

Working together for a safe, secure and healthy future



Florida's Public Health and Healthcare System **PREPARES & RESPONDS**

FLORIDA DEPARTMENT OF HEALTH BUREAU OF PREPAREDNESS AND RESPONSE





Introduction

Florida faces many threats with the potential for large-scale health consequences, including disease outbreaks, natural disasters and terrorist attacks. Preparing for and responding to these threats require the commitment of and cooperation among all segments of society. Florida's vision of "working together for a safe and secure future" is embodied in the Florida Domestic Security Strategy. The Florida Public Health and Health Care Preparedness (PHHP) Strategic Plan supports the Florida Domestic Security Strategy, and serves as a guide for all partners committed to ***minimizing loss of life, illness and injury from natural or man-made disasters.***

The 2011-2013 Public Health and Health Care Preparedness (PHHP) Strategic Plan was developed using a variety of national resources and customized to meet the specific needs of Florida. The plan guides our state's implementation of the principles and priorities delineated in the 2009 National Health Security Strategy (NHSS). The NHSS provides a vision of health security, founded on **community resilience** and made possible through **strong and sustainable public health, health care, and emergency response systems.**

The strategic plan is organized into goal areas and is supported by a number of objectives representing the critical capabilities necessary to achieve a strong and sustainable system. These PHHP-related capabilities are based on the Department of Homeland Security's 2007 National Target Capabilities. The strategies for each objective were identified through consensus using a gap analysis and prioritization process.

The PHHP Strategic Plan sets our course for the next three years, toward achieving community resilience and strong public health, health care and emergency management systems. The plan focuses on building specific capabilities, with successful implementation requiring commitment to four cross cutting themes: (1) meeting the needs of our vulnerable populations, (2) developing a competent and trained workforce, (3) building sustainable processes and (4) monitoring and measuring progress. The strategic plan is an evolving document that will change as new threats emerge, capabilities are achieved, and best practices are discovered and implemented. Each year we will review and update the plan to set priorities for the subsequent three years.

Intended audiences include personnel involved in direct patient health care, public health agencies, health care educational facilities, health supporting facilities, medical examiners, industry organizations, law enforcement, fire/rescue, community partners, and other federal, state and local organizations.

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I. 2011-2013 PPHP Strategic Goals, Objectives, Strategies and Projects

One of the Florida Department of Health's priorities is monitoring and measuring our progress by focusing on identifying SMART (specific, measurable, achievable, relevant and time-specific) outcomes for these critical objectives. Performance measurement initiatives at the federal and state level are expected to improve the SMART attributes of the stated objectives during the course of this strategic planning period. The PPHP goals, objectives, strategies and projects are managed by PPHP strategic planning teams. The 2011-2013 Strategic Plan goals, objectives, and strategies set the direction for the coming three years and the projects will be updated annually based on capabilities achieved, and priority gaps identified. The strategies are classified as either sustainment (maintaining an existing capability or capacity) or enhancement (building a new capability or capacity).

Goal #1: Prepare the public health and health care system for all hazards, natural or man-made. This goal encompasses the Risk Management Capability, the Planning Capability, the Training and Exercises Component, and the Information Sharing and Dissemination Capability.

Objective 1.1 - Risk Management Capability

Desired Outcome: Risk Management is integrated as a planning construct for effective prioritization and oversight of all homeland security investments.

Definition: The Lead Team supports this objective. Risk Management is the ongoing process of risk analysis and subsequent decisions and actions to accept exposure or to reduce vulnerabilities by either mitigating the risks or applying cost effective controls.

Sustainment Strategies	Enhancement Strategies
Strategy 1.1.1: Develop, implement and disseminate Florida's PPHP Strategic Plan as the framework for public health and health care capability development.	Strategy 1.1.3: Mitigate risks through implementation of risk reduction solutions and allocate resources to the highest priority risks. Sustain solutions, measure progress toward reducing risks and undertake corrective actions based on the evaluative process.
Strategy 1.1.2: Conduct Hazard Vulnerability Analysis to identify, assess and prioritize risks for negative health outcomes due to natural or man-made disasters.	Strategy 1.1.4: Communicate risks through a process that includes educating and engaging the public and policy makers about the risks we face, the value of establishing priorities, allocating resources and establishing acceptable levels of risk.

2010-2011 risk management projects:

- Grants Management
- PPHP Project Management
- PPHP Strategic Plan Development, Implementation and Performance Measurement
- Preparedness Program Administration

Goal #1: Prepare

Objective 1.2 - Planning Capability

Desired Outcome: Plans incorporate an accurate threat analysis and risk assessment and ensure that capabilities required to prevent, protect against, respond to, and recover from all-hazards events are available when and where they are needed.

Definition: The Planning Capability Team supports this objective. The PPHP planning component provides for a systematic framework to develop, implement, evaluate and improve plans across the entire emergency management cycle. Effective planning translates law, policy, strategy, protocols and capabilities into specific tasks and courses of action to minimize death, injury and illness. Plans are vertically and horizontally integrated with appropriate departments, agencies and jurisdictions.

Where appropriate, emergency plans incorporate a mechanism for requesting state and federal assistance and include a clearly delineated process for seeking and requesting assistance from appropriate agencies. Planning is a key part of the preparedness cycle, which also includes organizing, training, equipping, exercising, evaluating and taking corrective actions to systematically enhance readiness.



