



**EMERGENCY SUPPORT FUNCTION 8  
PUBLIC HEALTH AND MEDICAL  
STANDARD OPERATING PROCEDURE**

Florida Department of Health,  
Bureau of Preparedness and Response

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## I. PURPOSE

Emergency Support Function 8 (ESF-8) is one of 18 Emergency Support Functions that comprise the State Emergency Response Team (SERT). ESF-8 is responsible for coordinating the public health and medical components of a state-level response. Appendix VIII to the State Comprehensive Emergency Management Plan (CEMP) describes ESF-8s core missions, agency level responsibilities and operational objectives. This Standard Operating Procedure (SOP) describes how ESF-8 operates and is organized to fulfill the missions set-forth in the CEMP.

The basic ESF-8 functions carried out during a response are essentially the same for any hazard and follow the Incident Command System concepts. The purpose of this SOP is to describe the operational functions, organization, core processes, and position responsibilities of ESF-8 during all-hazards response. The Department of Health (DOH) is the lead agency for ESF-8. DOH maintains internal plans for core functional areas that are implemented during ESF-8 activations. This SOP describes the linkages to other functional plans that may be utilized for an ESF-8 response.

This SOP documents and describes ESF-8 response procedures and processes and should be utilized for any response in which ESF-8 is activated by the SERT.

The processes, actions and responsibilities described in this SOP are relevant for the response phase of the emergency management cycle. During the response phase, staff transitions from day to day business functions to incident management structure. This SOP primarily addresses State-level ESF-8 activities as a part of the State Emergency Response Team.

If circumstances dictate, the Florida Department of Health may activate an Incident Management Team to manage a public health emergency without the activation of the State Emergency Response Team. In that situation, the DOH Incident Commander may activate components of this SOP to aid in the Department's response.

## II. SITUATION

The purpose of this SOP is to provide clear guidance for staff who are expected to perform specific duties within the pre-structured ESF-8 Incident Management Team. The SOP also includes requirements for position-specific training for ESF-8 personnel, which is designed to:

- Maintain coordinated situational awareness to promote effective response support.
- Enhance performance during response.
- Provide accountability for incident resources, including personnel, to promote responder safety, enhance fiscal accountability and reduce legal liability resulting from response activities.
- Ensure appropriate incident documentation for after-action reports and improvement plans, and incident cost accounting and reimbursement.
- Establishes processes that can be repeated and institutionalized.

### **III. ASSUMPTIONS**

Florida's emergency management operating environment is established in Florida Statute 252 and fully described in the State of Florida CEMP. State ESF-8 operates in support of the State Emergency Response Team and under the assumptions set forth in the CEMP.

State ESF-8 has adopted the following additional planning assumptions:

- State ESF-8 is a component of the SERT and follows the direction established by the SERT for response actions.
- State ESF-8 is more effective in achieving its core missions with documented plans and procedures that all response staff have been trained and exercised on.
- Situations will occur that require deviation from plans and procedures. In those instances the Emergency Coordination Officer (ECO) provides direction for actions to be taken based on recommendations from Command and General Staff and Technical Specialists.
- State ESF-8 may be activated with little or no notice.

### **IV. AUTHORITIES**

F.S. 252.35 requires the development of a State Comprehensive Emergency Management Plan.

# V. CONCEPT OF OPERATIONS

ESF-8 is a part of the larger State Emergency Response Team (SERT) which is responsible for responding to incidents in Florida under the authority of the Governor. The SERT supports state agency operations and local jurisdictions in response to an emergency or incident. ESF-8 serves at the direction of the State Coordinating Officer and supports objectives established by the SERT. The SERT operates in the State Emergency Operations Center (SEOC) in Tallahassee which serves as the central coordinating point for a state-level response. This ESF-8 SOP is automatically activated upon an activation of ESF-8 by the SERT. The ECO determines additional plans and procedures to be activated for each incident.

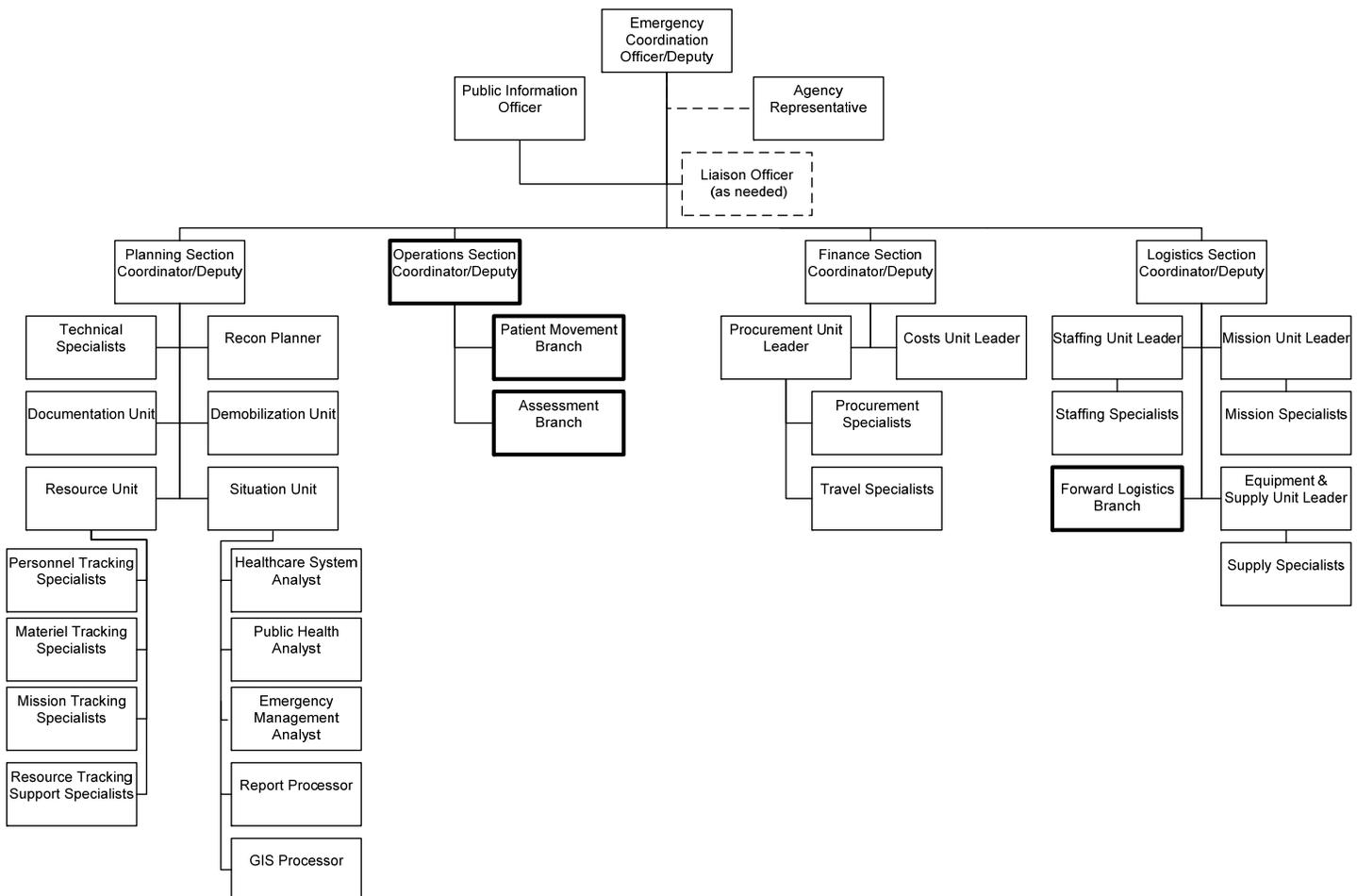
## 1. General ESF-8 Incident Management Team (IMT) Operating Procedures

### a. State ESF-8 Incident Management Structure:

ESF-8 is organized using Incident Command System principles. This structure is designed to coordinate resources and provide support rather than provide on-scene incident management.

An Emergency Coordination Officer leads ESF-8 and is supported by four sections: Planning, Operations, Finance and Logistics. The Sections are led by Section Coordinators with subordinate reporting units. The term coordinator is used because State ESF-8 functions in a support role not a command role. (See Attachment A: State ESF-8 Incident Staffing Plan)

**Note- Bolded boxes are only activated as needed. See Operational Procedures on Page 32 for more information.**



## **b. IMT Work Locations**

ESF-8 operates from two primary locations, the State Emergency Operations Center and the Department of Health Office Buildings at the Capital Circle Office Complex in Tallahassee.

The SEOC is where the Emergency Coordination Officer and Section Coordinators work. It is the primary coordinating point for State ESF-8. From the SEOC, ESF-8 staff can coordinate with other ESFs, SERT leadership and participate in SERT planning activities.

The SEOC is equipped with workspaces for ESF-8. Each workspace has a computer with network access, printing capability, and telephone. Access to copy machines, fax machines, satellite telephones, mapping and GIS systems, meeting space and break facilities are available in the SEOC.

Workspaces in DOH buildings are established to augment the work in the SEOC when the response requires more staff than can feasibly work in the SEOC. These auxiliary workspaces house units within the Planning, Operations, Logistics, and Finance Sections. Guidelines to establish ESF-8 workspace in DOH buildings is described in the Logistical Procedures portion of this SOP.

When it is necessary for ESF-8 to divide work locations between the SEOC and DOH buildings, it is important that lines of communication be established to assure the timely exchange of information. Each section has a designated Deputy Section Coordinator that is responsible for the communication between facilities.

Should situations arise that force the State Emergency Operations Center to move to an alternate location, ESF-8 will relocate as a part of the SERT. The SERT has designated Camp Blanding in Starke, FL and the State Logistics Response Center in Orlando, FL as alternate locations. However, other locations may be identified based on the incident.

## **c. IMT Operating Hours**

State ESF-8 follows the operational schedule established by the SERT. Standard shifts for the State Emergency Operation Center are twelve hour shifts from 7am to 7pm and/or 7pm to 7am. Some positions in the ESF-8 structure may not be required to report for a full twelve hour shift. IMT staff are expected to arrive promptly at the beginning of their shift to sign in and receive a shift-change briefing. Some shifts may require overlap with the incoming shift.

When there are multiple shifts, the outgoing personnel are responsible for briefing their incoming counterparts on previous shift events and pending actions. Shift change briefings should include:

- Situation update.
- Current assignments, tasks and deadlines.
- Issues and un-met needs.

During 24-hour operations, ESF-8 staffs a night shift with the necessary functions to carry-out ESF-8 missions. Staff designated as alternates for a position may be used to fill the night-shift roster. The number of days in an activation cycle vary based on the needs of the response. Typical activation cycles are twelve days with a 48 hour break in activation. Activation cycles may overlap with routine work assignments and should be adjusted as necessary.

ESF-8 makes all efforts to minimize the number of hours staff work in an activation shift. Staff who have completed their duties/missions may be demobilized or temporarily released from the response. Section Coordinators should adjust section staffing based on needs.

#### d. IMT Communication Procedures

The Emergency Coordination Officer establishes the process for internal communication among ESF-8 staff and the mechanisms for communication.

During response, it is imperative that staff within the ESF-8 structure be able to easily and effectively communicate both verbally and in writing. Since staff rotates through the response structure during the incident, communication points should be position/function specific rather than person specific.

ESF-8 staff should adhere to the following general communication practices when activated:

- Follow ICS communication principles by using plain, clear and concise language.
- Assure urgent communications are promptly addressed. Discussing issues face-to-face or by telephone may be more efficient than email regarding urgent issues.
- Assure messages support and align to the overall messages and direction from leadership.
- Use position/function communication points rather than individual points of contact. (i.e. ESF-8 mailboxes).

