

APPENDIX VIII: ESF8 – PUBLIC HEALTH AND MEDICAL SERVICES 2014

PRIMARY AGENCY: Department of Health

SUPPORT AGENCIES AND ORGANIZATIONS:

Agency for Health Care Administration (AHCA), Agency for Persons with Disabilities (APD), Department of Elder Affairs (DOEA), Department of Children & Families (DCF), Department of Agriculture & Consumer Services (DOACS), Department of Business & Professional Regulation (DBPR), Department of Environmental Protection (DEP), Department of Veteran Affairs, State Fire Marshal, Medical Examiner Commission (FDLE), Office of the Attorney General (AG), University of Florida Maples Center for Forensic Medicine (FEMORS), State University Laboratories, Florida Hospital Association, Florida Healthcare Association, Florida Assisted Living Association, End-Stage Renal Disease Network, Poison Information Center Network, Florida Association of Community Health Centers, Florida Pharmacy Association, Florida Crisis Consortium, Red Cross, Florida Fire Chiefs Association.

I. INTRODUCTION

The purpose of ESF8, Public Health and Medical Services, is to coordinate plans, procedures and resources as a part of the State Emergency Response Team to assure Florida can meet a core set of operational missions:

1. Support local assessment and identification of public health and medical needs in impacted counties and implement plans to address those needs.
2. Coordinate and support stabilization of the public health and medical system in impacted counties.
3. Support sheltering of persons with medical and functional needs.
4. Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.
5. Support monitoring, investigating and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions.
6. Support monitoring, investigating and controlling potential or known threats to human health of environmental origin.
7. Develop, disseminate and coordinate accurate and timely public health and medical information.
8. Monitor need for and coordinate resources to support fatality management services.

9. Monitor need for and coordinate resources to support disaster behavioral health services.
10. Support responder safety and health needs.
11. Provide public health and medical technical assistance and support.

II. CONCEPT OF OPERATIONS

A. GENERAL

State ESF8 will operate under the following principles in order to implement the core missions. These principles serve as the general concept of operations for State ESF8 and are further described in supporting plans and procedures.

In addition, ESF8 maintains a standard operating procedure (SOP) which describes the processes for implementation of this appendix and supports all ESF8 core missions. The processes established in the ESF8 SOP are designed to:

- Implement appropriate incident management structure using Incident Command System principles to manage state-level public health and medical functions in support of the State Emergency Response Team (SERT).
- Ensure coordinated situational awareness at the local, state and federal level.
- Identify, procure, deploy, and direct the use of public health and medical resources from local, regional, state, interstate and federal entities to meet local mission needs.

The State ESF8 core mission concept of operations is to:

1. Support local assessment and identification of public health and medical needs in impacted counties and implement plans to address those needs.
 - a. Coordinated assessments will be conducted to create a common operating picture of the anticipated or actual impact to public health and medical facilities and determine resource support needs and priorities. Assessments will be conducted both pre and post impact.
 - Pre-impact assessments will be conducted to verify the status of 100% of in-patient licensed health care facilities within the projected impact area. A tiered approach assures that facilities least likely to self-report or be locally contacted based on historical evidence are contacted first.
 - Tier 1: Assisted Living Facilities, Adult Family Care Homes, Intermediate Care Facilities, Residential Treatment Facilities, Hospice Facilities, Crisis Stabilization Units
 - Tier 2: Dialysis Centers and Nursing Homes
 - Tier 3: Hospitals
 - Post-impact assessments will be conducted to determine the status of 100% of healthcare facilities in the area of impact. A tiered approach assures that facilities with the most critical services are assessed first.
 - Tier 1: Hospitals (No-report)

- Tier 2: Hospitals
 - Tier 3: Assisted Living Facilities, Adult Family Care Homes, Intermediate Care Facilities, Residential Treatment Facilities, Hospice Facilities, Crisis Stabilization Units
 - Tier 4: Dialysis Centers and Nursing Homes
 - b. Local, state and federal assessment efforts will be integrated, to the full extent possible, to reduce duplication, maximize response resources and expedite response and recovery actions.
 - c. Initial assessments will not be regulatory in nature and should be focused on determining immediate needs of the facilities to continue their life saving missions. Follow-up visits may be required based on the initial findings.
2. Coordinate and support stabilization of the public health and medical system in impacted counties.
- a. Support integrated medical surge operations by monitoring and assessing the healthcare system and providing support through augmentation of staff, supplies, pharmaceuticals and equipment. The best course of action in the continuance of critical health and medical services will be to keep existing facilities open and normal staff operating.
 - b. Ensure processes are in place and resources available for individuals to access or to be transported to appropriate facilities for diagnosis and treatment based on the patient's level of acuity.
 - c. Increased demand for health care services in an impacted area may require the establishment of temporary alternate places of care. ESF8 Support may include Alternate Care Site (ACS) facility identification, selection, and operational and logistical support.
 - d. Provide guidance regarding emergency waivers or variances of statutory or regulatory authorities for licensed medical professionals, healthcare facilities, and/or standards of care.
 - e. Coordinate requests for Emergency Management Assistance Compact (EMAC) and federal assistance for equipment, supplies and personnel, including Disaster Medical Assistance Teams (DMATs) and Federal Medical Stations (FMS).
3. Support sheltering of persons with medical and functional needs.
- a. Special Needs Shelters will be monitored and supported through augmentation of staff, supplies and equipment.
 - Coordinate statewide reporting on special need shelter status, census of clients and caregivers, and staffing levels.
 - Facilitate the deployment of regional Special Needs Shelter Teams maintained by the Department of Health.
 - Facilitate the deployment of single resource clinical and non-clinical staff for shelter needs.