Planning Session

Sustainment Strategies

Strategy 1.2.1: Maintain a competent, trained and credentialed planning workforce with the tools and resources to work with local and regional subject matter experts to write, evaluate and improve operational plans.

Strategy 1.2.2: Identify, communicate and integrate planning priorities into the Multi-Year Training and Exercise Plan (MYTEP).

Enhancement Strategies

Strategy 1.2.3: Achieve Project Public Health Ready criteria for Florida's 67 county health departments, and achieve the criteria for State Project Public Health Ready.

Strategy 1.2.4: Ensure the Florida PPHP Strategic Plan aligns to and supports operational priorities for other Florida health care system strategic plans, including the Florida Emergency Medical Services (EMS) Advisory Council Strategic Plan and the Florida Trauma System Strategic Plan.

2010-2011 planning projects:

- Regional and County Planning Capability
- Public Health Readiness
- State Planning Capability

Goal #1: Prepare

Objective 1.3 – Training and Exercises

Desired Outcome: Training and exercises are targeted to close priority gaps in readiness.

Definition: The Training and Exercise Team supports this objective. The PHHP training and exercise objective establishes the infrastructure for a comprehensive and efficient training and exercise system to ensure public health and health care workforce readiness for response to natural and man-made disasters.

Sustainment Strategies

Strategy 1.3.1: Maintain a competent trained and credentialed workforce capable of implementing public health and health care capabilities. Continue to develop the Learning Management System, including associated processes; improve Trak-It to support the business processes; and integrate health care system partner information.

Strategy 1.3.2: Maintain MYTEP. Link training and exercises to public health and health care planning priorities, document in the MYTEP and evaluate effectiveness of training and exercise for building capabilities.

Strategy 1.3.3: Support the preparedness cycle through sustainment of the Tier 1 and 2 training and exercise review process ensuring alignment of training and exercise with the MYTEP. Ensure Homeland Security Exercise and Evaluation Program (HSEEP) compliance for exercises.

Strategy 1.3.4: Sustain, evaluate and improve existing training and exercise tools to support a public health and health care preparedness training and exercise system. Develop additional tools to meet training and exercise priorities and maximize use of funding.

Enhancement Strategies

2010-2011 training and exercise projects:

- PHHP Training and Exercise System
- PHHP Workforce Development



Training Exercise

Goal #1: Prepare

Objective 1.4 - Information Sharing and Dissemination Capability

Desired Outcome: Effective and timely sharing of information and intelligence occurs across federal, state, local, tribal, territorial, regional and private sector entities to achieve coordinated awareness of, prevention of, protection against and response to a threatened or actual domestic terrorist attack, major disaster, or other emergency.

Definition: The Information Dissemination Team supports this objective. The information sharing and dissemination capability includes developing, coordinating and disseminating prompt, useful, reliable and timely public health and health care information to the public, responders and stakeholders across all jurisdictions and disciplines.

Sustainment Strategies

Strategy 1.4.1: Maintain a competent, trained and credentialed public information workforce capable of performing public information and spokesperson roles.

Strategy 1.4.2: Sustain, evaluate and improve Crisis and Emergency Risk Communication (CERC) annexes and resources. Ensure alignment and integration with partner efforts through local collaboration and participation in the State Working Group (SWG) for Preparedness.

2010-2011 information dissemination projects:

- Risk and Crisis Communications Capacity
- Public Health and Health Care Information Dissemination

Enhancement Strategies

Strategy 1.4.3: Create, maintain, distribute and evaluate scenario-specific messages to ensure timely availability to decision-makers, responders and the public.

Strategy 1.4.4: Establish formal public health and health care rumor control processes and procedures that link to existing emergency management processes, specifically ESF14 (Public Information) and Joint Information Centers/Joint Information Systems (JIC/JIS).



PIO with Camera Crew

Goal #2: Incident Management

Goal #2: Incident Management Incident Management ensures that systems and personnel are available to effectively manage all hazards. This goal encompasses the Emergency Operations Center (EOC) management capability and the interoperable voice and data communications capability.

Objective 2.1 - Emergency Support Function #8 (ESF8) Capability

Desired Outcome: The event is effectively managed through multi-agency coordination for a pre-planned or no-notice event.

Definition: The ESF8 System Capability Team supports this objective. The ESF8 capability coordinates and supports operations to prepare for, respond to and recover from an all-hazards impact on a local public health and health care system. These operations begin with local actions taken to protect vulnerable populations in health care facilities and in the general population.



Emergency Operations Center

Sustainment Strategies

Strategy 2.1.1: Maintain a competent, trained and credentialed ESF8 response workforce capable of implementing an Incident Management Team using Incident Command System principles and practices.

Strategy 2.1.2: Sustain, evaluate and improve ESF8 operations plans which align across local, state, regional, interstate and federal levels.

Strategy 2.1.3: Maintain asset typing infrastructure (policy, procedures and standards) for public health and health care. Integrate public health and health care asset typing into Florida National Incident Management System Resource Typing maintained by the Division of Emergency Management.

Enhancement Strategies

Strategy 2.1.4: Ensure that operational plans and systems are available to fully address the needs of catastrophic events.