In order to facilitate this, ESF-8 has established a series of ESF-8 email accounts, websites and contact lists. These email accounts are used for internal communication between ESF-8 sections and when information is disseminated from ESF-8 to public health and medical partners.

The ESF-8 email accounts are:

- [StateESF8.Planning@flhealth.gov](mailto:StateESF8.Planning@flhealth.gov)
- [StateESF8.Operations@flhealth.gov](mailto:StateESF8.Operations@flhealth.gov)
- [StateESF8.FIN-ADM@flhealth.gov](mailto:StateESF8.FIN-ADM@flhealth.gov)
- [StateESF8.Logistics@flhealth.gov](mailto:StateESF8.Logistics@flhealth.gov)
- [StateESF8.LogStaffing@flhealth.gov](mailto:StateESF8.LogStaffing@flhealth.gov)
- [Esf8@em.myflorida.com](mailto:Esf8@em.myflorida.com)

EM Constellation is the SERT's mission tasking and tracking system, as well as a portal for information sharing. It is the primary source for distributing documentation to response partners across the SERT and at the local level and documenting response actions.

All high-level response actions must be documented in EM Constellation for accountability and reimbursement. The Logistics Section is responsible for assuring missions are entered for ESF-8.

To aide in centralized communication, ESF-8 maintains a dedicated network directory for all IMT personnel to store incident related documentation. The directory is accessible to anyone with access to the Department of Health Network. Steps to access the directory are:

- Open Windows Explorer (one method = Click on "My Computer" icon).
- Choose "MAP NETWORK DRIVE".
- Where it indicates "drive", select an available letter.
- Specify the drive letter for the folder you want to connect to (Note: usually the ESF-8 drive is mapped to "Z").
- Where it indicates "folder" type <\\dr.doh.ad.state.fl.us\dr>.
- Click finish.
- Then you will have access to the ESF-8 Events folder (as well as others).
- There is a place in the ESF-8 Events folder for each ESF-8 event.
- In that folder is an event specific file to be utilized for that event.

Information dissemination is a key part of coordination during an incident response. It is the responsibility of State ESF-8 to assure public health and medical related plans, FAQs, guidance documents and reports reach the appropriate stakeholders. The State Planning Section is responsible for distributing incident-related documentation.

ESF-8 operates under the following assumptions related to information dissemination:

- Only final and approved documents are distributed.
- The State ESF-8 Planning Coordinator or Deputy must authorize the distribution of documents on behalf of State ESF-8. They may delegate this responsibility to unit leaders within the Planning Section.
- Documents should contain a last update date, version number and contact information for questions, concerns or comments.
- Documents should be distributed via three primary venues: email, EM Constellation and internet.

#### Email Distribution

- Documents distributed by email should be sent from the StateESF8.Planning mailbox.
- Senders should utilize DL StateESF8.Event to distribute documents to the broadest scope of public health and medical stakeholders.
- Information specifically to County Health Departments should be sent to DL DOH CHD ADMINISTRATORS\_DIRECTORS.
- Emails should be signed with the name and ESF-8 position of the sender.
- Emails should reference the EM Constellation mission number where the information is posted if applicable.

#### EM Constellation

- Finalized ESF-8 documents should be posted to an EM Constellation Information Message.
- The content of the message should include a brief description of the attached document.
- Contact information should be included.

#### Briefings

- Briefings should be concise and limited to pertinent information.
- Written briefings should be limited to one page.
- Briefings should convey validated and accurate information.
- ESF-8 should follow the SERT format of: current operations, future plans and unmet needs during SERT briefings. (See Attachment B: Leadership Briefing Template)

#### Other Electronic Notification Systems

- Other systems may be used to disseminate information regarding activation and notification (i.e. SERV-FL). These systems should be used in accordance with plans and procedures.

### **e. IMT Personnel Training and Credentialing**

ESF-8 responders receive training and exercise opportunities to prepare them for response. This assures they understand and can apply the procedures documented in this SOP.

Training assures responders can meet a set of core competencies necessary to perform their roles during activations. Specific training objectives for this SOP are documented as a part of the Multi-Year Training and Exercise Plan.ESF-8 has adopted the National Incident Management Systems (NIMS) ICS Core Competencies for responders:

1. Assume position responsibilities.
2. Lead assigned personnel.
3. Communicate effectively.
4. Ensure completion of assigned actions to meet incident objectives.

## 2. Command and Coordination Procedures

Command and Coordination activities within the ESF-8 IMT are the responsibility of the Emergency Coordination Officer, Deputy ECO, Liaison Officer and the Agency Representative. The Command Staff coordinates with SERT and DOH Executive Leadership on incident objectives and policy issues. They are also responsible for coordination with local, interstate and federal ESF-8 partners.

### a. Overview of Command Position Responsibilities and Functions

#### Emergency Coordination Officer (and Deputy)

- Establish incident priorities and objectives for State-level ESF-8 response.
- Establish an appropriate organization for the response.
- Coordinate with the SERT Chief on behalf of ESF-8.
- Communicate incident status to DOH Executive Leadership.
- Establish area of operations and operational periods for ESF-8 to coincide with the SERT.
- Assure necessary supplemental executive orders and agency emergency orders are in place to authorize response actions.
- Oversee, manage, and evaluate Command and General Staff.

#### Liaison Officer

- Coordinate with other ESFs and agency representatives on issues impacting public health and medical response activities.
- Coordinate with the ECO regarding concerns and issues from other agencies or emergency support functions.
- Monitor incident operations to identify current or potential inter-agency problems.

#### Agency Representative

- Provide periodic ESF-8 situational briefing to DOH Executive Leadership.
- Advise on response issues impacting the respective agency.
- Communicate DOH Executive Leadership briefing summaries to EOC.
- Communicate Leadership priorities to IMT.

Additional position specific information is available in Attachment C: State ESF-8 Position Checklists.

### b. Initial Activation of State ESF-8

The SEOC is responsible for effectively monitoring and responding to threats and actual emergency situations for the State of Florida. It is activated 24 hours a day, seven days a week and 365 days a year at one of three levels:

- *Level 3 Monitoring:* Normal conditions, monitoring by the State Watch Office.
- *Level 2 Partial Activation:* The SERT is activated but may not require the full activation of every Emergency Support Function (ESF).
- *Level 1 Full Activation:* The SERT is fully activated to conduct response and recovery operations.

ESF-8 may be activated at a Level 2 or Level 1 Activation of the SERT depending on the size, scope and scale of the incident. The SERT Chief determines which emergency support functions are necessary. If the SERT Chief determines it is necessary for ESF-8 activation, he/she notifies the designated primary and alternate Emergency Coordination Officer for ESF-8 and the DOH/ESF-8 Duty Officer via the most logical means of communication (email, phone). Once ECOs are notified, the SERT conducts an initial incident briefing to provide situational awareness information to the ESFs and establish incident priorities.

Initially, personnel from the Department of Health (DOH) activate to coordinate ESF-8 activities and are organized under a multi-agency coordinating structure led by the ECO. A trained cadre of DOH staff is pre-identified for positions within the ESF-8 structure and may be activated with little or no notice. Staff may be notified of activation through direct personal contact, by telephone or through SERV-FL, the approved FDOH emergency alert-notification system.

The ECO and Command and General Staff who attend the initial SERT briefing determine appropriate response structure needed for State ESF-8 based on the size, scope and scale of the incident.

The ECO is responsible for the initial activation of ESF-8 and has delegated the DOH/ESF-8 Duty Officer to initiate the process. The ECO or designee notifies pre-identified staff for the following positions to attend an initial incident briefing at the SEOC to obtain better situational awareness and determine next steps for State ESF-8 activities:

- Deputy ECO
- Liaison Officer
- Planning Coordinator
- Logistics Coordinator
- Operations Coordinator
- Finance Coordinator

The ECO or designee alerts the members of the initial notification team with instruction to report to the briefing. If a pre-identified member of the initial activation team is unavailable or does not acknowledge receipt of the activation notice, the alternate staff person identified for the position is activated to report. However, under ICS guidelines, if a position cannot be filled the supervisor/coordinator assumes that function.

**Note: In an advance notice situation, State ESF-8 will pre-identify staff and not alerted via SERV-FL.**

The initial activation team includes the following positions in the State ESF-8 structure:

- Agency Representative
- Public Information Officer
- Deputy Planning Coordinator
- Deputy Logistics Coordinator
- Situation Unit Leader
- Resource Unit Leader.
- Documentation Unit Leader
- Technical Specialists Coordinator
- Medical Director (Technical Specialist)
- Demobilization Unit Leader
- Mission Unit Leader
- Staffing Unit Leader
- Procurement Unit Leader

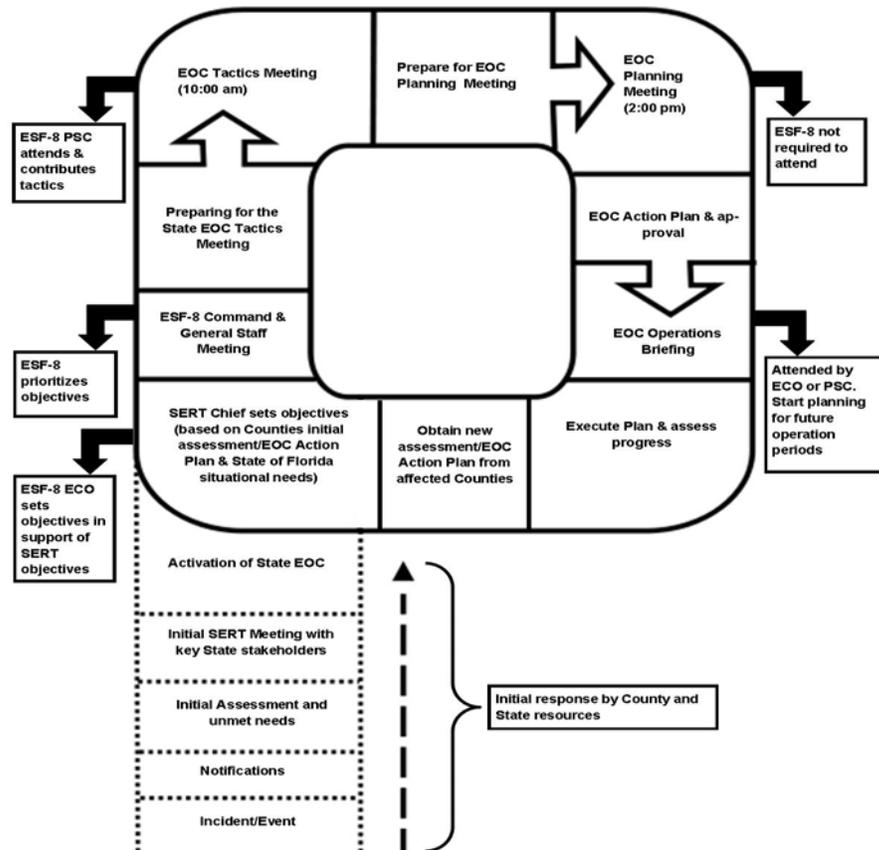
The ECO or a designated representative of the Command Staff briefs the initial activation team on the incident and provides direction for next steps of response activities for State ESF-8.

Section Coordinators provide a list of staff notified and briefed to the Resource Unit Leader and Staffing Unit Leader.

Section Coordinators may release staff to return to day-to-day responsibilities or request additional staff using procedures established in the Staff Activation and Deployment section of this SOP. The Staffing Succession Plan can be located in Attachment A: State ESF-8 Incident Staffing Plan.

**c. EOC Action Plan**

ESF-8 follows the principles of the planning cycle set-forth by the Incident Command System known as the “Planning P”. This cycle addresses initial response planning and on-going response activities. The State ESF-8 “Planning P” is displayed below.