- Activate contingency staffing contracts for clinical providers.
 - Conduct contingency planning for special needs shelter surge, evacuation and re-location.
 - In coordination with local ESF8, procure and deploy pharmaceuticals, medical supplies and equipment for use in shelters when local resources are exhausted.
 - Facilitate the deployment of special needs shelter discharge planning teams maintained by the Department of Elder Affairs.
 - If catastrophic circumstances warrant, coordinate with state and federal authorities to implement and staff state managed co-located or special needs shelters.
 - Assist local jurisdictions in coordinating transportation for shelter clients to needed medical service locations.
 - Assist local jurisdictions with investigation and medical management of reported disease outbreaks in shelters.
- b. State ESF8 may support, as requested, the augmentation of medical personnel, supplies and equipment to meet the health and medical needs of individuals in general population shelters when available resources are exhausted,
- c. Coordinate requests for federal assistance for sheltering equipment, supplies and personnel. This may include identification of facilities suitable for Federal Medical Stations and coordination for wrap-around services.
4. Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.
- a. Individuals will be supported in their communities by reconstituting needed critical support services and reducing the need to move large groups of individuals out of the area. ESF8 will support impacted jurisdictions with medical staff, equipment, supplies, pharmaceuticals and temporary medical facilities to maintain continuity of patient care.

Evacuation increases the health risks to patients, therefore patients will only be evacuated when their risk of adverse health outcomes (by staying in place) is greater than the risk involved in being moved. Evacuated patients will be kept as close to their point of origin as possible.

- b. Patients will be evacuated to appropriate facilities based on capability/capacity, the patients' acuity, and required medical treatment/interventions. State ESF8 will monitor statewide hospital bed census/availability and is prepared to support the local jurisdiction by facilitating patient coordination and placement.
- c. Transportation methods for patients will be selected based on individual patient acuity, level of monitoring required during transport and distance to be traveled in order to mitigate the risk of adverse health outcomes. The *Ambulance Deployment Standard Operating Procedure* is the primary method for obtaining ground and air ambulance resources to support patient transportation. If additional support is needed, secondary resources (e.g. ESF1-Transportation, State Emergency Response Team multi-modal transportation contract, Florida National Guard, Emergency Management Assistance Compact, and National Disaster Medical System) will be considered.

- d. Patients evacuated as a part of state missions will be tracked throughout the patient movement process from their point of origin to their final destination; including return home as required. State ESF8 is prepared to facilitate the return transport of patients back to their originating medical facility, a step-down facility or their residence.
 - e. Patient care, movement and stabilization support is not limited to the impacted community, and may include the extended community, and any host communities.
 - f. If necessary, coordinate requests for Emergency Management Assistance Compact (EMAC) and federal assistance for equipment, supplies and personnel including:
 - Federal Emergency Management Agency (FEMA) Region IV States Unified Planning Coalition patient movement support (State Medical Response Teams, Ambulance Buses, ground and air ambulances, available bed space, and staff augmentation).
 - Disaster Medical Assistance Teams (DMATs) and Federal Medical Stations (FMS), including wrap-around services.
 - National Disaster Medical System (NDMS) support for patient movement and/or definitive care.
 - Federal Emergency Management Agency (FEMA) National Ambulance Contract.
 - U.S. Department of Health and Human Services (HHS) Service Action Teams (SATs) and Joint Patient Assessment and Tracking (JPATS) Strike Teams.
 - Department of Defense (DOD) Disaster Aeromedical Staging Facility (DASF)
5. Support monitoring, investigating and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions.
- a. Disease control functions will be implemented to protect Florida citizens thereby reducing disease morbidity and mortality and limiting economic and social disruption. These functions will include coordinated surveillance, outbreak investigations, epidemiological analysis and appropriate laboratory testing.
 - Analyze, detect, assess or predict potential or known threats and impacts to human health.
 - Provide continuous monitoring and analysis of sentinel systems for epidemics.
 - Detect and identify agents responsible for food and waterborne disease and emerging infectious disease outbreaks.
 - Provide emergency public health laboratory services to county health departments and other official agencies, physicians, hospitals and private laboratories.
 - Analyze incidence prevalence or other frequencies for illness occurring in state or regional populations to guide public health or responder actions.

- Maintain and assess a uniform system for notification of reportable diseases or threats.
 - Sustain, monitor and assess bioterrorism early event detection systems (e.g., syndromic surveillance and disease registries).
 - Detect and identify a range of threat organisms and toxins that could be used as biological weapons.
 - Train sentinel laboratory staff from hospitals and commercial laboratories in the techniques to perform rule-out testing for potential bioterrorism agents and to properly package and safely ship referred specimens to the Laboratory Response Network (LRN) reference laboratory.
 - Identify chemical metabolites in clinical specimens in case of terrorist attack.
 - Organize and coordinate monitoring and surveillance activities for state health care monitoring systems, which include mortality, hospital discharge and emergency department data.
 - Ensure appropriate mitigation, prophylaxis and treatment of at-risk populations for disease of public health significance.
 - Provide standard operations and response guidance for investigations, interventions or communications of public health incidents and biological disasters.
 - Coordinate with Federal Laboratories to identify drug resistant organisms as needed.
- b. Medical countermeasures and non-medical interventions will be implemented to stop or slow the spread of communicable diseases.
- Support pharmaceutical services provided by county health departments, and public and private partners including pharmaceutical repackaging, dispensing and the purchase and distribution of vaccines and other pharmaceuticals.
 - Provide supplies for clinical provisions and pharmaceutical needs.
 - Recover or direct the disposal of unused pharmaceuticals.
 - Maintain, monitor and allocate state pharmaceutical caches to applicable entities for prophylaxis or treatment.
 - Coordinate statewide policy decisions on distribution of pharmaceuticals and vaccines by region to federal or state subject matter expert designated priority groups.
 - Monitor vaccine coverage when such pharmaceuticals are available.
 - Oversee distribution and return of vaccine to the field pursuant to federal or state guidance.
 - Monitor adverse effects of pharmaceuticals and vaccines and report appropriately.
 - Maintain appropriate distribution data that may be needed for patient tracking and other studies or reports.
 - Request, receive and distribute the external resources, Centers for Disease Control and Prevention (CDC) Strategic National Stockpile (SNS) when an incident requiring distribution of pharmaceuticals and/or medical supplies exceeds the local and state resources, regardless of the precipitating cause.
 - Coordinate statewide policy decisions regarding the implementation of non-pharmaceutical interventions (NPIs) during an incident.