2010-2011 ESF8 system projects:

- Health Care System Catastrophic Planning
- Regional/Local ESF8 Integration
- State ESF8 Response Capability
- State Medical Response Teams

Goal #2: Incident Management

Objective 2.2 - Interoperable Voice and Data Communications Capability

Desired Outcome: A continuous flow of critical information is maintained as needed among multi-jurisdictional and multidisciplinary emergency responders, command posts, agencies and the governmental officials for the duration of the emergency response operation.

Definition: The ESF8 Systems Capability Team supports this objective. Communications is the fundamental capability within disciplines and jurisdictions that practitioners need to perform the most routine and basic elements of their job functions. Agencies must be operable, meaning they must have sufficient wireless communications to meet their everyday internal and emergency communication requirements before they place value on being interoperable, i.e., able to work with other agencies. Communications interoperability is the ability of public safety agencies (police, fire and EMS) and service agencies (public works, transportation, hospitals, etc.) to talk within and across agencies and jurisdictions via radio and associated communications systems, exchanging voice, data and/or video with one another on demand, in real time when needed, and when authorized. It is essential that public safety has the interagency operability it needs and that it builds its systems toward interoperability.



Sustainment Strategies

Strategy 2.2.1: Sustain, evaluate and improve alert and notification processes, procedures and systems to ensure key public health and health care partners receive accurate and timely notification of event specific information.

Strategy 2.2.2: Sustain, evaluate, and improve existing voice, data and video communications systems.

Enhancement Strategies

2.2.3. Integrate voice, data and video communications across all disciplines, including law enforcement, emergency management, pre-hospital, hospital, and public health, to ensure connectivity and access to key information during an event.

Strategy 2.2.4: Enhance statewide capacity to provide near real-time health care system indicator data to ensure a common operating picture and situational awareness of the status of the health care delivery system during an event.

Strategy 2.2.5: Implement a patient tracking system that can be rapidly implemented anywhere in the state during an event.

2010-2011 interoperable voice and data projects:

- Patient Management and Communications
- FL Department of Health Emergency Notification System (FDENS)
- DOH Interoperable Communications Capability

Goal #3: Surge Management

Goal #3: Surge Management Surge Management ensures surge capacity to meet the needs of all hazard events. This goal encompasses the Emergency Triage and Pre-Hospital Treatment Capability, the Medical Surge Capability, the Medical Logistics Capability, the Volunteer Management Capability and the Fatality Management Capability.

Objective 3.1 - Emergency Triage and Pre-Hospital Treatment Capability

Desired Outcome: Emergency Medical Services (EMS) resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations.

Definition: The Community Surge Capability Team supports this objective. Emergency triage and pre-hospital treatment is the capability to appropriately dispatch EMS resources; to provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients; to provide transport as well as medical care en-route to an appropriate receiving facility; and to track patients to a treatment facility.

Sustainment Strategies

Strategy 3.1.1: Maintain a competent, trained and credentialed EMS workforce capable of performing triage, treatment, transport, tracking of patients and documentation of care appropriate to the incident.

Strategy 3.1.2: Sustain, evaluate and improve EMS plans and protocols which support the triage and pre-hospital capability.

Enhancement Strategies

Strategy 3.1.3: Ensure availability of pre-hospital medical direction and consultation to first responders.

2010-2011 emergency triage and pre-hospital treatment projects:

- Statewide Disaster Protocols Development and Training of EMS Personnel
- Paramedic and EMT CBRNE and Pan Flu Training and Evaluation



Emergency Triage

Goal #3: Surge Management

Objective 3.2 - Medical Surge Capability

Desired Outcome: Injured or ill from the event are rapidly and appropriately cared for, while continuity of care is maintained for non-incident related illness or injury.

Definition: The Hospital Surge and Community Surge Capability Teams support this objective. Medical Surge is the capability to rapidly expand the capacity of the existing health care system in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day medical capacity.

Sustainment Strategies

Strategy 3.2.1: Maintain a competent, trained and credentialed health and medical surge workforce who are knowledgeable about roles and responsibilities during a response.

Strategy 3.2.2: Sustain, evaluate and improve health care system surge capacity equipment and supplies. This includes assessing current levels of equipment and supplies, as well as replacement and preventative maintenance of expiring disaster supplies/equipment.

Strategy 3.2.3: Sustain, evaluate and improve plans to ensure the capability of delivering care in non-traditional settings during an event.

2010-2011 medical surge projects:

- Hospital Surge Equipment and Supplies
- Hospital Training Sustainment
- Hospital Exercises
- Trauma Disaster Management (TDM) Program
- Traumatic Brain Injury (TBI) Training
- Burns and Blasts Training Revision
- Hospital Preparedness Capability:
 - o Advanced Core Competencies
 - o Just-In-Time Training
 - o Mutual Aid Network Planning
 - o Mass Casualty Incident Plan

Enhancement Strategies

Strategy 3.2.4: Enhance health care system planning by ensuring partnerships, mutual aid and linkages to emergency management are established. Provide funding, tools and resources to sustain, evaluate and improve health care system plans for medical surge capability.

Strategy 3.2.5: Enhance supplies and equipment for rural critical access hospitals.