EOC Action Plans are used by State ESF-8 at the SEOC. These plans are used in place of an Incident Action Plan (IAP). IAPs are used primarily for field based operations. Since State ESF-8 primarily provides resource supports and coordination, the EOC Action Plan was adopted. EOC Action Plans establish incident objectives and provide direction for response action during the operational period.

ESF-8s EOC Action Plan typically covers a 12 to 24 hour operational period but may be modified based on the nature of the response. ESF-8 operational periods coincide with those established by the SERT.

During responses, ESF-8 conducts a planning meeting for each operational period. During the planning meeting, the ECO establishes operational objectives for ESF-8 for the operational period. The ESF-8 operational objectives support the SERT EOC Action Plan. Updates to ESF-8 objectives are provided during the Branch Planning Meeting for update in the EOC Action Plan.

In order to establish realistic and valid objectives for ESF-8, the ECO must have an understanding of the incident and its impact of the public health and medical system. The Planning Section provides this information to the ECO through real-time incident assessment, situation analysis, validation and forecasting of potential impacts and resources needs, and providing historical data from similar responses.

The Planning Coordinator schedules and conducts the State ESF-8 EOC Action Plan meeting. Required attendees to this meeting are:

- ECO and Deputy
- Agency Representative
- Liaison Officer
- Planning Coordinator
- Situation Unit Leader
- Resource Unit Leader
- Operations Coordinator
- Logistics Coordinator
- Finance Coordinator
- Technical Specialists (as specifically requested by the ECO)

ESF-8 EOC Action Plan meetings should be limited to 30 minutes. The standard ESF-8 EOC Action Plan Meeting agenda is:

#### **State ESF-8 EOC Action Plan Meeting Agenda**

- Bring Meeting to Order, Conduct Formal Roll Call, Review Ground Rules, Agenda, and Desired Outcome- Planning Section Coordinator.
- Opening Remarks- ECO.
- Situation Briefing- Situation Unit Leader.
- Critical Resource Report- Resource Unit Leader.
- Review and Update Incident Objectives- ECO and Planning Section Coordinator.
- Logistics Issues and Concerns- Logistics Section Coordinator.
- Potential Problems and Considerations- Planning Section Coordinator.
- Public Information Update- Public Information Officer (as needed).
- Stakeholder Concerns- Liaison Officer (as needed).
- Financial Update- Finance Section Coordinator.
- Finalize EOC Action Plan/Final Remarks- ECO.
- Provide Meeting Schedule/Close Meeting- Planning Section Coordinator.

Sections and units should conduct tactical meetings as necessary to prepare for the EOC Action Plan meetings and determine incident courses of action. This cycle is on-going and repeated for each operational period. The incident objectives are adjusted by the ECO as necessary as impacts to the public health and medical system change. Each section of the ESF-8 structure is responsible for executing the objectives assigned to them. The Planning Section monitors the status of the objectives and reports on their status as a part of the situation report. (See Attachment D: EOC Action Plan Template)

#### **d. Transfer of Command**

Personnel staffing for Command and General Staff positions will occur during a protracted response. While this is a primary responsibility for the ECO, all personnel are expected to ensure the effective transfer of command. Accordingly, outgoing IMT staff must brief the in-coming replacement staff member to promote effective flow of work and transfer of command. Whenever possible, ESF-8 transfer of command briefings should take place face-to-face and shall include the following components:

- Situation status.
- Incident objectives and priorities based on the SERT EOC Action Plan.
- Current organization.
- Resource assignments.
- Resources ordered and en route.
- Incident facilities.
- Incident communications plan.
- Incident prognosis, concerns, and other issues.
- Introduction of Command and General Staff members.

#### **e. Coordination with Agency Executives**

State ESF-8 is made up of multiple agencies with various public health and medical responsibilities. During an incident, each agency has a role to assure that the matters within their statutory authority are addressed and their primary responsibilities must be maintained. State ESF-8 serves as a coordinating point under the SERT to represent all health and medical agencies within Florida.

State ESF-8 identifies and activates Agency Representatives to serve as the link between State ESF-8 and agency level executive leadership. The Agency Representative(s) provides information regarding the incident to executives through daily (or more frequent) briefings. Agency Executives may utilize this briefing to provide both strategic direction and current concerns that have been received from their respective constituencies. ESF-8 utilizes a one-page briefing template to provide agency executives with the most pertinent information regarding the incident. (See Attachment B: Leadership Briefing Template)

The Agency Representatives may also provide direction on the use of agency resources during response, handle policy level issues within the scope of the agency, and make decisions on behalf of the executive staff when needed.

#### **f. Coordination with Federal ESF-8**

The National Response Framework authorizes the federal government to assist state and local jurisdictions through funding, resources and critical services during disasters. When the need for federal assistance is anticipated, the Governor may request a Presidential Declaration. The Presidential Declaration authorizes federal support to a state response.

Federal coordination and integration into a Florida response is managed by the State Coordinating Officer, as the authorized representative for the Governor. The State Coordinating Officer is the direct liaison to the Federal Coordinating Officer and the FEMA Regional Director. Federal ESF-8 is a component of the federal response. State ESF-8 coordinates with Federal ESF-8, on behalf of the SERT, to accomplish the following objectives:

- Augment State ESF-8 resource shortfalls (actual or anticipated) to meet local needs through the fulfillment of a Resource Request Form (RRF).
- Integrate command and control functions of Federal ESF-8 resources deployed to Florida.
- Establish a common operating picture through integrated state and federal situational awareness.
- Provide coordinated technical guidance related to public health and medical response actions.

The designated Regional Emergency Coordinator (REC) from the U.S. Department of Health and Human Services, serves as the central coordinating point between State ESF-8 and Federal ESF-8 systems. The REC acts as a liaison between the State and Federal ESF-8 to carry out the stated objectives.

The state requests the deployment of the REC to the State Emergency Operations Center to be co-located with the State ESF-8 team when the ESF-8 ECO anticipates a need for federal support. The state must complete an RRF as a part of the deployment process.

#### Augmentation of State Resource Shortfalls

When the state is unable to fulfill a mission, federal resources may be requested to augment response efforts. Any request for Federal ESF-8 resources must be coordinated through the SERT and approved by the State Coordinating Officer or his/her delegate.

ESF-8 requests resources through mission-based requests using RRFs. Mission based requests identify the objective to be accomplished rather than specific assets. Federal ESF-8 determines the appropriate federal resource to accomplish the mission identified by the state. RRFs are completed by the Logistics Section Coordinator in coordination with the Planning Section Coordinator. (See Attachment E: FEMA Resource Request Form)

#### Integration of Command and Control Functions

When Federal ESF-8 resources are deployed to a response, Federal ESF-8 deploys an Incident Response Coordination Team (IRCT). The IRCT is the field-based command structure for Federal ESF-8 assets. The IRCT is scalable to meet the demands of the incident. The IRCT coordinates the activities of all Federal ESF-8 resources in conjunction with the SEOC.

The functions of the IRCT include:

- Provides liaisons in the field to coordinate with jurisdictional, Tribal, or State incident management.
- Provides the field management and coordination for deployed HHS and other Federal ESF-8 assets to integrate those assets with the state and local response.
- Assesses the requirements or potential needs for HHS and Federal ESF-8 assistance.
- Provides continuous assessment of the adequacy of the HHS and Federal ESF-8 response to HHS leadership.
- Represents Federal ESF-8 in the Joint Field Office and the Regional Response Coordinating Center.

- Provides data management and information processing services for Federal ESF-8. This includes the development of EOC Action Plan and Situational Reports for the Federal ESF-8 response.
- Acts as the conduit for incident information exchange between the HHS Secretary's Operations Center and the field (via the IRCT Leader).

The placement of the IRCT should be coordinated with State ESF-8 to the extent possible. Florida prefers that the IRCT be co-located with the State ESF-8 team to coordinate efforts and response action in support of local needs.

#### Establishing a Common Operating Picture

It is important that State and Federal ESF-8 officials have a common understanding of the public health and medical systems during response. This can be accomplished through coordinated situational awareness.

Florida requests Federal ESF-8 deploy a liaison officer to embed in the State ESF-8 Situation Unit to coordinate federal and state situational awareness. The liaison officer should be able to:

- Provide intel to State ESF-8 gathered through the Federal systems.
- Triage information requests to Florida from Federal ESF-8.
- Assist in analyzing information to determine state and federal impacts.
- Inform federal officials of the status of Florida's public health and medical system utilizing coordinated information.
- Support standardized reporting timeframes.

Additionally, Florida requests any federal assessments of the public health and medical system be completed in conjunction with local and state assessment efforts. When possible, assessment teams should be comprised of local, state and federal representatives to minimize duplication of efforts and to ensure coordinated findings.

#### Providing Coordinated Technical Guidance

Local ESF-8 systems may request technical guidance on public health and medical response actions. It is critical that state and federal guidance be coordinated. State ESF-8 may request subject matter expertise from federal stakeholders to ensure alignment of state and federal guidance.

When needed, State ESF-8 coordinates requests for subject matter expertise through the REC.

#### **g. Coordination with Interstate ESF-8 Partners**

During incidents that impact multiple states, Florida coordinates with other states to the extent possible on response actions, resources identification, public messaging and situational awareness. This is done via two primary groups (but may be done on a state to state basis):

- Region IV ESF-8 Unified Planning Coalition (UPC)
- Association of State and Territorial Health Officials

Florida utilizes the Emergency Management Assistance Compact (EMAC) to acquire resources from other states to aid in response. EMAC is coordinated through the State Emergency Response Team.

When resources are needed through EMAC, the Logistics Section Coordinator, in coordination with the Planning Section Coordinator, completes a Requisition-A form to identify the resource need. The Req-A is processed by the Logistics Section of the SERT to complete the EMAC process. Other mutual aid agreements may be utilized as appropriate.

#### **h. Public Information**

During crisis, there is immediate and continuous demand from staff, the public, leaders, media and other stakeholders for accurate information. To optimize the department's credibility and effectiveness during emergencies, the Public Information Officer (PIO) serves as the coordination point for public information.

This ensures that comprehensive, timely, and accurate information is developed and disseminated, utilizing the processes and protocols of the DOH Crisis and Emergency Risk Communication (CERC) Annex to the DOH EOP. Audiences include:

- Health Care Providers/Facilities
- Response Partners
- Government Officials/Policy Makers
- General Public
- Media Outlets
- DOH Personnel

In addition, the PIO consistently monitors media, gathers information, and promptly identifies and addresses rumors through the use of various tools, including social media. If an incident requires activation of the SERT, the PIO also supports ESF-8 and Emergency Support Function 14 (ESF-14) or other forms of a Joint Information Center/Joint Information System (JIC/JIS) that are formed. The Public Information function is scalable as necessary to address all communication requirements associated with an incident.

### **3. Planning Procedures**

The Planning Section is responsible for collecting, evaluating, disseminating, and using information about the incident and the status of resources to understand the current situation, predict probable courses of incident events, and prepare alternate strategies for the incident.

#### **a. Overview of Planning Section Responsibilities and Functions**

The ESF-8 Planning Section is comprised of a Planning Section Coordinator, Deputy Section Coordinator, Situation Unit, Resource Unit, Documentation Unit, Demobilization Unit, Recon Planner and Technical Specialist Coordinator.