- Declare statewide Public Health Emergencies and Executive Orders as necessitated by an incident to implement and enforce NPIs.
 - Through the authority of the State Health Officer, issue isolation and quarantine orders.
 - Provide statewide guidance for implementing and enforcing isolation (i.e., restriction of movement of ill persons) and quarantine (i.e., restriction, testing, treatment, destruction, vaccination and inoculation, closure of premises and disinfection).
 - Provide statewide guidance on restriction of movement, and provision of travel advisories/warnings.
 - Recommend social distancing (e.g., school, work place distancing and restricting public gathering and travel and sheltering in place).
 - Provide statewide recommendations for external decontamination procedures.
 - Provide coordinated statewide information to the public regarding NPIs.
6. Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin.
- a. Support environmental health functions to:
- Ensure safe drinking water.
 - Monitor public water systems and precautionary boil water notice status.
 - Support local water sampling and testing activities by augmenting personnel or supplies.
 - Coordinate with and provide technical assistance to local, state and federal response partners.
 - Monitor laboratory capacity to accept and analyze water samples.
 - Implement surge plans as needed.
 - Prevent food borne illness.
 - Review and monitor data from the various surveillance systems and report any indication of outbreaks to county health departments.
 - Provide lab analysis of environmental samples and clinical specimens.
 - Support local environmental health assessments to identify food safety concerns.
 - Prevent human disease from animals, insect and tick vectors.
 - Provide guidance and develop recommendations for responders, the general public clinicians (e.g., physicians and veterinarians) and other stakeholders.
 - Review and monitor data from various surveillance systems for indication of human disease risk from animals and vectors and share findings with county health departments and other stakeholders.
 - Participate in local, state, and federal analysis, recommendation and approval for emergency vector control pesticide applications when necessary.

- Prevent exposure to sanitary nuisances (as defined in F.S. 386.01) by ensuring basic sanitation services are available and functioning.
 - Provide support to local jurisdictions conducting investigations of complaints related to sanitary nuisances.
 - Provide guidance and support for the assessment and procurement of basic sanitation services (e.g., portable toilets, hand washing stations, trash removal, etc.).
 - Prevent, identify and mitigate impacts of environmental exposures.
 - Prevent and/or mitigate exposure to chemical hazards and toxins.
 - Assess and address human health impacts by conducting acute morbidity and mortality surveillance and investigations.
 - Provide guidance to healthcare providers regarding diagnosis, treatment, and reporting information.
 - Control exposure to biomedical waste.
 - Provide technical information and advice on protecting healthcare workers, environmental service staff, waste haulers and the general public from risks associated with potentially infectious biomedical waste.
- b. Respond to all radiological/nuclear incidents and emergencies by controlling exposure and assessing health hazards including unexpected radiation releases from nuclear power plants, transportation accidents, and weapons of mass destruction, lost or stolen radioactive sources and contamination of a facility or the environment. A radiological/nuclear incident will require an immediate coordinated response by local, state and federal response entities including the Department of Energy, Nuclear Regulatory Commission, Environmental Protection Agency, Department of Homeland Security, and ESFs 8, 10, 17 and 6.
- Provide technical consultation and support to the State Emergency Response Team (SERT).
 - Provide situational assessment and analysis.
 - Recommend protective actions (e.g., evacuation, shelter-in-place, etc.).
 - Determine levels of radiation released, health hazards and the need for decontamination.
 - Recommend actions to protect the public from the ingestion of radioactive contaminated food or water (e.g., embargo and/or disposal of contaminated food or animals, shut down of surface water intakes for public water supply systems, curtailment of hunting or fishing, etc.)
 - Conduct field assessment and monitoring.
 - Conduct monitoring activities and coordinate with county emergency management agencies to obtain additional dosimetry equipment for emergency responders.
 - Collect and test environmental samples (e.g., air, water, soil and food) and provide laboratory analysis. The collected samples will be analyzed at the Health Physics Laboratory in Orlando and/or the Mobile Emergency Radiological Lab.
 - Provide to county health departments, relevant treatment advice and guidance for physicians at medical facilities or community reception

centers for testing and medical treatment of individuals exposed to radiation or contaminated with radioactive material.

- Assist in coordinating the availability of national and private capabilities for clinical specimen testing.
- Provide instructions for specimen collection, packaging and shipment.
- Provide recommendations for the distribution of radiological countermeasures, including potassium iodide.

- Assist in the processing of contaminated response personnel by providing technical assistance, experienced staff, and equipment (monitors).
- Support local population monitoring (contamination screening), decontamination activities, and long-term monitoring (establishment of an exposure registry) of the health of the affected population by providing guidance and augmenting staff, supplies, equipment and pharmaceuticals.
- Support efforts to collect and store contaminated tools, clothing, equipment and other material that cannot be decontaminated for later disposition by providing guidance and coordinating the availability of national and private capabilities for disposal.
- Provide guidance for the safe and appropriate handling of deceased victims who may be contaminated with radioactive material.

- c. When appropriate, environmental response actions will be coordinated with local, state and federal response partners and in concert with existing agency plans.

7. Develop, disseminate and coordinate accurate and timely public health and medical information.

- a. Provide staff and resources to support the state's emergency and risk communications response. Public information released by ESF8 will be done in coordination with ESF14 and established joint information systems.
- b. Gather, validate and analyze incident specific public health and medical information.
 - Monitor incident-related mainstream media coverage and social media outlets, provide analysis and status reports as appropriate.
 - Manage rumors in accordance with the *DOH All-Hazards Rumor Control Proposal Standard Operating Guidelines* and in collaboration with the Health Interagency Fusion Liaison.
- c. Provide effective public health messaging tools and resources for emergency response.
 - Maintain an electronic messaging portal containing templates and sample messages, news releases, templates, talking points, fact sheets, posters/brochures, media inserts, public service announcements, message maps and links to additional resources.