Medical Surge

- o Integrated Emergency Management Planning
- o HSEEP
- o Rural and Critical Access Hospital Preparedness
- Statewide Alternate Care Standards
- Statewide Alternate Medical Treatment Site (AMTS) Education, Training, and Exercising
- Health Care Workforce Surge, Phase III
- Regional Disaster Behavioral Health Assessment Team (RDBHAT) Sustainment

Goal #3: Surge Management

Objective 3.3 - Medical Logistics Capability

Desired Outcome: Critical medical supplies and equipment are appropriately secured, managed, distributed and restocked in a timeframe appropriate to the incident.

Definition: The ESF8 System Capability Team supports this objective. Medical logistics capability is to identify, procure, store, inventory, dispatch, mobilize, transport, demobilize, recover and recondition all critical resources throughout all incident management phases. Critical resources are personnel and materials necessary to preserve the life, safety and health of an impacted population.

Sustainment Strategies

Strategy 3.3.1: Maintain a competent, trained and credentialed logistics workforce capable of performing logistics functions including procurement, storage, maintenance, deployment and demobilization for critical resources.

Strategy 3.3.2: Sustain, evaluate and improve medical logistics plans to ensure critical resources are available for any event. Integrate medical logistics plans with other federal, state and local logistics plans.

Strategy 3.3.3: Sustain, evaluate and improve medical resource caches, including pharmaceuticals, supplies and equipment. Implement inventory management system for all medical resource caches. Prioritize sustainment of caches to support response to hazards and vulnerabilities which have the highest risk for negative health outcomes due to natural or man-made disasters.

Enhancement Strategies

2010-2011 ESF8 logistics projects:

- State Logistics Capability
- PPHP Cache Storage and Maintenance



Medical Supply Cache

Goal #3: Surge Management

Objective 3.4 - Volunteer Management Capability

Desired Outcome: The positive effect of using volunteers and donations is maximized to augment incident operations.

Definition: The Community Preparedness Capability Team supports this objective. Volunteer management capability incorporates volunteers into the health and health care response system. Volunteer capabilities include enabling community resiliency through increased understanding of existing volunteer organizations and engaging volunteers in local emergency preparedness planning and readiness initiatives.

Sustainment Strategies

Strategy 3.4.1: Sustain, evaluate and improve Medical Reserve Corps (MRC) capabilities and integrate into local response through consistency of standards for all local MRC units, partnerships with other state and local volunteer agencies and continue to test capabilities.

Strategy 3.4.2: Sustain, evaluate and improve State Emergency Responders and Volunteers of Florida (SERVFL) system for managing volunteer and responder assets so as to identify and roster manpower to effectively fulfill mission requests.

2010-2011 volunteer management projects:

- Florida MRC Network
- SERVFL Registry

Enhancement Strategies



MRC Volunteers

Goal #3: Surge Management

Objective 3.5 - Fatality Management Capability

Desired Outcome: Complete recovery and documentation of human remains and items of evidence (except in cases where the health risks posed to personnel outweigh the benefits of recovery of remains).

Definition: The Fatality Management Capability Team supports this objective. Fatality management capability ensures complete documentation and recovery of human remains and items of evidence where: remains receive surface decontamination (if indicated) and are examined, identified and released to the next-of-kin's funeral home with a complete certified death certificate; reports of missing persons and ante-mortem data are efficiently collected; victims' family members receive updated information prior to the media release; all hazardous material regulations are reviewed and any restrictions on the transportation and disposition of remains are made clear by those with the authority and responsibility to establish the standards; law enforcement agencies are given all information needed to investigate and prosecute the case successfully; and families are provided incident specific support services.

Sustainment Strategies

Strategy 3.5.1: Sustain, evaluate and improve the Florida Comprehensive Emergency Management Plan Mass Fatality Annex through coordination with a Medical Examiner Commission (MEC) standing committee to oversee emergency operations plan maintenance.

Strategy 3.5.2: Sustain, evaluate and improve the Florida Emergency Mortuary Operations Response System (FEMORS) capability including response team readiness, equipment and supplies maintenance.

2010-2011 fatality management projects:

- Fatality Management Training Module for Health Care Providers
- Florida Emergency Mortuary Operations Response System (FEMORS)
- Plan for state level CBRNE Human Remains Decontamination Team

Enhancement Strategies

Strategy 3.5.3: Enhance district and health care plans, ensuring partnerships, mutual aid and linkages to Emergency Management are established. Provide training, tools and resources to sustain, evaluate and improve district and health care fatality plans.

Strategy 3.5.4: Develop plan for state level CBRNE Human Remains Decontamination Team.



Field Recovery of Deceased at FEMORS drill

Goal #4: Countermeasures and Mitigation

Goal #4: Countermeasures and Mitigation Countermeasures and Mitigation ensures that appropriate and effective countermeasures are available to mitigate the health consequences of any event. This goal encompasses the Responder Safety and Health Capability, Mass Prophylaxis Capability and Isolation and Quarantine Capability.

Objective 4.1 - Responder Safety and Health

Desired Outcome: No illnesses or injury to any first responder, first receiver, medical facility staff member, or other skilled support personnel as a result of preventable exposure.