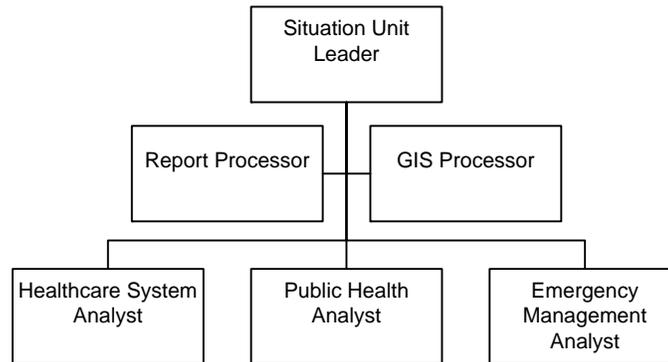
##### Planning Coordinator (and Deputy)

- Supervise preparation of the EOC Action Plan to include conducting and facilitating ESF-8 planning meetings.
- Provide planning support (e.g. incident briefings) for Section Coordinators and ECO as needed.
- Establish information requirements and reporting schedules for Planning Section.
- Coordinate with SERT Planning to integrate ESF-8 issues into SERT planning activities.
- Provide contingencies for the current and future operational periods.
- Forecast 72 hours and beyond operational incident probabilities and threats.
- Support operations with the development of tactical incident plans as needed.

- Develop contingencies for which ESF-8 should be prepared to respond to based on the situation.
- Oversee, manage and evaluate the Planning Section.

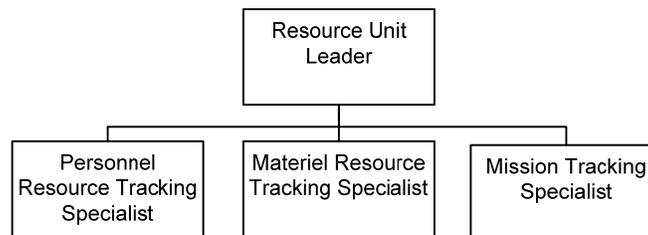
### Situation Unit

- Maintain situational awareness of the response by gathering and analyzing information from the SEOC, impacted counties, technical specialists, field observers, federal partners and historical data.
- Compile and display incident status information.
- Establish special information collection activities as necessary (e.g. epidemiology, environmental health, vulnerable populations, etc).
- Prepare, post, and disseminate resource and situation status information as required, including special requests.
- Prepare periodic assessments and predictions as requested.
- Assure the Planning Coordinator has regular updates of the current situation.



### Resource Unit

- Produce and maintain critical resource list for each operational period.
- Produce and maintain incident organization rosters (ICS 203).
- Forecast additional resource deployments and shortfalls.
- Maintain and display the current status and location of all resources in coordination with the Situation Unit.
- Track all resources assigned to the response to include personnel and material resources both deployed to the impact area and utilized for the state response.
- Receive status updates daily from deployed personnel.
- Advise the Planning Coordinator on any actual or potential resource shortages, lost or missing resources, and/or resources nearing the end of their deployment period.
- Provide standard and Ad Hoc Reports on resource usage, availability, and shortfalls.
- Assure the Planning Coordinator has regular updates of resource status.



#### Documentation Unit (Staffed as needed)

- Maintain incident records.
- File all official forms and reports.
- Review records for accuracy and completeness; inform appropriate units of errors or omissions.
- Provide documentation as requested to members of the State ESF-8 structure.
- Assist other units with routing documents for approval.

#### Demobilization Unit

- Develop phased plans for demobilization of State ESF-8 to include deactivation of staff and recovery of deployed resources.
- Review incident resource records to determine the likely size and extent of demobilization effort.

#### Recon Planner (Staffed as needed)

- Assist in the development of the SERT Unified Data and Targeting Plan.
- Input/triage reports from Assessment Team(s), local ESF-8 personnel or other agencies.
- Track the location and status of Assessment Team(s) or local ESF-8 personnel that are deployed and provide the information to ESF-5 as requested.
- Alert ECO and/or Plans Coordinator of time sensitive/critical information gathered by the SERT Recon Planning Unit.

#### Technical Specialists Coordinator

- Activates technical specialists as needed.
- Communicates with technical specialists to assure incident objectives are supported by subject matter expertise.
- Communicates issues and concerns identified by technical specialists to the appropriate parts of the organization structure.
- Assists technical specialists in achieving their coordination, and communication with the proper units of the incident organization.
- Documents incident specific information on the use of any technical specialist.
- Work with Section Coordinators to assure that Section staffing rosters include activated technical specialists.

Additional position specific information is available in Attachment C: State ESF-8 Position Checklists.

### **b. Situation Monitoring and Reporting**

The Situation Unit is the focal point for information collection, analysis, and dissemination. The effective operations of the ESF-8 organization depend on the shared knowledge of the current situation and potential future impacts referred to as situational awareness. Situational awareness is the compilation and analysis of information on the impact or potential impact of a specific hazard, the vulnerabilities within the area of impact, the availability of resources within the area of impact and surrounding areas of support, the description of actions taken to date, and prediction of future needs.

The Situation Unit harvests information from the entire organization, validates the accuracy of the information, and widely shares the compilation of this information in a way that supports incident decision making.

The analyses done to provide this information include:

- Understanding the incident.
  - Define the specific elements and sets a framework for the type, scope, severity, and duration of the impacts that are likely to occur.
  - Provide for the identification of specific health and medical infrastructure systems and facilities that may be evacuated, severely damaged, or otherwise incapacitated by the incident.
  - Identify the continuum of care issues that could affect the defined vulnerable populations.
  - Identify, if the situation exists, historical footprint as a model to provide a record of the public health and medical impact.
  - Identify the demographic of impacted populations and any aberrations.
- Defining the area of operations.
  - Describe the specific land areas impacted by the incident.
  - Allow forecasting of potential impact of injuries, treatment, and system demands that may result from the incident.
  - Provide a view of the entire health care system capacity in the area of operations, including specific medical facilities that have been or may be affected.
  - Portray the infrastructure support capacity, equipment and supply capabilities, road and transport availability, and potential contingency resources.
  - Identify unique environmental conditions (i.e. flood plain).
- Identifying actual or potential infrastructure impacts on public health and medical system.
  - Identifies the key infrastructure and support infrastructure to understand where potential problems may occur for the public health and medical system.
- Understanding the health care system in the area of operations.
  - Describe the health care systems infrastructure and its current and projected need to meet the health care demands of the incident.
  - Provide a detailed look at the current census, status, and patient demographic of the health care system capacity within the project area of operations.
  - Yield specific details on the health care system continuum of care capacity that may have evacuated and/or are otherwise not available.
  - Identify locations where augmented or alternate care systems could be established.
- Identifying and forecasting impacts of local protective actions.
  - Identify what type and where protective actions are occurring.
  - Identify numbers and locations where populations are sheltered and any vulnerability contained within the sheltered group.
- Forecasting and validating resource needs.
  - Project what type of resources and facilities are necessary to complete carry-out operational objectives.
  - Identify potential shortfalls in resources.
  - Identify potential recovery actions.

To assist with information gathering, the Situation Unit identified basic essential elements of information (EEI) and sources for the information for specific incidents. For more information, reference the State ESF-8 Incident Response Playbooks.

EEI are a starting point for acquiring data at the beginning of the first operational period. Not all EEIs are relevant to a particular incident. The Planning Section Coordinator and Situation Unit Leader confer to determine relevant EEI for the upcoming operational period.

EEIs evolve and change based on operational events and decisions. EEI may be provided to other units for their planning consideration as determined by the Planning Section Coordinator.

The Situation Unit is responsible for the collection, validation, analysis and dissemination of incident information in narrative and graphic portrayals for the purposes of:

- Developing Situation Awareness factors and data.
- Describing the current situation.
- Describing incident actions that have been taken.
- Predicting possible impacts of future conditions on operations.

The Situation Unit evaluates EEI data and the timing of data input and data update or refresh periods. The Situation Unit provides an analysis of EEI data as input into Ad Hoc Reports, the Situation Report, and/or interim briefing requirements.

All Situation Unit deliverables must be available based on timelines established by the Planning Section Coordinator for the incident. The Situation Unit is responsible for developing and disseminating the following deliverables during each operational period:

- Situation Report. (See Attachment F: Situation Report Template)
- Incident Displays.
- Incident Map for EOC Action Plan.
- Standard Reports.
- Ad Hoc Reports.

Analysts prepare standard or Ad Hoc Reports which have details on the key indicators for the event. GIS Technical Specialists convert data reports into maps and charts that visually boost rapid understanding for decision makers.

Situation reports are typically prepared twice daily at 0600 and 1800. The Planning Section Coordinator may assign a different schedule based on the incident and approval by the ECO or SERT Chief. The Situation Unit Leader ensures that all of the data, information, and analyses are updated in each Situation Report. Situation Report information and analyses are inputs for the Planning Section Coordinator to develop EOC Action Plan Objectives and Areas of Operations (AOs). Depending on the event, AOs may be characterized as Pre-response, Response, and Recovery. Counties are assigned to AOs based on their activities within these categories.

## Reporting Expectations

Report Type	Key Content	Frequency	Format
Summary Situation Briefing	<ul style="list-style-type: none"> <li>• Status of threat.</li> <li>• Area of operations.</li> <li>• Key state and local actions.</li> <li>• Status of health care facilities in area of operations.</li> <li>• Total # of ESF-8 Missions, # of new missions in last ops period.</li> <li>• Total # of SpNS, # of new shelters open/closed in last ops period.</li> </ul>	During each State ESF-8 EOC Action Plan Meeting	Verbal
Comprehensive Situation Report	<ul style="list-style-type: none"> <li>• Status of threat.</li> <li>• Area of operations.</li> <li>• Status of State ESF-8 Incident Objectives from current operational period.</li> </ul>	Daily	Formal Written report in standard template

	<ul style="list-style-type: none"> <li>• Activation level of SEOC and status of state and federal declarations.</li> <li>• Health care facility status including evacuation reports, status of assessments, and reporting.</li> <li>• Status of blood banks, dialysis centers, pharmacies. Specific un-met needs and issues.</li> <li>• Special Needs Shelters open and census by county and location.</li> <li>• County Health Department closures and re-openings.</li> <li>• Status of deployed resources to include mission numbers, deployment locations, number of personnel and equipment.</li> <li>• Status of vulnerable populations in area of operations.</li> <li>• Status of public health system to include environmental health activities such as boil water notices and disease burden in area of operations.</li> <li>• Status of public information activities for health and medical during operational period.</li> <li>• Status of federal ESF-8 activities.</li> <li>• Financial information including incident codes, cost estimates and funding sources.</li> </ul>		
Area of Operations Background	<ul style="list-style-type: none"> <li>• Health care facilities by type in area of operations by county.</li> <li>• Population in area of operation by county.</li> <li>• Current disease burden in area of operations by county.</li> <li>• Known points of concern in area of operations by county.</li> <li>• Known special events in area of operations by county.</li> </ul>	At on-set of incident and as area of operations changes – During initial incident briefings	Verbal with maps to support
Evacuation Status report	<ul style="list-style-type: none"> <li>• Listing of all known facility evacuations.</li> <li>• What type of facility.</li> <li>• Where did they evacuate to.</li> <li>• How many patients were evacuated.</li> <li>• When did they evacuate.</li> <li>• Have they returned.</li> </ul>	Twice Daily	Submit via email to PSC
SpNS Census Report	<ul style="list-style-type: none"> <li>• # of SpNS open.</li> <li>• # of clients.</li> <li>• # of care givers.</li> </ul>	Twice Daily	Formal report to ESF-8 and ESF-6

**c. Advanced Planning (Staffed as needed)**

While the Situation Unit focuses on the immediate planning needs of the response, the Planning Section uses the information available to forecast potential impacts and needs for issues beyond 72 hours in advance of the current operational period. Planning for the 72 hour period falls into the category of Contingency and both systems should mesh. These projections identify and phase implementation of incident objectives, prioritize resource allocations, and develop contingency plans.