- Ensure designated communications professionals and spokespersons receive timely and concise public health and medical information, including talking points and news briefs/statements.
- d. Communication to internal and external stakeholders will be prioritized to minimize adverse health impacts and to maintain the public's confidence in the public health and medical system. Essential communication will be provided for each target audience through various mediums (i.e., email, news release, inter/intranet, social media, hotlines, etc.).
- Provide government officials and policy-makers immediate notification of significant incident changes, regular situational updates that go beyond news reports, and advance notice of sensitive public health information.
 - Provide the healthcare providers/facilities clear and current testing and treatment protocols, reporting requirements, protective measures for staff and clients and a method for seeking additional professional medical management information.
 - Provide Department of Health personnel regular situation updates, reporting requirements and guidance for communications with local stakeholders and continuity of operations activities.
 - Provide emergency response partners regular situational briefings, including public information and rumors, responder safety and health recommendations, occupation specific information and recommendations related to the hazard.
 - Provide media organizations regular incident briefings, news releases and contact information. Provide general public (including vulnerable population groups) timely, accurate protective actions recommendations, situational updates and a method to obtain additional information.
 - Provide additional community partners (including, but not limited to: private industry, small business owners, ESF15, ESF18, non-governmental organizations, etc.) regular incident briefings and information related to the effective management of their businesses/organizations and ground-truth rumors that may impact them.
8. Monitor need for and coordinate resources to support fatality management services.
- a. State fatality management resources will augment the district medical examiner capabilities by providing additional staff, equipment and morgue capacity to address surge.
- Assist in initial scene evaluation, recovery of human remains, collection of missing person information, victim identification, records management and disposition of human remains.
 - Establish supplemental or temporary morgues with ancillary equipment and staffing of various forensic teams within the morgue (i.e., pathology, personal effects, evidence collection, radiology, finger- print, odontology, anthropology, DNA collection and embalming).
 - Provide guidance regarding special processing complications such as protection from chemical exposure of responders and decontamination of recovered remains prior to transportation to a temporary morgue site.

- Assist district medical examiners in determining fatality management needs as a result of an incident through an assessment.
 - Establish or assist with victim information center operations at a site removed from both the disaster site and the morgue.
 - Establish or assist with records management and computer networking for managing data generated about missing persons and remains processed.
9. Monitor need for and coordinate resources to support disaster behavioral health services.
- a. Coordinate disaster behavioral health services to mitigate the adverse effects of disaster-related psychological trauma for survivors and responders.
- Analyze situational awareness information to identify and forecast behavioral health impacts on the community based on established indicators.
 - Coordinate a network of behavioral health experts to advise behavioral health aspects of incident response.
 - Assist in the development of contingency plans to address potential behavioral health impacts in the counties.
 - At the request of local jurisdictions, conduct assessments in impacted communities to identify behavioral health needs as a result of the incident for the public and responders.
 - Based on assessments, assist local communities in developing plans to address local behavioral health needs for the public and responders.
 - Augment local behavioral health capabilities by deploying behavioral health providers to the communities to provide targeted services for the public and responders.
 - Transition short-term behavioral health response to the Department of Children and Families for long-term mental health services as needed during the recovery phase.
 - Provide guidance to community partners regarding referral to assure mental health patients maintain the continuum of care.
 - Provide public information regarding psychological first aid.
10. Support responder safety and health needs.
- a. Provide tactical support to personnel that deploy under ESF8.
- Provide incident specific responder safety and health guidance and protective measures (personal protective equipment, countermeasures, etc.).
 - Monitor the health and wellness of ESF8 responders during deployments, including subsequent follow-up as required.
 - Ensure a process is in place for ESF8 responders to receive medical care should an injury occur in the field.
- b. Support the State Emergency Response Team (SERT) by providing incident-based health and safety information/considerations for dissemination to other responding entities.

- Provide recommendations for safety messaging, personal protective equipment and medical countermeasures to SERT responder safety personnel based on the incident.
- Advise the SERT on the public health and medical implications of response strategies.
- Serve as technical specialists for specific questions during an incident.

11. Provide public health and medical technical assistance and support.

- a. Establish and operate a state-level incident management structure to execute the public health and medical functions of the state response including developing, verifying and maintaining statewide situational awareness and resource management.
 - Integrate public health and medical subject matter into response efforts as technical specialists.
 - Establish and operate a medical advisory group to provide recommendations on response actions with significant public health and/or healthcare implications.
- b. Through the authority of the State Health Officer, declare public health emergencies to ensure legal capability to implement or enforce response actions.
- c. Facilitate resolution of policy or legal aspects of response (e.g., waiver of rules, Executive Orders) in order to meet the needs of the response.
- d. Represent public health and medical interests on the State Assistance Team.
- e. Provide public health and medical logistical resources and support.
 - Augment or re-establish local ESF8 capability in a county emergency operations center if necessary through coordinating staff deployments.
 - Augment County Health Department staff through the deployment of CHD Augmentation Teams, which can provide leadership, business management, medical direction, nurse management and/or environmental health direction.
 - Establish or re-establish video, voice and data communications for public health and medical operations in the field through mobile information technology resources.
 - Restore traditional information technology business systems in impacted DOH facilities.
 - Facilitate the acquisition of federal and out-of-state public health and medical resources.
 - Establish and maintain field based facilities for operations, logistical support and/or responder management.
 - Recover deployed public health and medical assets.
- f. Assist public health and medical system with seeking reimbursement for eligible expenses when appropriate.
 - Seek appropriate funding source for incident public health and medical expenditures.
 - Provide a mechanism (e.g., establishing financial codes) to track and report statewide public health and medical expenditures toward the response.

B. ORGANIZATION

1. ESF8 is comprised of the Florida Department of Health (Lead), and numerous support agencies and organizations. The roles and responsibilities of each agency are documented in Section III: Responsibilities of this appendix.
2. When ESF8 is activated by the SERT, necessary personnel from the agencies and organizations within ESF8 are organized into a single ESF8 coordinating structure led by the DOH Emergency Coordination Officer (ECO) who serves as the lead representative for ESF8.
3. ESF8 reports to the Emergency Services Branch Director.
3. When necessary, federal ESF8 resources will be integrated into the state ESF8 response structure.