Definition: The Responder Safety and Health Capability Team supports this objective. Responder Safety and Health (RSH) capability ensures that plans, personnel, equipment and systems are in place to protect the safety and health of responders.



Personal Protective Equipment for Responders

Sustainment Strategies

Strategy 4.1.1: Maintain competent, trained and credentialed Incident Command System Safety Officers to serve on an Incident Management Team during a response.

Strategy 4.1.2: Sustain health care responders Level “C” Personal Protective Equipment (PPE), chemical, radiological, and other prophylaxis measures to ensure RSH programs statewide.

Enhancement Strategies

Strategy 4.1.3: Assess level of RSH programs and provide resources to implement best practices.

Strategy 4.1.4: Ensure health care facilities and responders have easy access to protective measures for all hazards, including chemical and radiological events.

2010-2011 responder safety and health projects:

- ESF8 RSH Program
- DOH RSH Program
- EMS Level “C” PPE Sustainment
- First Responder Chemical Prophylaxis Sustainment
- First Responder Pharmaceutical Stockpile

Goal #4: Countermeasures and Mitigation

Objective 4.2 - Mass Prophylaxis Capability

Desired Outcome: Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals.

Definition: The Mass Prophylaxis Capability Team supports this objective. Mass prophylaxis is the capability to protect the health of the population through the administration of critical interventions to prevent the development of disease among those who are exposed or potentially exposed to public health threats. This capability includes the provision of appropriate follow-up and monitoring of adverse events, as well as risk communication messages to address the concerns of the public.



Flagler County Point of Dispensing (POD)

Sustainment Strategies

Strategy 4.2.1: Sustain, evaluate and improve the ability to execute the distribution and dispensing of countermeasures to an affected population, demonstrated through exercises and/or real-world response activities.

Strategy 4.2.2: Sustain established relationship with the Florida Poison Control Centers to support surge for all hazard emergency call centers to meet demand for medical and pharmaceutical expertise.

Enhancement Strategies

2010-2011 mass prophylaxis projects:

- Cities Readiness Initiative (CRI)
- State Mass Prophylaxis Capability

Goal #4: Countermeasures and Mitigation

Objective 4.3 - Isolation and Quarantine Capability

Desired Outcome: Individuals who are ill, exposed or likely to be exposed are separated, movement is restricted, basic necessities of life are available, and their health is monitored in order to limit the spread of a newly introduced contagious disease (e.g., pandemic influenza).

Definition: The Epidemiology Capability Team supports this objective. Isolation and quarantine is the capability to protect the health of the population through the use of isolation and/or quarantine measures in order to contain the spread of disease. Isolation of ill individuals may occur in homes, hospitals, designated health care facilities, or alternate facilities. Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and may become infectious. Successful implementation will require that sufficient legal authority, logistical, and informational support exist to maintain these measures. Most experts feel that isolation and quarantine will not stop the outbreak and that if used, the focus will be on cases that might introduce the disease into the state or other geographic area.

Sustainment Strategies

Strategy 4.3.1: Sustain, evaluate and improve the Isolation Quarantine Annex of the Department of Health Emergency Operations Plan.

Enhancement Strategies

Strategy 4.3.2: Develop technical assistance for operational protocols to local communities to accomplish the requirements in the Isolation and Quarantine Annex.

No funded 2010-2011 isolation and quarantine projects.



Exercise to Screen Arrivals at Miami Airport

Goal #5: Detection, Surveillance and Investigation

Goal #5: Detection, Surveillance and Investigation Detection, Surveillance and Investigation ensures systems are in place to detect, monitor/track, investigate and mitigate chemical, biological, radiological, nuclear and explosive (CBRNE) threats and their associated health consequences. This goal encompasses the Epidemiological Surveillance and Investigation Capability, the Laboratory Testing Capability, the CBRNE Detection Capability and the Environmental Health Capability.

Objective 5.1 - Epidemiological Surveillance and Investigation Capability

Desired Outcome: Potential exposure to disease is identified rapidly by determining exposure, mode of transmission and agent; interrupting transmission to contain the spread of the event; and reducing number of cases.

Definition: The Epidemiology Capability Team supports this objective. The epidemiological surveillance and investigation capability is the ability to rapidly conduct epidemiological investigations in the context of a naturally occurring or intentionally caused incident. It includes exposure measurement; disease detection; rapid implementation or enhancement of appropriate surveillance methods; maintenance of ongoing surveillance activities; epidemiologic investigation and analysis; and communication with the public and providers about reporting procedures, disease risk, mitigation, prevention and recommendations regarding control measures.

Sustainment Strategies

Strategy 5.1.1: Maintain competent, trained and credentialed epidemiology workforce capable of conducting epidemiologic investigations and providing surge capacity for large outbreaks or other public health emergencies.

Strategy 5.1.2: Sustain, evaluate and improve protocols, procedures and systems to support investigations. This includes existing surveillance systems such as MERLIN, ESSENCE and the Poison Information Center Network. Maintaining standard protocols and procedures includes maintaining contact lists of key partners, case report forms and definitions, a communications methodology to inform those with a need to know of changes in standard protocols and procedures, and a review procedure to evaluate and update existing protocols and procedures.

