



Emergency Notification Annex

Florida Department of Health Emergency Operations Plan (EOP)

Version 2

March 2009

Approval

The Department of Health Emergency Operations Plan (EOP) provides an all-hazards approach to the Department's management of emergencies. This Notification Annex addresses how key public health personnel and partners will be alerted and notified when an incident or event threatens the public's health and safety. Questions and comments about this annex should be addressed to the Division of Emergency Medical Operations, Offices of Public Health Preparedness and Emergency Operations.

Reviewed and adopted this date 4/9/2009 by:

Signature on File

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I. Introduction

A. Overview

The Department of Health (DOH) Notification Annex of the Emergency Operations Plan documents how key personnel will be contacted for a threat or event which threatens public health and safety. The Notification Annex outlines the roles and responsibilities required to reach key stake holders and to accurately distribute information to prepare for, respond to, recover from and mitigate the effects of any event which threatens the public's health and safety.

The annex aligns with the Florida Comprehensive Emergency Management Plan (CEMP) and the National Response Framework (NRF). The annex is founded on the principles and practices as prescribed in the National Incident Management System (NIMS).

B. Purpose

The department will activate this annex in response to any incident or event that overwhelms, or has the potential to overwhelm, the department's day-to-day capacity to support the delivery of its services in an impacted area. These procedures establish a minimum baseline.

The purpose of the annex is to minimize negative health outcomes from an incident or event of public health significance by ensuring rapid distribution of health-related information to key public health personnel and other stakeholders. Rapid distribution of accurate health-related information allows optimal collaboration among public health partners and prompt distribution of accurate health-related information allows optimal collaboration among public health and medical partners.

C. Scope

The scope of this annex is limited to the notification of appropriate key functional staff regarding an event with the potential to overwhelm routine health care systems and requires:

- Delivery of time-sensitive information about actual or potential public health events to key personnel that warrants immediate action or attention.
- Sharing of information among public health personnel and key stakeholders about health events in order to mitigate the extent or severity of the event.

The emergency notification process includes a range of activities from initial receipt of information about a threat or event, validation of the information with appropriate subject matter experts, development of messages that specify actions to be taken, and dissemination of the message to the appropriate target audience. The scope of this annex is limited to "Health Alerts" that convey the highest level of importance and warrant immediate action or attention. Health Advisories and Health Updates are

considered routine public health business and outside of the scope of this annex. (See Concept of Operations Section)

The Department of Health is the lead agency for Emergency Support Function 8 (ESF8). ESF8 notification responsibilities are documented in the Florida CEMP, ESF8 Annex, and not covered in this annex. If the State Emergency Response Team (SERT) ESF8 (Public Health and Medical) is activated, public health-related information may continue to be shared under the scope of this annex as or may be integrated into any SERT messaging processes.

II. Planning Assumptions

- When a public health threat or event occurs there is a need for the rapid dissemination of a health alert and/or notification information. Concurrently, the source of the information must be appropriately validated and authenticated prior to triggering a response or course of action.
- Information on public health threats or events may come to the attention of the department through a variety of sources. These sources may include, but are not limited to, the State Warning Office (SWO), the Division of Environmental Health surveillance systems, the Division of Disease Control surveillance systems, BioWatch, county health departments and partner agencies.

III. Concept of Operations

A. Notification Priorities for Health Alerts

Every Health Alert message must have a label which defines the criticality of the information being distributed. Florida uses the Centers for Disease Control and Prevention, Health Alert Network categories for health messages.

- **Health Alert** conveys the highest level of importance; warrants immediate action or attention
- **Health Advisory** provides important information for a specific incident or situation.
- **Health Update** provides updated information regarding an incident or situation.