C. OPERATIONAL OBJECTIVES

1. Preparedness Objectives
 - a. Maintain and implement the Florida Public Health and Healthcare Preparedness Strategic Plan to manage risk and build response capabilities.
 - b. Develop integrated plans and procedures among local, state, interstate and federal partners to carry out the core missions of ESF8 during a response.
 - c. Conduct and participate in trainings and exercises to validate, test and improve plans and procedures.
 - d. Administer public health and medical preparedness funding to build statewide response capabilities.
 - e. Identify, develop, acquire, stage and train the necessary resources to implement plans and procedures.
 - f. Coordinate with the State Watch Office and the Florida Fusion Center to detect, prevent and prepare for incidents and events impacting the state.
2. Response Objectives
 - a. Implement plans and procedures to support the local public health and medical system.
 - b. Activate and deploy personnel, supplies and equipment to support local needs. ESF8's primary and support agencies maintain the following resources to support incident response and can procure additional resources as necessary for the response:

- i. Epidemiology Strike Teams – At full capability this team is able to conduct surveillance and investigation efforts in a defined geographic area. Teams have the capacity to perform activities related to disease surveillance, outbreak investigation, quarantine and isolation, data analysis and phlebotomy.
- ii. Environmental Health Strike Teams – At full capability this team is able to provide up to 80 environmental health services per day. Each team includes a supervisor level position for liaison with local structure. A team has the capacity to perform activities related to the following subject areas: food, water, sewage, indoor air, vectors, zoonotic, facilities, and chemicals and toxicology.
- iii. Special Needs Shelter Teams – A team can perform a variety of management, operations and augmentation functions for a special needs shelter.
- iv. Disaster Behavioral Health Assessment Teams - Provide on-scene assessment of the need for behavioral support services to victims, survivors, responders and the public in communities impacted by traumatic incidents.
- v. Behavioral Health Intervention Providers – Through the Florida Crisis Consortia single resource providers or ad hoc teams skilled in psychological first aide, spiritual care, critical incident stress management, pediatric disaster behavioral health, school crisis intervention and mental health can be deployed, and are available for identified behavioral health needs based on assessments.
- vi. Fatality Management Teams – Provide initial scene response and evaluation, processing the scene, temporary morgue operations and administration, the roles of various forensic units within the morgue (e.g., pathologist, anthropologist, odontologist, radiologist, fingerprint specialist, DNA analyst, funeral director, and others), victim identification, disposition of human remains (i.e., embalming/casketing), personal effects and evidence collection.
- vii. Medical Surge Providers – Individual clinical providers or teams can provide medical surge capability for clinical services including, emergency and critical care. Personnel can be utilized to augment licensed medical facilities or support public health response activities in the community such as shelter operations or alternate care sites.
- viii. Ambulance Strike Teams – Provide emergency medical services including patient triage and transport. These teams can be built from the existing ground ambulance units, air ambulances and trained ambulance strike team leaders across the state. Deployment of ground ambulances is coordinated with ESFs 4 & 9 and the Florida Air Ambulance Association.
- ix. Medical Reserve Corps – These individuals include government employees, volunteers and private medical providers who can be integrated into response efforts for a variety of roles to address public health and medical workforce surge.

- x. Radiological Emergency Response Teams - Radiation Control inspectors are located in the following areas: Jacksonville, Tampa, Orlando, Miami, Lantana, Pensacola, Ft. Myers, and Tallahassee. Two county offices have radiation control programs: Polk and Broward. Each inspector has an emergency kit that contains equipment appropriate to manage a radiological response.
- xi. Special Needs Shelter Discharge Planning Teams – Coordinate with special needs shelters to discharge clients from shelters to appropriate facilities.
- xii. Health Care Assessment Teams – HCATs are a resource from the Agency for Health Care Administration designed to inspect evacuated healthcare facilities that have sustained damage in accordance with the Health Care Facility Damage Assessment Guidelines. HCATs teams are composed of an architect and an electrical engineer.
- xiii. Assessment Taskforce – Comprised of multiple agency resources to perform post-impact health and medical assessments. Responsibilities include: assigning and prioritizing assessments for each operational period in coordination with local and federal officials; assembling multi-agency assessment teams as necessary; conducting assessments; consolidating and reporting assessment findings; coordinating assessment findings and other pertinent information impacting the assessment process (i.e., accessibility, safety, and rumor control). The Assessment Task Force will be deployed as directed by the State ESF8 ECO.
- xiv. County Augmentation teams for ESF8 and County Health Departments - Personnel experienced in senior level operations of a county health department or county ESF8 function to replace or augment staff in the impacted county for relief during the incident response.
- xv. RSS (Receive, Stage and Store) Management Team - An RSS operated by the Florida Department of Health is established to receive material from the Strategic National Stockpile. The RSS receives, stages, stores and distributes pharmaceuticals, medical supplies and equipment to the affected area.
- xvi. Mobile Medical Field Units – Three 50-bed units that can be used as shelters, alternate medical treatment site or triage centers.
- xvii. Chempack Chemical Antidote Caches – 108 forward placed chemical nerve agent antidote containers prepositioned in 67 designated locations to include hospitals, EMS stations and warehouse facilities.
- xviii. Mass Casualty Trailers - 23 enclosed trailers with medical supplies and equipment needed in trauma situations for mass casualty incidents.