2010-2011 epidemiological surveillance and investigation projects:

- Local Epidemiology Investigation Capacity
- State Epidemiology and Surveillance Capacity
- Epidemiology Training
- Epidemiology Surveillance Systems

Enhancement Strategies

Strategy 5.1.3: Develop plans, protocols and procedures for enhanced surveillance and real-time data reporting during an event.



Epidemiologist in Field

Goal #5: Detection, Surveillance and Investigation

Objective 5.2 - Laboratory Testing Capability

Desired Outcome: Potential exposure to disease is identified rapidly by determining exposure and mode of transmission and agent, interrupting transmission to contain the spread of the event and reducing number of cases.



Working in the Biosafety Level 3 Lab

Definition: The Laboratory Capability Team supports this objective.

Laboratory testing capability is the ongoing surveillance, rapid detection, confirmatory testing, data reporting, investigative support and laboratory networking to address exposure or potential exposure to all-hazards, which includes chemical, radiological and biological agents in all matrices (e.g., clinical specimens, food samples, and environmental samples).

Sustainment Strategies

Strategy 5.2.1: Maintain competent, trained and credentialed laboratory workforce capable of conducting laboratory testing for chemical, radiological and biological agents.

Strategy 5.2.2: Sustain, evaluate and improve plans, procedures and systems to meet requirements and standards of the Laboratory Response Network. This includes the biological and chemical capability.

Strategy 5.2.3: Sustain, evaluate and improve the State of Florida Comprehensive Laboratory Response Plan (CLRP).

Strategy 5.2.4: Sustain, evaluate and improve the Laboratory Information Management System.

Enhancement Strategies

Strategy 5.2.5: Monitor federal direction related to Laboratory Response Network standards for radiological testing.

2010-2011 laboratory projects:

- Level 2 Chemical Response Planning
- Maintain Level 2 Chemical Terrorism (CT) Laboratory Testing Capacity
- Safe Processing of Unknown Specimens/PPE
- On-demand Courier Service
- Staff and Equip Public Health Labs for Advanced Testing
- Security Guard Services and Electronic Surveillance System
- Maintain Capabilities of Sentinel Laboratories
- Testing of Food Samples for Critical Biological Terrorism (BT) Pathogens
- Laboratory Response Network Validated Testing
- Electronic Lab Reporting and Communication
- Maintain Operational Relationships with Local Member Response Teams
- Maintain Level 3 CT Laboratories
- Shipping Supplies and Courier Service for CT Samples
- Laboratory Supplies for Influenza Testing
- Maintain Level 1 CT Laboratory Testing Capacity
- Develop Community Partnerships and Simulation Exercise

Goal #5: Detection, Surveillance and Investigation

Objective 5.3 - CBRNE Detection Capability

Desired Outcome: Chemical, biological, radiological, nuclear, and/or explosive (CBRNE) materials are rapidly detected and characterized at borders and ports of entry, critical locations, events and incidents.

Definition: The Environmental Health/CBRNE Capability Team supports this objective. The CBRNE Detection capability includes the capacity for Florida to recognize potential CBRNE threats through equipment, surveillance, education and effective protocols. Planning, coordination and identification of resources are the essential ingredients to the successful “all hazards” readiness for the CBRNE capability in order to align agency preparedness strategies and resources to support and inform response efforts.



Health considerations in Medical Radiation Emergencies

Sustainment Strategies

Strategy 5.3.1: Integrate public health and health care components into state CBRNE detection initiatives. The strategy will include review and recommendation of technology standards, plans, protocols and procedures for CBRNE detection, designing and delivering responder training.

Strategy 5.3.2: Sustain, evaluate and improve surveillance, monitoring systems, recovery planning and remote locations for CBRNE detection and identification. This includes BioWatch and other environmental monitors, chemical, radiological and nuclear detection and prevention activities, and surveillance for hazardous substances.

2010-2011 CBRNE projects:

- PPHP CBRNE Detection Analysis
- Poison Control Network – Real Time Disease Detection (RTDD)
- RTDD: ESSENCE Component
- Preventative Radiological and Nuclear Detection (PRND)
- Emergency Medical Radiological Training

Enhancement Strategies

Goal #5: Detection, Surveillance and Investigation

Objective 5.4 - Environmental Health Capability

Desired Outcome: After the primary event, disease and injury are prevented through the quick identification of associated environmental hazards, including exposure to infectious diseases that are secondary to the primary event as well as secondary transmission modes.



Food Inspection at Red Cross Disaster Relief Station

Definition: The Environmental Health/CBRNE Capability Team supports this objective. Assess the Environmental Health (EH) scale of the emergency and respond effectively; address the detection and environmental aspects of infectious diseases; prepare for the long-term health impacts of environmental exposures; control exposure to biomedical waste; promote personal hygiene; inspect facilities for proper sanitary practices and equipment; ensure the proper functioning of onsite sewage treatment and disposal systems; protect drinking water wells from contamination; investigate the cause of food and waterborne disease outbreaks; protect the public from zoonotic and vector-borne diseases; conduct

assessments in response to public health needs; and work to detect and protect human health against unnecessary radiological, chemical and biological agents and hazardous materials.

Sustainment Strategies

Strategy 5.4.1: Maintain competent, trained and credentialed Environmental Health workforce capable of conducting environmental health services and support during natural or man-made disasters.