B. Notification Process

- Information on public health threats or events may come to the attention of the department through a variety of sources. These sources may include, but are not limited to, the State Warning Office (SWO), the Division of Environmental Health surveillance systems, the Division of Disease Control surveillance systems, BioWatch, county health departments and partner agencies.
- Information related to a public health threat or event will be directed to the on-call Duty Officer (DO) for the Department of Health. The DO will verify the information using subject matter experts (SMEs) and by notification to the department's Emergency Coordinating Officer (ECO). The threat must be validated and authenticated prior to any additional notification of the event.

- Depending on the nature of the event, the DO and ECO may find it necessary to inform the State Surgeon General (SSG) about an unconfirmed, unverified event. This may include such things as unverified information which may have already reached the media or unverified information that has the potential to create extensive media interest if released. In these circumstances, it is critical for the ECO to inform the SSG about the validity of such information and current steps being taken at DOH to verify the information.
- Once an event or potential for an event of public health significance has been validated, the DO will notify the ECO. The ECO notifies the SSG and EMT.
- The EMT will authorize the dissemination of a Health Alert based on the circumstances of the situation.
- The FDENS Coordinator will assist the EMT and department FDENS Administrators with the distribution of emergency Health Alerts as required.
- The sharing of Health Alerts within the department will be disseminated using established department chain of command unless an alternative command structure is established by the DOH EMT.
- Each DOH division, Bureau, Office, CHD, CMS clinics, and the A. G. Holley State Hospital director is responsible for providing specific instructions regarding roles and responsibilities.

C. Activation

- Pursuant to the verification of the need for emergency notification as outlined above, this annex will be activated by the SSG or delegated EMT member.

D. Deactivation

- Pursuant to the de-escalation or mitigation of the threat or event after validating communications channels were established and the ESF8 structure was in place (if activated), this annex will be deactivated by the SSG or other delegated EMT member.

IV. Roles and Responsibilities

This section describes how the roles and responsibilities of the department's divisions, offices and staff will be organized by emergency management phases (preparedness, response, recovery and mitigation).

A. Preparedness

The following units and persons are responsible for taking action during the preparedness phase:

1. State Surgeon General

- Designates individuals responsible for sending Health Alerts on behalf of the Department of Health.

- Directs the EMT to inform and train their staff about the roles and responsibilities outlined in this annex.
- Ensures all personnel are registered in the department's Health Alert Network, currently FDENS.

2. Executive Management Team

- Ensures each Division, Bureau, Office, CHD, CMS clinic, and the A.G. Holley State Hospital are registered in the Health Alert Network for the Department of Health.
- Directs each Division, Bureau, Office, CHD, CMS clinics, and the A. G. Holley State Hospital director to inform staff about their roles and responsibilities outlined in this annex.

3. Office of Communications

- Participates in the development and coordination of alerts/messages.

4. All Directors/Administrators of Department Divisions/

Bureaus/Office/County Health Departments/CMS Clinics and A.G. Holly State Hospital

- Informs staff of each organizational unit about their roles and responsibilities outlined in this annex.
- Designates individuals responsible for authorizing the dissemination of Health Alerts within the organizational unit. .
- Designates FDENS Administrators in each organizational unit to be responsible for dissemination of Health Alerts.
- Develops and documents procedures for receiving and verifying information about public health threats and relaying that information to the DOH DO.

5. Division of Emergency Medical Operations (DEMO)

- Designate a DO for 24/7/365 availability. DO will maintain 24/7 phone numbers for Duty Office.
- Develops and maintains this annex and distributing information about the annex to DOH leadership.
- Develops and maintains standard operating procedures for the notification process and implementation of this annex.
- Designates an FDENS Coordinator and FDENS Backup Coordinator.

6. FDOH FDENS Coordinator

- Monitors FDENS infrastructure to maintain working status.
- At the direction of the EMT, will be available or delegates authority to distribute Health Alerts during a public health threat or event.

B. Response

The following units and persons are responsible for taking action during the response phase:

1. State Surgeon General

- Activates the DOH Emergency Operations Plan and associated annexes.
- Informs the Office of the Governor regarding the status and progression of all public health threats and events.