Advanced planning considers analysis of vulnerable populations, the health care infrastructure and the responders; analyzes potential human health risks and integrates of historical incident data to support evidence based decision making.

### Advanced Planning Process

#### Vulnerability analysis:

- Identifying relevant threat and vulnerability data.
  - Technical Specialists provide and validate data relevant to their expertise.
  - Data is validated by local operations as appropriate.
  - It should be noted that identification of personnel with ancillary or historical background information be identified also.
- Overlaying current situation and condition projections.
- Determining hazard-specific vulnerabilities to people and facilities.
- Prioritizing probability of risk.
  - High- at least a 70% or greater chance of condition or anomaly will occur.
  - Medium- 40-70% chance or greater chance of condition or anomaly will occur.
  - Low- <40% chance or greater chance of condition or anomaly will occur.
- Defining sensitivity.
  - Degree to which issue/condition could generate public, political, and/or media attention, concern, or interaction.
  - Ranked as high, medium or low.
- Developing mitigation contingency plans.

#### Human health risk analysis:

- Builds on Vulnerability Analysis.
- Further defines health risk by:
  - Human health hazard.
  - Populations affected (broader than just “vulnerable populations”).
- Defines protective measures and monitoring requirements.
- Prioritizes probability and sensitivity.

#### Historical incident data integration:

- Identify prior related events and relevant data.
- Synthesize findings and provide contextual alignment with current event.
- Develop evidence briefings for decision-making.

The Planning Section uses this analysis to develop contingency plans as appropriate. Contingency plans are designed for a three day period and beyond. Plans are to be reviewed daily but only significant changes to low or medium status generate revision to the plan. However, reduction from high to medium or increase from low to high requires verbal notification to the ECO and Planning Coordinator. For more information, reference the State ESF-8 Incident Response Playbooks.

#### **d. Demobilization Planning and After Action Data Collection**

Demobilization is the orderly, safe and efficient release of resources from an incident. Demobilization activities are coordinated by the Demobilization Unit in the Planning Section and supported by sections and units within the ESF-8 structure. The Demobilization Unit works most closely with the Resource Unit and the Logistics Section as resources are demobilized from the incident.

The ESF-8 Demobilization Unit has three primary functions:

1. Develop the Incident Demobilization Plan.
2. Assure completion of demobilization checkout forms by personnel and inspection of equipment as they are released from the incident.
3. Initiate data collection for the After Action Process.

Demobilization Planning establishes the process by which resources and functions are released from the incident. The Demobilization Plan includes incident-specific demobilization procedures, priority resources for release, and section responsibility related to down-sizing the incident. (See Attachment G: State ESF-8 Demobilization Plan Template)

In order to assist with demobilization planning, each Section Coordinator should submit their lists of surplus resources to the Demobilization Unit Leader a minimum of 48 hours prior to their anticipated release. The Demobilization Unit Leader will prepare the Demobilization Checkout form (ICS 221) when the tentative release list is approved by the ECO.

Demobilized personnel will follow the directions outlined on their respective Demobilization Checkout Form and ensure that they receive signoff from all required Units.

In addition to the ICS 221 Demobilization Checkout form, the ESF-8 Demobilization Forms Package (Attachment H) includes:

- Participant Feedback Link.
- Incident Personnel Performance Rating (ICS 225).
- Travel Reimbursement Form.
- Return Home from the Field Deployment Information Sheet.

During the incident response, the Demobilization Unit gathers initial data for development of the After Action Report. This is done through evaluation of response activities, interviewing incident personnel and documenting variances from plans. Data collection for demobilization must not interfere with response activities.

Upon demobilization of the Demobilization Unit, the Unit Leader provides all demobilization forms and after action data to the Documentation Unit for inclusion in the incident archive.

The Demobilization Unit is not responsible for the development of the final After Action Report. The Department of Health, Bureau of Preparedness and Response will assign staff to develop the After Action Report when the incident has ended.

#### **e. Technical Specialist Coordination**

Technical Specialists have specialized skills needed for effective emergency response and recovery. They usually perform the same duties during an incident that they perform in their everyday jobs.

Due to the large volume of Public Health and Medical Technical Specialists that may be involved in a response, State ESF-8 has established a Technical Specialist Coordinator to coordinate Technical Specialists within the ESF-8 response structure, assuring that information and recommendations are available in a timeframe and format that effectively support Command decisions.

The Technical Specialist Coordinator is a part of the Planning Section. Key responsibilities of the Coordinator include:

- Communicate with Technical Specialists to ensure incident objectives are supported by subject matter expertise.
- Communicate issues and concerns identified by Technical Specialists to the appropriate parts of the organization structure.
- Assist Technical Specialists in achieving their coordination, and communication with the proper units of the incident organization.
- Document incident specific information on the use of any Technical Specialist.
- Work with Section Coordinators to ensure that Section staffing rosters include activated Technical Specialists.
- Maintain current Technical Specialists information (e.g. name, contact information).

The Technical Specialist Coordinator works with the Planning and Logistics Sections to coordinate any support a technical specialist may need to accomplish their assignment. That support may be in a variety of forms (e.g. obtaining meeting space, equipment, facilitative and/or administrative support).

Technical Specialists may be requested through the Planning Section using the following steps:

1. Section Coordinators and Unit Leaders request specialists by providing the following information to the Technical Specialist Coordinator:
  - Type of expertise or specialist needed
  - Assignment information.
    - Objective (e.g. quick consultation, need for written proposal, workgroup membership).
    - Clear target audience (e.g. to whom is a document or activity directed).
    - Timeline for completion.
    - Overview of situational and other contextual considerations.
2. The Technical Specialist Coordinator obtains the appropriate specialists.
  - The Technical Specialist Coordinator utilizes two documents to identify the appropriate technical specialists:
    - The “Public Health & Medical Response: Technical Specialist Listing” (Attachment I) – sorted by subject area.
    - The “Sample Public Health & Medical Advisory Groups” (Attachment J) provides an extensive listing of additional technical specialists that may be utilized by any advisory group.
  - The Technical Specialist Coordinator will work with Section Coordinators (Planning, Operations, Logistics, Finance) to determine what kind of activation is needed (e.g. on-call, working from their day-to-day work stations, assigned to a response staff member or section, attending key response meeting(s), or serving as a member of an incident-specific Advisory Group).
3. Technical Specialists work with Section Coordinators to ensure that they are included in the appropriate Section's staffing rosters. This will ensure an accurate portrayal of staffing resources utilized during an emergency.

Individual Technical Specialists may be consulted to address a variety of issues such as:

- Confirming a pathogen.
- Specialized resource needs.
- Drafting guidance or message.
- Reviewing/editing draft guidance or other messaging.
- Consulting on incoming missions.
- Monitoring websites related to field of expertise, for incident-related updates.
- Providing insights/context/answers to other questions generated within the response structure.

Components of the response structure (e.g. Command, Planning, Logistics) may need recommendations for a decision that is needed quickly (e.g. within the hour) that will have a large-scale impact. A conference call may be convened with key Technical Specialists to obtain insights. Depending on the time frame available for decision-making, the following are sample issues for which short-term consultation with technical specialists may be utilized:

- Allocating limited resources (e.g. pharmaceutical and non-pharmaceutical resources).
- Determining appropriate resources needed for a response such as pharmaceuticals or medical equipment.
- Guiding incident-related public health messaging (e.g. guidance for clinicians, laboratorians or other public health and medical partners).

#### Advisory Groups (AGs)

Advisory Groups may be convened to address a variety of population-based issues, such as:

- Recommending science-based response actions and guidance (e.g. responder safety and health proactive measures).
- Developing agency policy or position paper or recommendations.
- Providing public health and medical implications of an incident.
- Support Advanced Planning.

Any Advisory Groups convened to address public health and medical issues are led by the Medical Director and supported by the Technical Specialist Coordinator.

Generally, an Advisory Group is composed of less than 5 core team members, and an appropriate number of supporting members (that may consult via email or phone and/or attend select meetings). Members are most often chosen from un-impacted areas.

The Planning Section provides key data/information to convened Advisory Groups to help make their recommendations. The information is based on the nature, scale and scope of a particular threat or incident. Advisory Group recommendations and other completed assignments are provided to the Planning Coordinator. The Planning Coordinator ensures that the ECO and other applicable staff are briefed appropriately. The Planning Coordinator may direct an Advisory Group member to provide the Advisory Group briefing during a planning (or other) meeting, and/or to the ECO. Depending on the needs of a particular incident, multiple Advisory Groups may be utilized, and coordinated by the Technical Specialist Coordinator.

Additional Procedural Notes:

- Recommendations without benefit of key data: Often decisions are needed although complete information is not available. To support time-sensitive decisions, Technical Specialists may be asked to make recommendations prior to the availability of clear, current data.
- Ensuring realistic activation roster: Technical Specialists report any/all additional staff needed/utilized to complete response assignments. This will ensure that the activation roster is an accurate reflection of the resources required to successfully complete response and recovery objectives.
- Email for 24/7 reporting: A Technical Specialist may identify a potential or actual issue that relates to the public health and medical response to a threat or incident that has not been previously recognized. To ensure prompt triage and review of the information, Technical Specialists can submit all updates, information, and questions to the State ESF-8 Planning mailbox, noting TECH SPEC in the subject line.

**f. Resource Forecasting and Tracking**

Resources must be applied effectively to meet the incident objectives. ESF-8 must be able to track, validate, prioritize, allocate, apportion and recover resources during responses. Responder safety is paramount and all personnel assigned to an incident will be tracked and supported from the period of initial deployment until they check-in upon return to their home station.

ESF-8 uses a Critical Resource List during the response to identify specific resources requiring validation, prioritization, allocation, or apportionment prior to being deployed for a mission.

When an incident occurs, the Resource Unit defines the critical resource list for the incident based on the hazard analysis and current situation. It is modified as necessary throughout the response to reflect the changes in the incident dynamics, resource availability, and forecasted needs.

The Resource Unit maintains the critical resource list and provides it to the Planning Section Coordinator at the end of each operational period for approval. The Planning Section Coordinator briefs on it during the next planning meeting in each operational period. The Logistics Section uses the critical resource list to screen incoming missions in EM Constellation. When ESF-8 is assigned missions requesting an asset identified on the critical resource list, the Logistics Section consults the ECO (or Deputy) to determine an appropriate course of action for the mission.

The ECO decides to fill, deny, or hold the mission based on the current situation, area of operations, resource levels, and forecasted needs. The ECO (or Deputy) may consult the Planning Section for the most current information to determine course of action for the mission and Logistics proceeds with the mission as directed (See Attachment K: Critical Resource List Template).

Missions received for assets not included on the critical resource list, can be filled at the discretion of the Logistics Section. However, Logistics should notify Planning of any missions that may have a significant impact on resource availability of any type.

**What does State ESF-8 consider a Critical Resource?**

Any resource that must be **validated, prioritized, allocated or apportioned** before being deployed for a mission.

Critical resources may change each operational period based on current situation, resource status and future plans.

In addition to producing and maintaining the critical resource lists, the Resource Unit works closely with Logistics to track all activated and deployed resources, forecast potential resource needs and surplus, and report of resource usage availability, overages/shortfalls and the recovery of deployed resources.