- xix. Medical Supplies and Equipment Caches – A broad range of medical supplies and equipment including pharmaceuticals, ventilators and medical supplies strategically placed across the state.
 - xx. Mobile Communications Units - Enclosed custom utility trailers equipped with high-speed satellite communications (e.g., 2Mb down and 1Mb upstream data speed), self-generated power, rooftop AC, and necessary infrastructure hardware pre-configured to establish interoperable access. They include four VOIP phone lines and server hardware to restore data from valid back-ups. Units are supported by two disaster response technicians.
- c. Activate operational systems to aid gathering, collecting, analyzing and reporting incident information. ESF8's primary and support agencies maintain the following systems:
- i. BioWatch Detection System – BioWatch is a federally-managed, locally-operated, nationwide environmental bio-surveillance system designed to detect the intentional release of select aerosolized biological agents. The program operates in more than 30 high threat metropolitan areas across the country, including three in Florida. The program focuses on detection of a biological attack. Detection is critical to the successful treatment of affected populations and provides public health decision makers more time and thereby more options in responding to, mitigating and recovering from a bioterrorist event.
 - ii. ESSENCE Syndromic Surveillance System – The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a biosurveillance system that collects: emergency department chief complaint data from participating hospitals and urgent care centers in Florida (172 hospitals and urgent care centers report daily); all calls from the Florida Poison Information Center Network (reported every ~20 minutes); all reportable disease data from the Merlin database (reported hourly); and all mortality data from the Florida Office of Vital Statistics (reported daily). The objective of this surveillance system is to provide the epidemiologist with the data sources and analytic tools (e.g., automated alerting and data visualization) needed to identify outbreaks or unusual trends more rapidly, leading to a timelier public health response.
 - iii. SERV-FL – SERV-FL is an Everbridge application that serves as the Department of Health's alert, notification and responder management system. It has the capability to mass alert public health and medical personnel by organization, response role or skills and capabilities.
 - iv. Inventory Resource Management System – IRMS is the inventory system in operation for the DOH Bureau of Statewide Pharmaceutical Services in conjunction with the DOH Bureau of Preparedness and Response and the State Medical Response Teams. IRMS is an enterprise solution suite in a hosted environment with a centralized warehouse management system that provides real time visibility of all pharmaceutical and emergency response assets throughout the State of Florida. IRMS is an emergency management resource that

increases the efficiency and asset visibility of Florida's response to any large scale emergency event.

- v. EMResource – EMResource is a communications and resource management solution that streamlines regional communications between medical response teams and healthcare professionals by monitoring healthcare assets, emergency department capacity, and behavioral health and dialysis bed status. The product also facilitates federal reporting requirements and broadcasting. Additional incident-specific resources are easily tracked. This system is used to collect and report the status of licensed healthcare facilities during disasters. Information such as bed census, emergency power, generator usage evacuation status, and facility damage is collected.

3. Recovery Objectives

- a. Support local communities with the restoration of public health and medical infrastructure and assure the continuum of care.
- b. Support long term monitoring of the health status of populations.
- c. Support efforts to re-establish primary care systems in local communities and assure medical providers are operating in environments in which they can legally bill for services.
- d. Seek financial reimbursement from appropriate reimbursing party.
- e. Support health and medical components of essential service centers or recovery centers.

4. Mitigation Objectives

- a. Implement public health control measures to prevent outbreaks.
- b. Educate the public on measures to mitigate the spread of disease and self-management of medical needs.
- c. Pre-identify vulnerable facilities or populations.
- d. Identify, assess, prioritize and protect critical infrastructure and key resources so they can detect, prevent, deter, devalue and mitigate deliberate efforts to destroy, incapacitate or exploit critical infrastructure and key resources.
- e. Provide computerized access to regional and county personnel for management communications, situation/status reports, geographical information systems and resource management data.
- f. Stockpile critical medical supplies and equipment and pharmaceuticals in strategic locations throughout the state.

Develop and implement after action reports and improvement plans based on exercises and real incidents/events to improve preparedness plans.

D. DIRECTION AND CONTROL

The DOH Emergency Coordination Officer is the delegated authority for the State Surgeon General and performs the role of ESF8 ECO. The ESF8 ECO determines the appropriate and necessary ESF8 plans to activate for the response and assures they are implemented. The ESF8 ECO establishes incident objectives for ESF8 that support the SERT's broader incident objectives.

The ESF8 ECO, through the ESF8 command structure, determines appropriate resources to meet mission needs. Each agency/organization retains administrative control over its resources deployed during the incident. ESF8 has operational control of deployed resources to make assignments.

III. RESPONSIBILITIES

The primary and support agencies that comprise ESF8 have agency level responsibilities as a part of ESF8. Additionally, all primary and support agencies and organizations have common responsibilities which include:

- Identify, train and activate qualified staff to support ESF8 activities in the State Emergency Operations Center (SEOC) and alternate locations.
- Provide status updates on public health and medical impacts and actions to ESF8 for integration into overall situational awareness.
- Maintain agency-level emergency plans and procedures.
- Coordinate deployment of personnel to the area of operations through ESF8 in the SEOC.
- Identify subject matter experts to serve as technical specialists during response.
- Disseminate public health and medical messaging to stakeholders.

The following matrix depicts the role of primary and support agencies and organizations in carrying out the core missions of ESF8.

State Emergency Support Function 8 Agency Level Responsibilities by Core Mission	Dept. Health	Agency for Health Care Administration	Agency for Persons with Disabilities	Dept. of Elder Affairs	Dept. of Children & Families	Dept. of Agriculture & Consumer Services	Dept. of Business & Professional Regulation	Dept. of Environmental Protection	Dept. of Veteran Affairs	Office of the Attorney General	State Fire Marshal	Medical Examiner Commission (FDLE)	Univ. of FL - Maples Center for Forensic Medicine (FEMORS)	State University Labs	Florida Hospital Association	Florida Healthcare Association	Florida Assisted Living Association	End-Stage Renal Disease Network	Poison Information Center Network	Florida Association of Community Health Centers	Florida Pharmacy Association	Florida Crisis Consortium	Red Cross
Support local assessment and identification of public health and medical needs in impacted counties and implement plans to address those needs.	○	○	○		○	○		○		○			○		○	○						○	
Coordinate and support stabilization of the public health and medical system in impacted counties.	○	○	○	○	○	○	○	○	○		○	○	○		○	○	○	○	○	○	○	○	○
Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.	○	○	○								○				○	○	○	○					
Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions.	○					○		○						○	○	○				○	○	○	
Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin.	○					○	○	○						○					○				
Support sheltering of persons with medical and functional needs.	○	○	○	○			○		○						○	○	○						○
Develop, disseminate, and coordinate accurate and timely public health and medical information.	○	○	○	○	○	○	○	○				○			○	○	○	○	○	○	○	○	○
Monitor need for and coordinate resources to support fatality management services.	○											○	○										
Monitor need for and coordinate resources to support disaster behavioral health services.	○				○					○									○				○
Support responder safety and health needs.	○	○	○	○	○	○	○	○	○		○	○	○	○	○	○	○	○	○	○	○	○	○
Provide public health and medical technical assistance and support.	○	○	○	○	○	○	○	○	○		○	○	○	○	○	○	○	○	○	○	○	○	○