2. Executive Management Team

- Authorizes the dissemination of Health Alerts.
- Ensures notification procedures are being implemented within the reporting units or organizational chart for areas of responsibility.

3. Office of Communications

- Participates in the development of health alerts and messages.

4. All Directors/Administrators of Department Divisions/Bureaus/Office/County Health Departments/CMS Clinics and the A.G. Holly State Hospital

- Provides SMEs to develop and provide content of Health Alerts.
- Implements notification procedures with the reporting units or organizational chart for areas of responsibility.
- Authorizes the dissemination of Health Alerts and updates to local partners.

5. Division of Emergency Medical Operations (DEMO)

- **Duty Officer**
 - Receives information on public health threats or events.
 - Contacts SME with the department to validate and authenticate the information received.
 - Notifies and updates the DOH ECO as information is received.
 - Notifies and updates the SWO as information is received.
- **Emergency Coordinating Officer:**
 - Notifies and updates the SSG and EMT as information is received.
- **FDOH FDENS Coordinator:**
 - Assists the EMT and FDENS Administrators with dissemination of Health Alerts using FDENS.

C. Recovery

The following units and persons are responsible for taking action during the recovery phase:

1. State Surgeon General

- Deactivate the EOP and this annex.
- Direct the development of a DOH After Action Report and Improvement Plan.

2. Executive Management Team.

- Ensures departmental staff participation in the DOH After Action Report and Improvement Plan process appropriate to staff areas of responsibilities.
- Monitors implementation of Improvement Plans

3. Office of Communications

- Assures communication guidance and templates are updated and available.

4. All Directors/Administrators of Department Divisions/Bureaus/Office/County Health Departments/CMS Clinics and A.G. Holly State Hospital

- Completes After Action Reports and Improvement Plans as directed. Implement Improvement Plan.
- Support improvement process

5. Division of Emergency Medical Operations (DEMO)

- Coordinates the development of a consolidated and comprehensive After Action Report and Improvement Plan.
- The Division Director will submit these documents to the SSG Chief of Staff within 90 days of the deactivation of this annex .

6. FDOH FDENS Coordinator

- Continues to assist EMT and FDENS Administrators with dissemination of Health Alerts using FDENS.

D. Mitigation

The following units and persons are responsible for taking action during mitigation:

1. State Surgeon General

- Supports the improvement of the Emergency Notification process.

2. Executive Management Team

- Supports the improvement of the Emergency Notification process.

3. Office of Communications

- Provide communication guidance and update templates to reflect process improvements.
- Make available any templates that reflect process improvements.

4. All Directors/Administrators of Department Divisions/Bureaus/Office/County Health Departments/CMS Clinics/the A.G. Holly State Hospital

- Update related DOH alert systems (e.g. disease control, environmental health) to minimize, when possible, an events' ability to escalate to a public health emergency level.

Participate in the revision process of the Emergency Notification Annex.

5. Division of Emergency Medical Operations (DEMO)

- Revises the Alert and Notification Annex as indicated by exercise, incident and event insights.

6. FDOH FDENS Coordinator

- Assures that available FDENS orientation/training materials reflect 'lessons learned' in exercises, incidents and/or events.

V. Annex Review and Maintenance**A. Process Review and Maintenance**

The Division of Emergency Medical Operations (DEMO) will periodically review this annex in accordance with procedures found in "Guidelines for Creating and Maintaining DOH EOP Documentation".