The Resource Unit will produce an Organizational Assignment List- ICS 203 (Attachment L) to document all personnel resources assigned to the response, their role in the response and the corresponding mission number. The ICS 203 will be distributed as part of the ESF-8 EOC Action Plan and posted in EM Constellation. The Resource Unit will gather information from:

- SERV-FL
- Logistics Staffing Unit
- EM Constellation

The Resource Unit should be able to answer the following questions at any time:

1. Who is activated for the State ESF-8 IMT?
2. How many personnel have been deployed to the field?
  - a. To what locations?
  - b. How long have they been deployed?
  - c. Who (by name) is on the teams?
  - d. When did they check-in? When did they check-out?
  - e. What mission are they assigned to?
3. What resources have been deployed?
  - a. Where were they deployed?
  - b. How many resources?
  - c. Who is responsible for that resource?
  - d. Will it be recovered? Or is it expendable?
4. How many resource requests (missions) has State ESF-8 received?  
What are the status of those missions?
5. What are potential resource shortfalls?
6. What are the priority resource requests in progress?
7. What are critical resources to monitor for this incident?
8. Where are excess resources available?
9. What is the trend of resources received for this incident?

#### **g. Documentation Collection and Maintenance**

The Documentation Unit is responsible for gathering, organizing, routing, storing and archiving incident related documentation and records.

Documentation is an administrative process to record the response and recovery from an incident. ESF-8 maintains documentation for purposes of seeking financial reimbursement, conducting after action and improvement, establishing a historical record of response actions, establishing a legal record and accessing tools for future responses. All sections and units within ESF-8 develop documentation over the course of an incident response. The Documentation Unit has lead responsibility for gathering, organizing, storing and archiving incident records.

The documentation unit collects the following documents throughout the response:

- EOC Action Plans
- Situation Reports
- Incident Organization Rosters (ICS 203s)
- Resource Tracking Logs
- Deployment forms and records
- Demobilization Check-out Forms
- Response Plans
- Contingency Plans
- Demobilization Plan
- Technical Guidance
- Public Information Messages
- Assessments
- Minutes from key meetings/planning sessions

At the end of the incident, the Documentation Unit assures the following records (in addition to those collected during the response) are included in the official incident file.

- EM Constellation Mission Records
- Invoices, receipts, and/or contracts for response related purchases
- After Action Reports and Data
- Responder Timesheets
- Incident Personnel Performance Ratings (ICS 225)

When ESF-8 is activated, the Documentation Unit Leader establishes a folder in the ESF-8 directory, using the existing template, to serve as the official incident file. Each section and unit should store all documentation relevant to the response in their unit's folder in the Incident File. Units should assure that records received in hardcopy are scanned and stored in the electronic file.

The Documentation Unit may assist other unit's in routing information for sign-off to the required approvers by providing personnel to walk documents through the approval process. (See Attachment M: Documentation Review and Approval Criteria)

The Documentation Unit Leader gathers relevant external documentation from EM Constellation, the StateESF8.Planning mailbox, incident websites and hard copy files to include with ESF-8 records. If ESF-8 staff are unsure where to store documentation, it should be emailed to StateESF8.Planning@flhealth.gov to the attention of the Documentation Unit Leader.

The Documentation Unit Leader assures incident files are organized, use common naming conventions, have a version number, cover, and are complete. The information stored in the ESF-8 directory and posted to EM Constellation serve as ESF-8s permanent historical record. Once the response ends, the Documentation Unit restricts access to altering and moving the documents.

## 4. Operations Procedures

State ESF-8 does not routinely staff and Operations Section, as its purpose is resource support and coordination. However, some circumstances require State management of tactical missions. The Operations Section is only activated when ESF-8 is actively engaged in tactical or field based operations.

Most commonly, Post-Impact Assessments or Patient Movement are the tactical missions required from State ESF-8. The specific procedures for these operational components are defined in their respective plans. Additional operational components may be activated as dictated by incident needs.

## a) Overview of Operations Section Responsibilities and Functions

### Operations Coordinator (and Deputy)

- Organize Operations Section to ensure operational efficiency, personnel safety and adequate span of control.
- Develop and manage tactical operations to meet incident objective.
- Assess life safety.
- Evaluate situation and provide updates to the Planning Section.
- Determine need and request additional resources.
- Keep Resource Unit updated on resource location and status.

### Assessment Branch

- Conduct pre and post health care assessments to develop a common operating picture.
- Conduct assessments based on triggers and tiered approach to ensure effective and efficient communications.
- Compile the data for analysis to determine potential threats and provide population protection actions.
- Implement a consistent and coordinated assessment process to ensure integration with other response partners.
- Reduce redundant and duplicative assessments.

For more information, reference the ESF-8 Assessment Standard Operating Guide.

### Patient Movement Branch

- Coordinate with local ESF-8 to determine specific patient coordination and transportation requirements.
- Analyze statewide bed availability data and prioritize potential receiving regions. Coordinate with Regional Patient Coordinators to facilitate patient transfers.
- Determine appropriate transportation resources to meet the requests. Coordinate with ESF-8 Logistics to obtain the resources.
- Track all patients moved through state supported transportation and/or coordination.

For more information, reference the ESF-8 Patient Movement Support Standard Operating Guideline

<http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/preparedness-planning/ documents/patient-move-support-sog.pdf>.

## 5. Logistical Procedures

The ESF-8 Logistics Section is responsible for providing facilities, services, personnel and equipment in support of the ESF-8 response, and for supporting them in the field. This is done, as needed, in coordination with the State Emergency Response Team (SERT) Unified Logistics Section. All activations and deployments of personnel and the provision of materiel are in support of missions that have been approved in the state's mission tracking system: EM Constellation.

### a. Overview of Logistics Section Responsibilities and Functions

The Logistics Section is comprised of a Logistics Section Coordinator, Deputy Section Coordinator, Mission Unit, Staffing Unit, Equipment and Supply Unit and if necessary, a Forward Logistics Branch.

### Logistics Coordinator (and Deputy)

- Responsible for coordinating requests for state, regional, federal and/or Emergency Management Assistance Compact (EMAC) resources.
- Responsible for coordinating mission management at the SEOC.
- Ensures that staffing is provided in support of ESF-8 operations and missions.
- Responsible for the acquisition and distribution of materiel in support of ESF-8 missions.
- Responsible for obtaining and supporting ESF-8 personnel in Florida Department of Health facilities within the Capital Center Office Complex.
- Ensures that missions assigned to ESF-8 are health and medical related, have complete and clear information, are appropriately assigned, and are addressed in a timely manner.
- Develops logistical strategies for the response in coordination with the Planning Section.
- Supports ESF-8 personnel who are deployed to the field.

### Mission Unit

- Ensures missions assigned to ESF-8 through EM Constellation are appropriate health and medical missions.
- Assigns missions to the appropriate units and sections.
- Ensures mission requests contain complete and accurate information.
- Coordinates with county emergency management and ESF-8 to clarify or validate mission requests.
- Tracks, updates and ensures timeliness in addressing mission requests.

### Equipment & Supply Unit

- Manages all equipment and supplies necessary for the response, whether to support ESF-8 personnel in the field or in response to a county mission request.
- Responsible for maintaining an inventory of DOH assets using the Inventory Resource Management System (IRMS).
- Prepares and ships inventory to deployment and receiving locations as required.
- Coordinates facility support for ESF-8 including procuring work space, IT support, meal services, and overnight security, as needed.
- Provides the Planning Resource Unit with information relevant to the tracking of deployed assets.
- Responsible for managing all ESF-8 assets that are delivered to and shipped from ESF-8 warehouses and SERT Logistics Staging Areas.
- Ensures that all ESF-8 field facilities designated to receive and ship materiel have all the necessary equipment and supplies.

### Staffing Unit

- Activates staff to support State ESF-8.
- Activates personnel for validated and assigned mission requests.
- Verify personnel have appropriate responder safety and health information, personal protective equipment, communication devices, paperwork, and training for activations and deployments.
- Coordinates with the Resource Unit to track and report resource information and identify additional resources available for future missions during each operational period.
- Maintains mission files with all related documentation, to include; purchase orders, receipts, travel logs, contracts, and deployment orders.
- Submits status updates to the Planning Resource Unit for activated/deployed staff.
- Provides mission updates in EM Constellation.
- Coordinates with the Demobilization Unit as needed to provide status updates.

### Forward Logistics Branch

- Responsible for overseeing and managing the deployment and operation of a Forward Operating Base (FOB) or camp.
- Coordinates with the SERT Unified Logistics Section for the support of field operations if and when applicable.
- Responsible for managing and coordinating the integration of the ESF-8 FOB into a SERT Base Camp.
- Provides the Resource and Documentation Units with relevant operational information.

Additional position specific information is available in Attachment C: State ESF-8 Position Checklist.

### **b. Mission Management**

The SERT uses EM Constellation as the statewide mission requesting, tasking, and tracking system. All requests for resources must be entered into EM Constellation.

The Mission Unit is responsible for validating and clarifying missions and then assigning them to the appropriate entity. This may be the Staffing Unit, the Equipment and Supply Unit, the Finance Section, the Forward Logistics Branch, or an activated Receipt, Stage, and Store facility.

In reviewing a mission request the Mission Specialist is responsible for ensuring that it is an appropriate health and medical mission and that it includes the following information:

- Point(s) of Contact
- Phone number(s) and Email address for the Point(s) of Contact
- Fax number(s)
- Detailed description of the mission need
- On-scene contact(s) (24/7)
- On-scene phone number(s)
- Quantity needed
- Type/description/number of personnel or assets needed
- Date needed on scene
- Projected duration of time on scene
- Delivery/reporting address
- Time to be delivered/report
- Lodging situations/needs
- Who to report to
- Transportation needs
- Equipment needed

If any of this information is not included in the mission request the Mission Specialist works with the designated Point(s) of Contact for the requesting entity to gather the missing information. All communications will be verbal. As needed, the Mission Specialist should coordinate with the Mission Unit Leader to determine the appropriate type of resource that is needed to satisfy the mission based on the situation and need.

All missions should be specific to a single objective (e.g. request for staff to support an affected emergency department, sanitation package for an Essential Services Center, etc). Consequently, should a mission be received that has combined a number of different requests it will be the responsibility of the requesting entity to break those out into separate missions.

Working with the requesting entity's Point of Contact, the Mission Specialist will ensure that the mission is canceled and then resubmitted as separate missions. This allows for cleaner logistical and administrative oversight.

The Logistics Section receives missions four different ways:

- From a County Emergency Operations Center via EM Constellation
- From the SERT
- From one of the ESF-8 Sections
- From the ESF-8 ECO

Missions must be submitted by the person who has the command authority to make a request. Should any of the ESF-8 Sections need a mission entered into EM Constellation, the requesting ESF-8 Section Coordinator(s) should consult with the Logistics Section Coordinator and the Mission Unit Leader ahead of time so that they are aware of the request and can ask questions for additional clarification.

If there are questions concerning the mission those should be addressed with the Mission Specialist that assigned the mission. If the Mission Specialist is unable to address the questions they will be forwarded to the Mission Unit Leader for reconciliation.

After a mission is validated and clarified it is assigned via an update to the EM Constellation mission. Once the mission has been assigned the Mission Specialist will notify that Unit or Section, in person or by phone, of the assignment.

E-mail communication, using the designated section mailboxes, should be used as a back-up to the verbal/phone notification in order to confirm mission assignment. This should never be used as the primary means to notify a unit or section of a mission assignment.

Personal email should never be used for any mission related communications. The section mailboxes should be used to collect and track ESF-8 information that is not appropriate for inclusion in the Information section of EM Constellation. Information that is useful to the SERT and the counties, but is not directly related to the status of a mission, should be included in the Information section of EM Constellation.

The Equipment and Supply Unit maintains an inventory of state owned resources through the Inventory Resource Management System (IRMS). When a resource is requested that DOH already owns the Mission Unit will assign the mission to the Equipment and Supply Unit.

If the Equipment and Supply Unit is unable to locate a resource through available caches the mission will be assigned to the Finance Section who will attempt to lease or purchase the resource.