Strategy 5.4.2: Sustain, evaluate and improve plans, protocols and ongoing surveillance activities for environmental health issues. This capability includes communication with all partners regarding EH disease risk, mitigation and prevention.

Strategy 5.4.3: Sustain, evaluate and improve the Geographic Information Systems (GIS) capacity to store, access and utilize current health and health care system data to support situational awareness and planning for disasters. Integrate public health and health care GIS with federal, state and local capabilities.

Enhancement Strategies

2010-2011 environmental health projects:

- EH Preparedness Planning Capability
- Environmental Epidemiology Capability
- EH Strike Team Training and Exercise Capability
- PHHP GIS Annual Server and Software Maintenance

Goal #6: Community Resilience

Goal #6: Community Resilience Community Resilience requires an informed, empowered and resilient public, and a prepared health care system. This goal encompasses Community Health Care System Resilience, the Community Preparedness and Participation Capability, the Mass Care Capability and the Critical Infrastructure Protection Capability.

Objective 6.1 - Community Health Care System Resilience Capability

Desired Outcome: Community health care systems are prepared for and can recover quickly from all hazards.

Definition: The Community Health Care Capability Team supports this objective. Community health care system resilience relies on the ability to ensure access to culturally informed, timely and high-quality health care and a robust public health system.



Evacuation of a Nursing Home

Sustainment Strategies

Strategy 6.1.1: Sustain, evaluate and improve plans, training, and exercises to ensure the health care system, including primary care providers, Federally Qualified Health Care Centers (FQHC), outpatient and urgent care centers, long-term care facilities and other community-based programs are prepared for their roles and responsibilities in a disaster. These roles include evacuation, continuity of operations, and plans for re-entry.

Enhancement Strategies

2010-2011 community health care resilience projects:

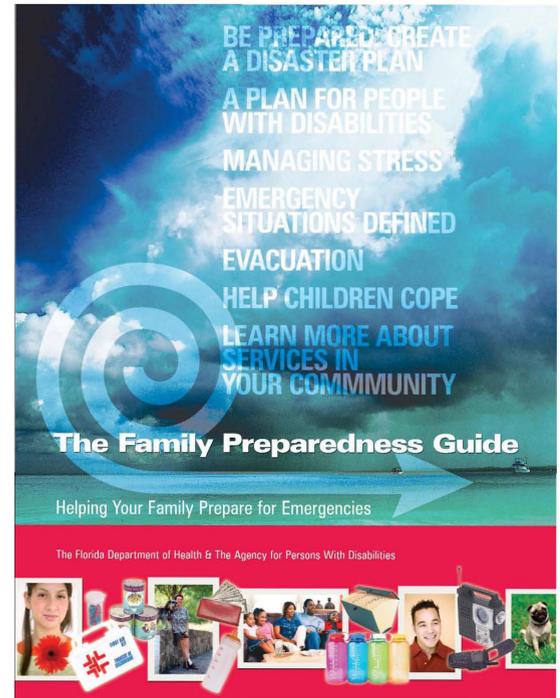
- Sustainment of Planning, Training and Exercises for New and Existing FQHCs
- Long Term Care Systems Assessment and Needs Analysis
- Primary Care System Integration

Goal #6: Community Resilience

Objective 6.2 - Community Preparedness and Participation Capability

Desired Outcome: An informed, empowered and resilient public.

Definition: The Community Preparedness Capability Team supports this objective. There is a structure and a process for ongoing collaboration between governmental and nongovernmental resources at all levels; volunteers and nongovernmental resources are incorporated in plans and exercises; the public is educated and trained in the four mission areas of preparedness; citizens participate in volunteer programs and provide surge capacity support; nongovernmental resources are managed effectively in disasters; and there is a process to evaluate progress.



Florida Family Preparedness Guide

Sustainment Strategies

Strategy 6.2.1: Sustain, evaluate and improve efforts to integrate the needs of vulnerable populations into preparedness planning, training and exercises. Assess community outreach efforts to vulnerable populations at the state, regional and local levels. Develop and disseminate resources and tools which support the needs of vulnerable populations to providers of care and responders.

Enhancement Strategies

Strategy 6.2.2: Integrate health and medical information into all-hazards preparedness training and education for residents and visitors. This will be accomplished through partnerships with state and local emergency management, state and local governmental non-emergency services agencies, community-based organizations, governmental and non-governmental entities serving vulnerable populations and other non-governmental organizations (NGOs).

Strategy 6.2.3: Establish protocols for long-term health and behavioral health monitoring of the population following chemical, radiological or nuclear events.

2010-2011 community preparedness and participation projects:

- Vulnerable Populations: Identification and Planning Resources
- Vulnerable Populations Regional Capacity
- Statewide Disability Capability
- Neighborhood Emergency Preparedness Program (NEPP)

Goal #6: Community Resilience

Objective 6.3 - Mass Care Capability

Desired Outcome: Mass care services, including sheltering, feeding, and appropriate health care services, are rapidly provided for the population and companion animals within the affected area.

Definition: The Community Preparedness Capability Team supports this objective. Mass care is the capability to provide immediate shelter, feeding centers, basic first aid, bulk distribution of needed items and related services to persons affected by a large-scale incident. This capability includes special needs shelter management and delivery of public health and health care services for populations at risk for a poor health outcome due to a disaster who are located in a mass care or community stabilization setting.

