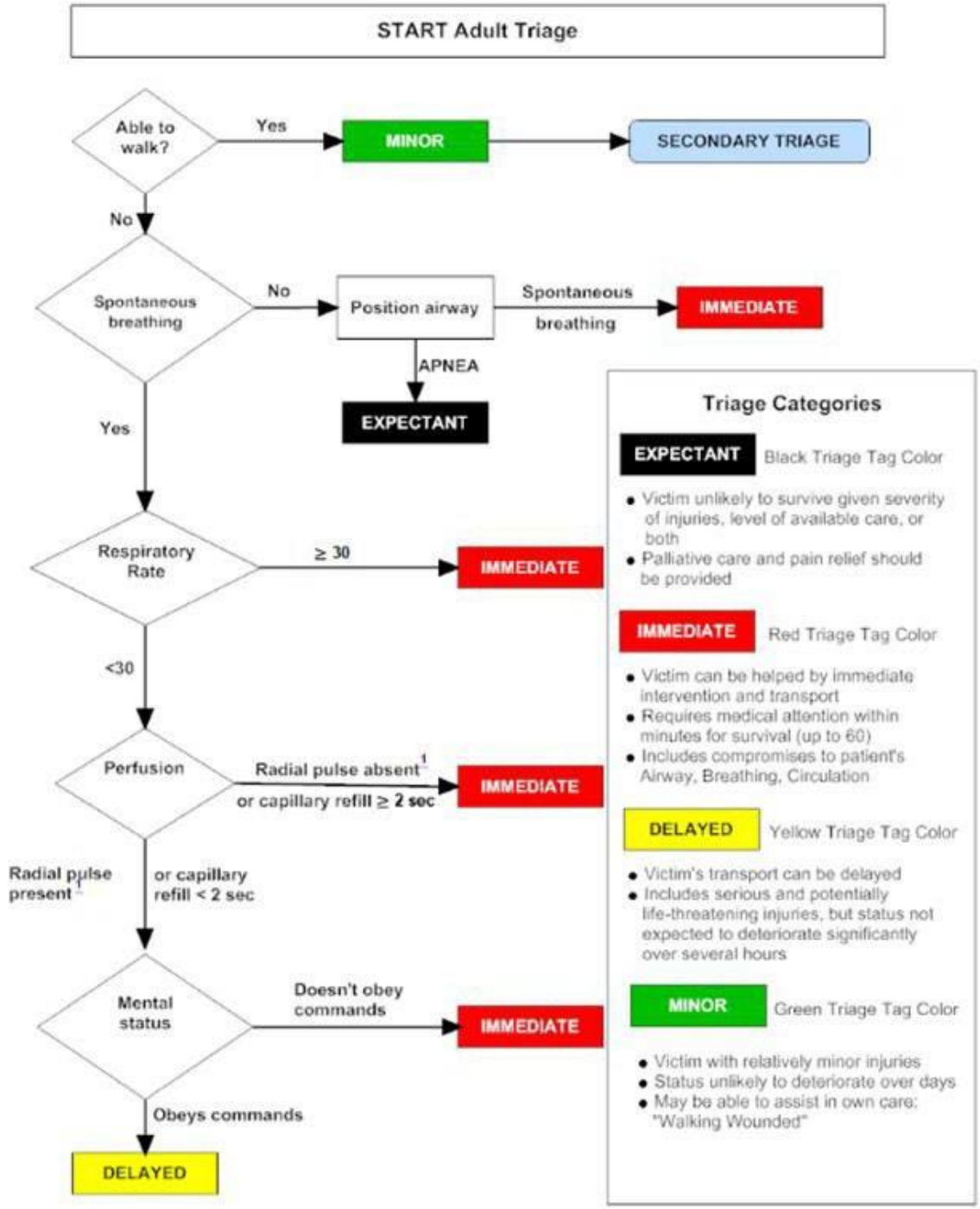
A. Patient Care / Management

Acute patient care guidelines from the U.S. Department of Health and Human Services Chemical Hazards Emergency Medical Management indicate the following considerations to patient care, both in pre-hospital management and hospital management.

1. Identify the agent
2. Identify rescuer protection
3. Follow chemical specific triage guidelines
4. Decontamination
5. Route of Exposure
6. Clinical Signs and Symptoms
7. Differential Diagnosis
8. Treatment

B. Triage and Screening

Individual EMS agencies are responsible for maintaining their own triage and tracking protocols as approved by their agency medical director. The algorithm below is a national standard triage adapted from START Triage for chemical incidents.