In order to monitor progress on assigned missions it is the responsibility of the Unit or Section that has been assigned the mission to provide appropriate and timely updates, to include mobilization, deployment, and estimated arrival times. At a minimum, missions should be updated every six (6) hours until the resource has arrived or been delivered. If a major change in the nature of the mission occurs, such as the need for additional materiel or personnel, a separate mission, or missions, should be entered into EM Constellation and the original mission, by mission number, should be referenced in the new mission request.

The Mission Unit has oversight of all missions to ensure timely action, consistent updates, and follow through to completion. It will be up to the Mission Unit Leader to determine how this mission oversight will be accomplished.

While the Mission Unit is responsible for overall mission management, each ESF-8 Logistics Section or Unit is responsible for ensuring that progress is being made towards the completion of their assigned missions. Section Coordinators and Unit Leaders are responsible for deciding how they will organize and coordinate that oversight based on the type of event, number of personnel working missions, and the number and complexity of the missions being worked.

### **c. Equipment and Supply Management**

#### Facilities Support

The State Emergency Operations Center (SEOC) is the primary location for ESF-8 operations in support of the State Emergency Response Team. During most responses there is not sufficient space at the SEOC for ESF-8 to house its complete response structure.

Therefore, it is necessary for ESF-8 to augment the space provided in the SEOC with additional workspaces in Department of Health facilities located nearby in the Capital Circle Office Complex. These workspaces must be outfitted with necessary equipment and technology for ESF-8 staff to work.

ESF-8 and DOH operate under the following assumptions related to facilities support:

- As the lead agency for ESF-8, DOH is expected to provide workspace for ESF-8 operations.
- ESF-8 response activities are a DOH priority; therefore, workspaces and conference rooms reserved for another purpose may be re-assigned to ESF-8 with little or no-notice.
- DOH establishes additional workspaces based on the maximum anticipated size of the ESF-8 response structure.
- ESF-8 workspaces are established in the conference rooms or facilities that can most effectively be set-up to mimic the EOC type environment which allows for easy face-to-face communication and coordination.
- Each workspace should have access to computers, the DOH network, printers, telephones, and office equipment.
- DOH may be required to provide support services such as Information Technology (IT) support, security, and facility support to ESF-8.
- DOH utilizes spaces in the Bureau of Preparedness and Response as a first option before utilizing other facilities in the Department.

The Equipment and Supply Unit is responsible for coordinating facility needs for ESF-8 during the response. The DOH Bureau of General Services, and the DOH Division of Information Technology, are crucial partners in supporting the setup and operation of the facilities necessary for the response. The process for acquiring workspace and IT support is:

- Step 1: When the ESF-8 Planning Section anticipates that the workspace in the SEOC is not sufficient for ESF-8 response activities they notify the Logistics Section Coordinator concerning the potential need for additional space.
- Step 2: If space and resources within the Bureau of Preparedness and Response can meet the needs a workspace should be established there.
- Step 3: If the areas within the Bureau of Preparedness and Response cannot meet the need additional space in DOH buildings should be requested.

Step 4: The following DOH workspaces are pre-identified for ESF-8 use and have set-up footprints developed. (See Attachment N: ESF-8 Room Diagrams)

- DOH Building 4052 Room 301 (36 workspaces)
- DOH Building 4052 Rooms 305L, 310L, 345P, 105M (8 workspaces)
- DOH Building 4042 Room 301 (20 workspaces)
- DOH Building 4042 Room 215J (18 workspaces)

Step 5: Logistics should coordinate with the Agency Representative for approval to use the identified workspace. The Agency Representative should coordinate with DOH Executive Leadership for approval, as necessary.

Step 6: Upon approval, Logistics should notify DOH Divisions and Offices that have reserved the workspace to make other facility arrangements due to a priority activation of ESF-8.

Step 7: The DOH Bureau of General Services and the Division of IT should be requested to provide assistance. The following information should be provided as a part of the request:

- a) General Services Request – Send the request to the Chief of the Bureau of General Services with the following information:
  - Names of the conference rooms/building numbers to be used for ESF-8 response activities, and the approval e-mail, etc. from the Agency Representative stating that these rooms can be re-assigned for ESF-8 use.
  - Expected dates the room(s) will be needed.
  - Expected daily hours of operation for the identified rooms (Building security is necessary for operational periods that extend after dark).
  - If additional tables or chairs are needed.
  - Names of staff that need control access to the building. All DOH staff do not have access to buildings outside the core work hours of 7am to 6pm. Staff who need building access earlier or later will require temporary Sonitrol access to enter the building.
  - A Point of Contact for questions and issues.
- b) Information Technology Request – Send to DL DIT00 ICT (distribution list set-up for urgent notification of IT staff):
  - Names of the conference rooms/building numbers to be used for ESF-8 response activities.
  - A copy of the footprint for the room to be set-up along with the number of workspaces identified.
  - The time the room needs to be operational.
  - Any special technology needs not included in the standard footprint.
  - A point of contact for questions and issues (If afterhours, IT desk top support will need to be requested).

Step 8: Once requested, IT will begin set-up of the workspaces using a cache of equipment that is maintained for disaster response. Typically, workspaces can be made operational within four (4) hours of a request during normal business hours.

Step 9: ESF-8 Logistics should supply each established workspace with standard office supplies that may be needed during the response.

Step 10: Before staff begin to work in the workspaces the ESF-8 Logistics Section should ensure the room is completely operational. Once workspaces are ready staff can begin work in the area.

Step 11: Upon demobilization the Division of IT and General Services should be notified that services are no longer needed and that they may recover equipment assigned to the response and return to normal use of workspaces.

During the response the DOH Division of IT provides on-going technical support to ESF-8 staff experiencing technology issues. Staff needing assistance should contact the DOH Customer Service Center at (850) 922-7599 and inform the operator that the issues are a priority due to the ESF-8 response. For critical and urgent issues, Section Coordinators may contact DL DIT00 ICT for support.

#### Equipment and Supply Acquisition

The Equipment and Supply Unit maintains an inventory, through the Inventory Resource Management System (IRMS), of state owned resources. When a resource is requested that is part of the current DOH inventory the Mission Unit will assign the mission to the Equipment and Supply Unit for acquisition and delivery to the requested site.

If the Equipment and Supply Unit is unable to locate a resource through available caches the Finance Section will attempt to purchase or lease the resource.

Sometimes the requested resource may be one that ESF-8 may need to retain due to current and future response needs. In that case the mission will be assigned to the Finance Section for purchase or lease of the asset.

#### **d. Staff Activation and Deployment**

The Staffing Unit is responsible for activating and deploying personnel in support of ESF-8 activities and missions. The Finance Section, Planning Resource Unit and Planning Demobilization Unit have support and coordination roles in these staffing activities.

ESF-8 operates under the following assumptions related to staffing:

- All events are local; therefore, assets are to be requested locally through the county emergency operations center.
- All state employees are subject to activation in support of the SERT.
- ESF-8 will activate, deploy, support, track and recover all personnel throughout the incident response.
- Staff is recruited for missions based on knowledge, skills, and abilities.
- Staff should be physically capable of performing the assigned tasks.
- All activation and deployment of personnel resources shall be authorized through ESF-8 at the State Emergency Operations Center and related to a specific numbered mission in EM Constellation.
- The estimated length of time that support will be provided to the local government is contingent on the nature and scope of the event.
- Assets shall be mobilized in teams, to the extent possible.
- Each deployed team shall have a designated team leader who is responsible for the welfare of all team members during the length of the deployment.
- Personnel deployed to the area of operations are supported by the state and should not tax local resources.

- Teams are assigned to an area of operation and co-located with other teams, if possible, to minimize logistical support requirements and maximize safety of the teams.
- Personnel are typically deployed for twelve day overlapping cycles until no longer needed.
- The twelve day period includes two travel days when necessary. However, deployments may be shorter or longer depending upon the nature of the work.
- Personnel and teams may be reassigned during their deployment period, if necessary.
- The average shift is 8-12 hours and some positions will require overnight and early morning duty.
- When possible, at least 24 hour advance notice should be provided when activating personnel.
- Individuals and teams should be pre-identified prior to an incident (when possible).
- Personnel will be obtained by working through the Florida Department of Health divisions and the regional Points of Contact.
- SERVFL is the primary system for notifying the Points of Contact and personnel.

The terms “activate” and “deploy” have different meanings in the ESF-8 staffing process.

- Activate refers to a temporary reassignment of routine duties to support state level response efforts. When personnel are activated they move from day to day activities into a response mode and become part of the state level incident management structure.
- Deploy refers to the movement of staff into an area of operations to provide direct support to the local response. Operational control of these resources is dependent upon the mission; however, responsibility will generally fall to the local incident command structure, with the exception of the Forward Logistics Branch.

When activating and deploying individuals, the Staffing Unit is responsible for establishing a mission folder corresponding to the EM Constellation mission number that contains all mission related documentation, including; purchase orders, receipts, travel logs, contracts, and deployment records. After the mission has been completed, and the resource has been demobilized and recovered, the mission folder should be closed and provided to the ESF-8 Planning Documentation Unit.

ESF-8 must be able to effectively provide personnel resources to meet the needs of public health and medical missions assigned to ESF-8. Personnel are generally assigned to one of three categories:

1. State Emergency Response Team (SERT) Staff
2. Public Health and Medical Teams
3. Single Personnel Resources

#### [State Emergency Response Team Staff](#)

Personnel resources in this category are activated to support the SERT as part of ESF-8. The number of personnel activated will depend on the predicted size of the event, size of the area to be impacted/ has been impacted, as well as the number of health and medical issues that have or may arise. Besides serving within the standard ESF-8 Command structure, personnel may also be activated as a part of the Forward SERT, serve as an operator for the Florida Emergency Information Line, or support another Emergency Support Function.

### Public Health and Medical Teams

Personnel resources in this category are members of pre-established teams that are deployed to the area of operations in support of local response needs. Teams are scalable and can be staffed based on the size and scope of the local need. Teams are deployed in support of a mission request made by a county emergency operations center. Established Public Health and Medical Teams are documented in Appendix VIII of the State CEMP.

### Single Personnel Resources

Personnel in this category are not part of an established team that is deployed during a response. They are deployed as a result of a mission request from a county emergency operations center for operational support or based on a specific State ESF-8 field support objective. Single resources may be combined into ad hoc teams based on the request. Single resources may include, but are not limited to, specialized government employees (i.e. Regional Emergency Response Advisors, Public Information Officers, IT Disaster Preparedness Consultants), volunteer medical and non-medical professionals, or contracted staff.

### Identify Personnel to Fill the Mission

It is the responsibility of the Staffing Unit to recruit and identify personnel to fill each mission. In order to facilitate recruitment, activation and deployment, a pre-identified point of contact (POC) and a back-up have been identified for each organizational unit that may be asked to provide staff for a mission. Currently these include:

- Each of the seven Domestic Security Taskforce Regions
- Each Department of Health Division
- Each Medical Reserve Corps (MRC) unit
- Coordinators for the:
  - State Medical Response System.
  - Florida Emergency Mortuary Operations Response System.
  - Florida Crisis Consortia.

The Points of Contact for each organizational unit are individuals who are familiar with the knowledge, skills, and abilities of personnel within their unit and can determine the responder's availability and then contact them.

Depending on the type of personnel needed, the Staffing Unit selects the appropriate POC(s) to send the mission request to for recruitment. Logistics Staffing focuses on organizational units that can provide the type of resource needed to support the mission. For example, DOH Divisions can provide staff to support SERT activities. The Regional Domestic Security Task Force regions can provide deployable public health teams, and Medical Reserve Corps Units can provide volunteer medical professionals and non-medical mission support volunteers.