A. PRIMARY AGENCY – FLORIDA DEPARTMENT OF HEALTH

1. Serve as the lead agency for ESF8, which includes maintaining and operating a response structure, emergency plans and procedures, coordinating with support agencies to assure operational readiness and identifying and procuring resources to fulfill mission needs.
2. Activate and deploy public health response teams, contracted response entities and volunteer health professionals as needed.
3. Serve as the lead agency for biological and radiological incidents.
4. Issue public health emergencies and public health advisories as appropriate to take actions necessary to protect public health (381.00315, F.S.).
5. In consultation with subject matter experts, determine and implement public health response actions such as surveillance, delivery of medical countermeasures and non-medical interventions.
6. Support local special needs sheltering operations.
7. Coordinate and verify licensure of medical professionals.

B. SUPPORT AGENCIES AND ORGANIZATIONS

1. Agency for Health Care Administration

- a. Ensure that each licensed health care facility has an approved emergency management plan as required by Chap. 395.1056, F.S. and Chap. 400.23, F.S.
- b. Maintain and manage EMResource for facility reporting during emergency responses to include bed availability, evacuation status, generator usage and patient/resident census (Chap. 408.821, F.S.).
- c. Assist facilities unable to report via EMResource, by entering phoned in reports into EMResource.
- d. Monitor hospitals, nursing homes and assisted living facilities during disaster as required by Chap. 252.357, F.S.
- e. Initiate waivers and variances of rules and regulations regarding licensed facilities (Chap. 408.821, F.S.).
- f. Permit health care facilities to go overcapacity in excess of 15 days, subject to approval based upon satisfactory justification and need as provided by the receiving and sending providers (Chap. 408.831, F.S.).
- g. Authorize health care facilities (e.g., hospitals, nursing homes, ambulatory surgery centers and intermediate care facilities for the developmentally disabled) with sustained damage to re-open. Damaged facilities must be approved for re-entry before residents can return to the facility.

- h. Form Health Care Assessment Teams (HCAT) as necessary to inspect evacuated health care facilities that have sustained damage.
- i. Communicate facilities needs and support requirements to ESF8 to assure needs of resident and patients are met.
- j. Oversee structural and engineering requirements for healthcare facilities and provide engineers to inspect facilities post-impact as needed.
- k. Maintain emergency contact information for health care facilities.
- l. Provide reports from EMResource to internal and external stakeholders at 10 a.m. and 3 p.m. daily, unless an alternate reporting time is established.
- m. Establish mutual aid offices to augment AHCA field offices impacted by the incident, which will provide direct support to impacted facilities.

2. Agency for Persons with Disabilities

- a. Assure facilities for disabled populations have emergency plans such as group homes and transitional living facilities.
- b. Provide support and coordination for client population pre, during and post disaster.
- c. Provide special needs registration information to all of their special needs clients and to all persons with special needs who receive services (Chap. 252.353, F.S.).
- d. Determine status of facilities post-disaster.
- e. Provide technical assistance to facilities for emergency planning.

3. Department of Elder Affairs

- a. Provide special needs registration information to all of their special needs clients and to all persons with special needs who receive services.
- b. Coordinate discharge planning for special needs shelters.
- c. Establish and maintain discharge planning teams.
- d. Provide messaging to elderly populations through established service areas.
- e. Conduct on-site assessments of facilities with elderly populations to assure appropriate care during disasters.
- f. Serve as an advocate for elderly populations during disaster planning.

4. Department of Children & Families

- a. Designated State Mental Health Authority.

- b. Responsible for planning, managing and evaluating a statewide program of mental health services and supports, including community programs, crisis services for children and adults and state residential treatment facilities for people who qualify for publically funded treatment services.
- c. Evaluate the need for, and pursue funding for, a FEMA Crisis Counseling Program (CCP) Grant.
- d. Prepare emergency services grant application.
- e. Provide special needs registration information to all of their special needs clients and to all persons with special needs who receive services.

5. Department of Agriculture and Consumer Services

- a. Provide aerial spraying for vector control.
- b. Serve as the lead agency to coordinate food safety issues.
- c. Coordinate with the Department of Health on animal illnesses that have the potential for human impact.
- d. Augment laboratory surge.

6. Department of Business and Professional Regulation

- a. Coordinate with the Department of Health on human health issues identified during food establishment inspections following disasters.
- b. Coordinate with the Department of Health on food safety issues.

7. Department of Environmental Protection

- a. Coordinate with the Department of Health on environmental response actions impacting human health.
- b. Assess potable water systems.
- c. Assist in response to surface and ground water contaminations.
- d. Provide environmental sampling data to the Department of Health for evaluation of human health impacts.
- e. Augment laboratory surge.

8. Department of Veteran Affairs

- a. Coordinate with state veteran assisted living facilities and skilled nursing facilities during disasters.

9. Office of the Attorney General

- a. Provide staff from the Medicaid Fraud Control Unit to assist with post-impact assessments of licensed healthcare facilities.
- b. Provide staff from the Division of Victim Services to perform psychological first aide coordinated through the Florida Crisis Consortia.

10. State Fire Marshal

- a. Identify, mobilize, deploy and demobilize ground ambulance assets in coordination with the Florida Fire Chiefs Association as described in the State Emergency Response Plan.

11. Medical Examiners Commission (FDLE)

- a. Maintain the State of Florida Mass Fatality Response Plan.
- b. Provide oversight for the 24 medical examiner districts throughout the state, which are responsible for handling of the deceased resulting from homicide, suicide, or accident and those constituting a threat to public health (406.11, F.S.).
- c. In absence of other reporting procedures, serves as the information clearing house on the status of fatalities due to the incident.