VIII. Attachments

- A. Authorities & References
- B. Definitions & Acronyms
- C. Record of Document Review & Maintenance

ATTACHMENT A
Authorities and References

- **Chapter 381** of the Florida Statutes requires charges the Department of Health (DOH) with protecting the health of the state's citizens and visitors. This responsibility includes the implementation of programs for the prevention, control and reporting of diseases of public health significance.
- **Chapter 64D** of Florida Administrative Code states that certain communicable diseases and conditions which may have a significant affect on public health must be reported by practitioners, hospitals, laboratories, or other such individuals to the County Health Department (with jurisdiction). A list of reportable diseases and conditions can be found at www.doh.state.fl.us/disease_ctrl/topics/surv.htm (also see attachment).
- **DOHP 310-1-08** Department of Health, Office of Public Health Preparedness Health Alert Network Policy establishes the Department's Health Alert Network.

See DOH EOP for additional Authorities & References

ATTACHMENT B
Definitions/Acronyms

Alert: The delivery of an array of messages, with varying levels of significance.

CDC: Centers for Disease Control and Prevention

CEMP: Comprehensive Emergency Management Plan

CHD: County Health Department

CMS: Children's Medical Services

COOP: Continuity of Operations

DEMO: Division of Emergency Medical Operations

DOH: Department of Health

Duty Officer: The Department of Health's 24/7/365 Emergency Hotline monitor and liaison to the State Warning Office.

EMT: Executive Management Team

ECO: Emergency Coordinating Officer

EOP: Emergency Operations Plan

ESF: Emergency Services Function

FDENS: Florida Department of Health Emergency Notification System. FDENS is Florida's Health Alert Network (HAN).

FDENS Coordinator: The Department of Health's coordinator for the Florida Department of Health Emergency Notification System.

FDOH: Florida Department of Health

HAN: Health Alert Network is a national program, providing vital health information and the infrastructure to support the dissemination of that information at the State and Local levels, and beyond. The Centers for Disease Control and Prevention requires every state to have a HAN.

HAN Administrators: Personnel trained to manage and train a specific list of users within the HAN system.

Health Alert: A category of health message that conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: A category of health message that provides important information for a specific incident or situation.

Health Update: A category of health message that provides updated information regarding an incident or situation.

NRF: National Response Framework

NIMS: National Incident Management System

Notification Process: Dissemination of time-sensitive information that provides awareness of an action, current situation or condition to the recipient. Process of reporting an incident and next steps (assigned and implied) to appropriate parties; there may or may not be action required by all parties receiving the notification.

RERA: Regional Emergency Response Advisor

SERT: State Emergency Response Team

SME: Subject Matter Expert

SSG: State Surgeon General

SWO: State Warning Office is a twenty-four hour a day, seven day a week, three hundred-sixty-five (24/7/365) day a year communication center staffed by the Division of Emergency Management and located in the State Emergency Operations Center. It provides the people of the State of Florida with efficient and effective communications during normal periods as well as pre-and-post disaster periods and serves as the contact point in Florida for communications between local Governments and Emergency Agencies, State Government Agencies and the Federal Government.

ATTACHMENT C
Record of Document Review & Maintenance

| Activity | Date Completed | Person Responsible | Additional Comments |
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Field Descriptions:

Activity: Document the following activities in this record:

- Date Workgroup is Convened (and/or Reconvened for Annual Review)
- Date Updated Draft is Distributed to Stakeholders for Review
 - Comment Section should include:
 - Who Document was Distributed to
 - Method of Distribution e.g. Sharepoint site/email, hard copy
 - Summary of Changes (when applicable) e.g. convert to standard EOP format, integrate with revised NRP
- Date of Related Training(s)
- Date of Related Exercise(s)
- Date Call-Down List is Updated
- Date Document is Signed by State Surgeon General (when applicable)
- Date Document is Distributed to Stakeholders (for review or final distribution)
 - Comment Section should include:
 - List of Who Received Plan
 - Method of Distribution (e.g. Sharepoint site/email, hard copy)
- Date Document “Record of Review & Maintenance” Summary is Posted (update at least annually) Post to <insert external Sharepoint link here>.

Date Completed: Self-explanatory

Person Responsible: Current Document Owner or designee

Additional Comments:

Utilization of this field is left to the discretion of the document owners & related workgroup.