To the extent possible, teams/staff are utilized from the non-impacted counties/regions closest to the impact area first. It is expected that this approach expedites arrival of teams into the impacted area. The ESF-8 Logistics Staffing Unit, in conjunction with the Regional Points of Contact, will attempt to pre-identify personnel at the county level that can be used for ESF-8 support.

No single organizational unit should be over-utilized to provide staff. An exception to this is that the DOH Division of Emergency Preparedness and Community Support (DEPCS), which provides primary staffing for State-level ESF-8 activities until the event requires expertise from outside of the Division or requires more staff than DEPCS can supply. In some cases it may be necessary to pull personnel from multiple organizational units for a single mission.

As POCs work to identify personnel on-going communication with the Logistics Staffing Unit is necessary to determine progress, timelines, deployment issues, and duty station questions.

During recruitment and identification, POCs are responsible for:

- Ensuring personnel have supervisor approval to be activated or deployed.
- Ensuring personnel complete necessary records (paper or electronic).
- Coordinating personnel activation/departure and arrival time with Logistics Staffing Unit.
- Obtaining all pertinent activation/deployment information to include current lodging availability, if necessary.
- Brief personnel on the deployment and demobilization process and expectations.
- Ensuring that personnel have appropriate responder safety and health information, immunizations, equipment, paperwork and training.

Responder Safety and Health will be a consideration in the pre-deployment, deployment, and post-deployment phases of the response. Each division, office, and county health department is responsible for participating in a responder safety and health program. During an activation, ESF-8 will follow and support the effective and efficient use of established safety and health procedures.

#### Activate and Deploy staff

Once personnel have been identified by the POCs the appropriate activation/deployment records are completed using hardcopy paperwork or electronic databases. The Personnel identified for the mission will be given following information. (Attachment O: Deployment Form Packet)

- Mission number.
- Any available details regarding assignment during the activation/deployment, including lodging arrangements.
- Where, when, and who they should report to.
- Anticipated activation start and end dates.
- Any additional relevant information such as specific equipment or supplies needed and special working conditions or requirements.
- For team deployments, the name of the team leader.
- Emergency contact information.

*Activated* staff should report as directed in the information provided by their POC. Upon reporting they are briefed, trained as needed, and assigned tasks. Activated staff will report to only one supervisor in the incident management structure.

*Deployments* require additional steps due to the critical importance of being able to protect, support and track personnel in the field.

A Mobilization/Demobilization Center may be established in the area of operations to receive and support deployed teams from initial check-in through demobilization.

The Mobilization/Demobilization Center will be a location established by the county receiving assistance or it may be located at the Forward Operating Base, which will be established to support ESF-8 responders with basic needs such as lodging, food, fuel, communications, and medical support during the first 72 hours of an incident response.

The Mobilization/Demobilization Center is scalable for the response. At the Mobilization/Demobilization Center:

- Team Leaders will ensure check-in upon arrival, and daily through the period of activation.
- Receive a briefing which includes information regarding the area of operation within the impact area, lodging, areas of responsibility, expected duties, local supervisors, contact information; as well as receiving specialized equipment (if applicable), maps, information on the location of refueling points, ancillary support supplies, and a safety brief.
- Any equipment needed by the team, which was not brought by the team, is issued to the responder following the briefing.
- Any final check is made to ensure that all team paperwork is completed and consistent with the deployment order (e.g. p-card, personnel contact information, special instructions).

The Team Leader is responsible for team coordination in the field and for:

- Checking in with the local supervisor and receive assignment, to include:
  - Situation reporting process
  - Briefing and debriefing times
- Determining, from the local supervisor, emergency contact information for fire, EMS, and law enforcement.
- Notify the Planning Resource Unit of the team's arrival at assigned location.

Personnel demobilize when either their designated deployment period ends or the need for their services no longer exists. Upon demobilization personnel are no longer an active part of the response effort. Teams and individuals do not demobilize until approved by their incident command supervisor, and their replacements are briefed and all areas of responsibility have been discharged.

The ESF-8 Planning Demobilization Unit informs personnel when they are being demobilized and completes the necessary paperwork and forms. Demobilized personnel and teams should check out with the local supervisor, return any assigned equipment, and check-out at the Mobilization/Demobilization Center in order to be evaluated and to receive their departure schedule. Upon safely arriving at the home base personnel should notify the ESF-8 Planning Resource Unit.

#### Backfill Staff

Some missions require replacement staff to take the place of those being demobilized in order to continue the mission. Backfill staff is activated and deployed using the processes described above.

#### **e. Forward Logistics Support**

The Forward Logistics Branch assists in the rapid deployment and support of health and medical personnel into the field. This Forward Logistics element is comprised of a Logistics Support Team (LST). The LST includes personnel, equipment, supplies, and facilities designed to support the provision of public health and medical services.

This allows the forward ESF-8 personnel and assessment teams to quickly initiate and sustain mission operations for the survivors of the incident and/or to assess the impact on the health and medical infrastructure. The LST is deployed by the Logistics Section Coordinator and works under the supervision of a Forward Logistics Branch Director.

Forward Logistics is scalable based on the type, magnitude, and severity of the event. Support may come in the form of one person who deploys to the State Logistics Resource Center to coordinate the receipt and distribution of ESF-8 materials, or it could be a full team.

## 6. Finance Procedures

The Finance Section is responsible for the financial and cost analysis aspects of the ESF-8 response, as well as seeking possible reimbursement for expenses associated with the response.

### a. Overview of Finance Section Responsibilities and Functions

The Finance Section includes the Finance Coordinator, a Deputy Section Coordinator, the Procurement Unit and Cost Unit.

#### Finance Coordinator (and Deputy)

- Manages all fiscal aspects of the incident.
- Coordinates with SERT Finance and DOH Division of Administration to assure appropriate documentation is in place for incident reimbursements.
- Advises ECO and Logistics Coordinator on financial impacts of missions to the department.
- Provides financial and cost analysis information.
- Ensures that all personnel time records are accurately completed and transmitted according to policy.
- Requests accounting codes for incident and potentially impacted County Health Departments through routing financial channels.
- Obtains proper budget authority and amendments.
- Tracks expenses and purchases.
- Provides financial input to response activities.

#### Procurement Unit

- Procures material resources for validated and assigned mission requests as assigned by the Logistics Section.
- Procures travel and lodging arrangements for personnel related missions.
- Maintains mission files with documentation necessary for reimbursement.
- Provides the Resource Unit with information relevant to resource tracking.

#### Cost Unit

- Obtain and record all cost data.
- Identify in reports all equipment/ personnel requiring payment.
- Prepare incident cost summary by operational period.
- Prepare resource use cost estimates for the Planning Section.

### b. Procurement

The Procurement Unit in the Finance Section is responsible for sourcing and procuring, resources for missions through purchasing and contracts as well as securing travel support such as travel authorization, lodging, and billeting for deployed personnel.

During the procurement phase, the Procurement Unit must ensure that documentation necessary for reimbursement is completed and/or retained. The Procurement Unit must follow existing financial procedures as established in the DOH Financial Management and Recovery SOG.

If the Procurement Unit is unable to locate a resource from a vendor the Logistics Mission Unit will be notified. Logistics will the work with SERT Logistics to find an alternate source for the asset. SERT Logistics will either locate the resource from a wider statewide resource base, from another state, or from the federal government. In conjunction with this ESF-8 can attempt to obtain the resource(s) through other sources.

The Procurement Unit arranges for transport of the equipment and supplies to the delivery site documented in the mission in coordination with the Logistics Mission Unit. The unit verifies arrival of the resource at the final receiving destination. When the resource is demobilized the Procurement Unit arranges for the recovery of the equipment or supplies (as required) back to the vendor or warehouse. At all points through the mission flow process the Mission Unit updates the mission in EM Constellation to reflect current status and actions taken.

**c. Financial Tracking and Reporting**

Financial tracking and reporting should be done in accordance with agency-level policies and procedures. Refer to the Public Health and Medical Emergency Operations Plan, Section VIII. Administration, Finance and Logistics. [http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/preparedness-planning/\\_documents/FDOHEOPBasePlanandAttachments.pdf](http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/preparedness-planning/_documents/FDOHEOPBasePlanandAttachments.pdf)

## VI. RECORD OF CHANGES AND APPROVAL

### Record of Document Changes:

Document Version	Date	Change	Responsible Party
Version 1.0	April 2011	Original SOP posted. Approved by ECO.	Samantha Cooksey
Version 2.0	May 9, 2011	Updated to reflect minor additions omitted from Version 1.0. Approved by ECO.	Samantha Cooksey
Version 3.0	December 30, 2011	Document reformatted to Approved SOP format from a plan format. Not routed for approval pending content updates.	Samantha Cooksey
Version 3.1	April 30, 2012	Section and unit level procedures updated to reflect corrective actions from 2011 AAR/IPs, changes to organizational structure and updated attachments.	Sara Bourdeau
Version 3.2	June 20, 2012	Finalized comments received from Section Coordinators and Unit Leaders into final draft.	Samantha Cooksey
Version 3.3	October 2, 2012	Routed to ECO for approval.	Samantha Cooksey
Version 4.0	February 20, 2015	Added Operational Procedures, Updated Planning and Logistic Procedures. Updated/removed Attachments.	Bobby Mills

### Record of Document Approval:

Signature of Approval: Mike McHargue  
 Bureau Chief  
 Bureau of Preparedness and Response  
 February 20, 2015



Signature of Approval: Cindy Dick, MBA, EFO  
 Division Director  
 Division of Emergency Preparedness and Community Support  
 February 20, 2015



The State ESF-8 SOP establishes the all-hazards framework for how State ESF-8 responds to incidents and events in support of the State Emergency Response Team. This SOP aligns to the Comprehensive Emergency Management Plan Appendix VIII Public Health and Medical. This SOP shall serve as the primary procedural document for ESF-8 activities. Any subsequent unit level SOPs/SOGs should align to this document.

This ESF-8 SOP supersedes and replaces all previous independent versions of State ESF-8 operating procedures and guidelines. This SOP undergoes complete review and update every other year. It shall be posted to the Department of Health's Planning Website. Individual components may be updated, as necessary to keep the SOP current and viable

## VII. ATTACHMENTS

This Standard Operating Procedure is accompanied by the following attachments which are tools and resources necessary to implement the procedures established in this SOP. The attachments are maintained as separate documents and may be updated as necessary between biennial updates. The Attachments can be located in the Statewide Plans Repository or by contacting the State ESF-8 Planning Section at (850) 245-4444 ext. 3334.

### **Section 1: General IMT Operating Procedures**

- Attachment A: State ESF-8 Incident Staffing Plan
- Attachment B: Leadership Briefing Template
- Attachment C: State ESF-8 Position Checklists

### **Section 2: Command and Coordination Procedures**

- Attachment D: EOC Action Plan Template
- Attachment E: FEMA Resource Request Form

### **Section 3: Planning Procedures**

- Attachment F: Situation Report Template
- Attachment G: State ESF-8 Demobilization Plan Template
- Attachment H: State ESF-8 Demobilization Form Package
  - Participant Feedback Link
  - Incident Personnel Rating Form (ICS 225)
  - Travel Reimbursement Form
  - Return Home from the Field Deployment Information Sheet
- Attachment I: Public Health and Medical Response: Technical Specialist Listing
- Attachment J: Sample Public Health and Medical Advisory Groups
- Attachment K: Critical Resource List Template
- Attachment L: Organizational Assignment List Template (ICS 203)
- Attachment M: Document Review and Approval Criteria

### **Section 4: Logistical Procedures**

- Attachment N: ESF-8 Room Diagrams
- Attachment O: Deployment Form Packet