12. University of Florida, Maples Center for Forensic Medicine

- a. Maintain the Florida Emergency Mortuary Response System (FEMORS), which is a team of qualified “reserve” forensic professionals who can be deployed by ESF8 to supplement the needs of the Medical Examiner(s) affected by a mass fatality event.
- b. Initiate contact with the Medical Examiner by telephone, within four hours if possible, to ascertain if help is needed.
- c. When activated, FEMORS will assist the Medical Examiner in planning for:
 - i. Special processing complications such as protection from chemical exposure of responders and decontamination of recovered remains prior to transportation to a temporary morgue site, if applicable.
 - ii. Disaster site management of human remains with regard to recovery, preliminary documentation procedures and refrigerated storage until transportation can be arranged.
 - iii. Supplemental or temporary morgue operations either in concert with the existing medical examiner facility or at a remote location.
 - iv. Supplemental refrigerated storage at the morgue both for remains received from the disaster site and for remains processed and awaiting release for disposition.

- v. Victim information center operations at a site removed from both the disaster site and the morgue.
- vi. Records management and computer networking for managing data generated about missing persons and remains processed.

13. State University Laboratories

- a. Augment state laboratory surge.

14. Florida Hospital Association

- a. Disseminate incident related messaging to hospitals through established networks.
- b. Assist in validating and fulfilling resource requests from hospitals.
- c. Advocate for hospitals in disaster planning efforts.

15. Florida Health Care Association

- a. Disseminate incident related messaging to nursing homes and assisted living facilities through established networks.
- b. Assist in validating and fulfilling resource requests from nursing homes.
- c. Assist nursing home facilities with development of emergency plans to assure continuity of care during disasters.
- d. Advocate for nursing home facilities in disaster planning efforts.

16. Florida Assisted Living Association

- a. Disseminate incident related messaging to assisted living facilities through established networks.
- b. Assist in validating and fulfilling resource requests from assisted living facilities.
- c. Assist assisted living facilities with development of emergency plans to assure continuity of care during disasters.
- d. Advocate for assisted living facilities in disaster planning efforts.

17. End-Stage Renal Disease Network

- a. Coordinate assessment of renal care facilities.
- b. Identify needs to return system back to operational status.
- c. Assist renal care facilities with development of emergency plans to assure continuity of care during disasters.
- d. Advocate for renal care facilities in disaster planning efforts.

18. Poison Information Center Network

- a. Establish call-centers for public health and medical information as requested by the Department of Health.
- b. Provide health surveillance information to Department of Health.
- c. Provide consultation to public and health care providers on health and medical issues via network.

19. Florida Association of Community Health Centers

- a. Coordinate assessment of community health centers.
- b. Identify needs to return system back to operational status.
- c. Assist community health centers with development of emergency plans to assure continuity of care during disasters.
- d. Advocate for community health centers in disaster planning efforts.

20. Florida Pharmacy Association

- a. Disseminate incident related messaging to retail pharmacies through established networks.
- b. Identify needs to return system back to operational status.
- c. Assist retail pharmacies with development of emergency plans to assure continuity of care during disasters.
- d. Advocate for retail pharmacies in disaster planning efforts.

21. Florida Crisis Consortium (FCC)

- a. Develops, maintains and exercises the Disaster Behavioral Health Response Plan.
- b. Appoints an FCC Clinical Director to validate disaster behavioral health mission requests, and an FCC Operations Director to coordinate behavioral health response activities from the SEOC or other locations, as appropriate.
- c. Develops and maintains disaster behavioral health public information materials.
- d. Recruits, trains and credentials regional disaster behavioral health assessment teams (RDBHAT), available upon request by a local jurisdiction, to rapidly assess community behavioral health needs, based on established protocols for assessment and accountability as established by the FCC. The RDBHATs oversee and coordinate the efforts of regional, state or external behavioral health organizations activated for an emergency, and request additional resources as the need develops.

- e. Recruits, trains and credentials disaster behavioral health strike teams to fill gaps and address the needs of vulnerable populations.
- f. Coordinates the procurement, screening and allocation of behavioral health equipment, supplies and resources, including human resources, required to support behavioral health operations.
- g. Establishes preventive behavioral health services by informing the general population about resiliency and healthy coping behaviors.
- h. Coordinates the provision of disaster behavioral health services for disaster survivors, emergency workers and others suffering psychological trauma due to the emergency situation.

22. American Red Cross (ARC)

- a. Provides and coordinates behavioral health capabilities at mass care shelters, ARC service sites and airplane crash sites.
- b. Assist in providing food and water to home-bound special needs populations.
- c. Provide case management services.

IV: FINANCIAL MANAGEMENT

Each agency and organization within ESF8 is responsible for costs associated with preparedness, response, recovery and mitigation activities and must individually seek reimbursement following activations. Expenses for personnel and materials must be documented in EM Constellation as a part of an approved mission assignment.

The Department of Health, as the lead agency for ESF8, is responsible for seeking reimbursement for materiel resources procured by ESF8 Logistics during an incident in coordination with the SERT. Agencies and organizations are responsible for individual costs associated with missions assigned to their agency (e.g., deployments of personnel).

All ESF8 agencies and associations should maintain financial records according to agency plans, including information regarding:

A. SALARIES

Provide a schedule for all employees' time worked, pay rates/matching rates and separating regular time from overtime.

B. TRAVEL

Provide copies of the travel vouchers that have been paid due to disaster response. The appropriate Finance Director must certify these as true expenditures.

C. EQUIPMENT AND SUPPLIES

Provide a detailed description of the equipment and supplies used to assist, detailing the type, where the equipment and supplies were used, number of hours per piece, per day and type of work performed.

V. REFERENCES AND AUTHORITIES

- A. Chap. 252, F.S., Emergency Management
- B. Chap. 406.11, F.S., Medical Examiners
- C. Chap. 408, F.S., Facility Status Reporting
- D. Chap. 395, F.S., Healthcare Facility Plans
- E. Chap. 381, F.S., Public Health
- F. Chap. 943, F.S., Domestic Security
- G. Chap. 401, F.S., Emergency Medical Services
- H. Florida Public Health and Healthcare Preparedness Strategic Plan
- I. ESF8 Standard Operating Procedures
- J. ESF8 Logistics Standard Operating Procedure
- K. DOH Emergency Operations Plan
- L. AHCA Emergency Operations Plan
- M. DOEA Emergency Operations Plan