START Adult Triage
Able to walk?
Yes
MINOR
SECONDARY TRIAGE
No
Spontaneous breathing
No
Position airway
Spontaneous breathing
IMMEDIATE
APNEA
EXPECTANT
Yes
Respiratory Rate
≥ 30
IMMEDIATE
<30
Perfusion
Radial pulse absent[1] or capillary refill ≥ 2 sec
IMMEDIATE
Radial pulse present[1]
or capillary refill < 2 sec
Mental status
Doesn't obey commands
IMMEDIATE
Obeys commands
DELAYED
Triage Categories
EXPECTANT
Black Triage Tag Color
Victim unlikely to survive given severity of injuries, level of available care, or both
Palliative care and pain relief should be provided
IMMEDIATE
Red Triage Tag Color
Victim can be helped by immediate intervention and transport
Requires medical attention within minutes for survival (up to 60)
Includes compromises to patient's Airway, Breathing, Circulation
DELAYED
Yellow Triage Tag Color
Victim's transport can be delayed
Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours
MINOR
Green Triage Tag Color
Victim with relatively minor injuries
Status unlikely to deteriorate over days
May be able to assist in own care: "Walking Wounded"

C. Treatment

Medical Management Guides

The Medical Management Guidelines (MMGs) for Acute Chemical Exposures were developed by ATSDR to aid emergency department physicians and other emergency healthcare professionals who manage acute exposures resulting from chemical incidents. The MMGs are intended to aid healthcare professionals involved in emergency response to effectively decontaminate patients, protect themselves and others from contamination, communicate with other involved personnel, efficiently transport patients to a medical facility, and provide competent medical evaluation and treatment to exposed persons.

The Medical Management Guidelines (MMGs) for Acute Chemical Exposures provide:

basic chemical and exposure information, a summary of potential health effects. prehospital management information, emergency department management information, and information for the patient.

Medical Management Guidelines

D. Safety and Control Measures Decontamination

On scene decontamination
Defining patient requirements is a decision-making process to determine which patient-focused actions are appropriate and proportionate. The focus should be to save lives and improve the clinical outcome of chemically contaminated patients. In order to achieve this, it is imperative that the following four actions are performed as soon as practically possible:

- Evacuation - Immediate, orderly movement upwind from hazardous areas is a key component of the initial operational response. Inappropriate or delayed evacuation may exacerbate the clinical effects of exposure to hazardous materials and will hamper the effectiveness of subsequent operations.
- Disrobe - The critical, urgent need to safely remove contaminated clothing cannot be overemphasized and is a process that requires effective communication to facilitate patient compliance. The golden rule is that no form of decontamination should be undertaken before disrobing.
- Decontamination
    - Emergency decontamination, synonymous with "self-care decontamination" is the phrase used to emphasize the time-critical process for the immediate removal of hair or skin contamination by any available means and can be divided into "dry" and "wet."
    - Emergency dry decontamination is the default option and should be performed with any available absorbent material.
    - Emergency wet decontamination should only be used when the contaminant is caustic (e.g., provokes immediate skin irritation) or is particulate in nature and should be performed using any immediately

available source of water at an appropriate temperature (i.e., not exceeding 40º C or 104º F)

- Gross Decontamination includes the "Ladder Pipe System" where two fire engines are parallel parked to form a corridor through which patients pass while being sprayed with a high volume of low-pressure water mist. Alternatively, patients can be sprayed directly with hosepipes using a fogging nozzle.
- Technical decontamination requires the use of specialist decontamination units and associated resources that need to be transported and subsequently deployed at the scene of an incident. In some jurisdictions, technical decontamination is performed at a hospital and so requires transport of patients from the scene of the incident. Either way, there will be a delay before technical decontamination can be performed.
- Active Drying is the act of drying the skin after any form of wet decontamination is a key step. This simple but effective process is performed to assist removal of contaminants from the hair and skin surfaces and thus prevent further spread of contamination.

Best Practices for Hospital-Based First Responders

Healthcare workers risk occupational exposures to chemical, biological, or radiological materials when a hospital receives contaminated patients, particularly during mass casualty incidents. These hospital employees, who may be termed first receivers, work at a site remote from the location where the hazardous substance release occurred. This means that their exposures are limited to the substances transported to the hospital on victims' skin, hair, clothing, or personal effects (Horton et al., 2003). The location and limited source of the contaminant distinguishes first receivers from other first responders.

The best practices document (1) provides information to assist hospitals in selecting personal protective equipment (PPE) based on current interpretations of OSHA standards, published literature, current hospital practices, stakeholder input, and the practical limitations of currently available respiratory protective devices and (2) consolidates OSHA standards and interpretations on training needs of first receivers. These best practices build on health and safety programs that hospitals already should have in place under existing OSHA regulations.