Sustainment Strategies

Strategy 6.3.1: Sustain, evaluate and improve plans, protocols, and procedures to provide public health and health care services in mass care settings. This includes annual review and revision of the state and county special needs shelter plans, training and exercising, and the integration of MRC and discharge planning teams.

Strategy 6.3.2: Maintain partnerships that support sheltering of persons with special needs, including pre-registration and discharge planning. Key partnerships include the Florida Department of Elder Affairs, the Florida Division of Emergency Management, county health departments and local emergency managers.

2010-2011 mass care projects:

- Health and Medical Sheltering Services

Enhancement Strategies



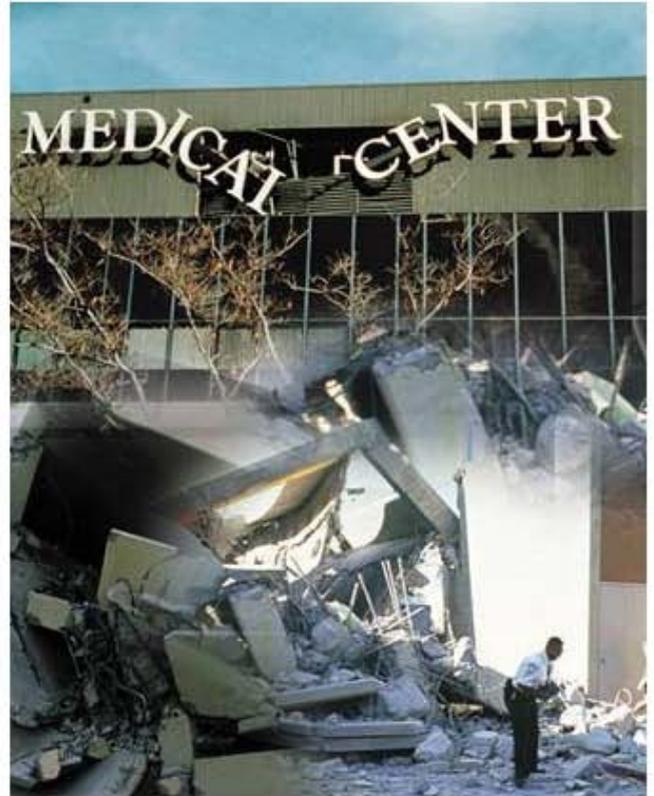
Special Needs Shelter for Katrina Survivors

Goal #6: Community Resilience

Objective 6.4 - Critical Infrastructure Protection Capability

Desired Outcome: The risk to, vulnerability of, and consequence of an attack on critical infrastructure are reduced or eliminated.

Definition: The ESF8 System Team supports this objective. The Critical Infrastructure Protection (CIP) capability enables public and private entities to identify, assess, prioritize, and protect critical infrastructure and key resources so they can detect, prevent, deter, devalue and mitigate deliberate efforts to destroy, incapacitate or exploit Florida's critical infrastructure and key resources.



Hospital Disaster

Sustainment Strategies

Strategy 6.4.1: Continue integration of health care sector critical infrastructure and key resources into State Critical Infrastructure Program.

Strategy 6.4.2: Sustain, evaluate and expand the number of hazard vulnerability assessments (HVAs) for health care sector critical infrastructure and key resources integrated into the Florida Critical Infrastructure Program.

Enhancement Strategies

Strategy 6.4.3: Ensure Critical Infrastructure HVA data are integrated into planning, training, exercising and equipping priorities.

2010-2011 critical infrastructure protection projects:

- Health Care and Public Health Sector Critical Infrastructure Strategy
- Health Care and Public Health Sector Critical Infrastructure Assessments

II. The Path to Preparedness

Florida faces many threats with the potential for negative health consequences, including disease outbreaks, natural disasters and terrorist attacks. Florida Statute charges the Florida Department of Health (DOH) to promote, protect and improve the health and safety of all people in Florida. The Division of Emergency Medical Operations (DEMO), Bureau of Preparedness and Response (BPR) recognizes that preparing for and responding to these threats **requires the commitment of and cooperation among all segments of the health care system and the public.**

In support of the PHHP Strategic Plan, the role of BPR is to:

- **Facilitate** a culture of preparedness in DOH through developing policy, ensuring a competent and trained public health workforce and maintaining a viable DOH Emergency Operations Plan.
- **Guide** the state's public health and health care preparedness efforts through collaborative strategic planning and engaging and maintaining key partnerships.
- **Coordinate** the development of capabilities that build community resilience and ensure sustainable public health, health care and emergency management systems. This coordination is accomplished through allocating federal funding; engaging partners; building sustainable planning, equipping, training and exercise processes; and sharing best practices.
- **Support** incident response through maintaining situational awareness, providing leadership and staff to the State Emergency Response Team, conducting incident planning and mobilizing medical logistics.

Continuing the efforts that began immediately following the 9/11 terrorist attack, BPR works with our diverse public health and health care stakeholders to develop and implement the PHHP Strategic Plan. This is the fifth iteration of the strategic plan, which incorporates lessons learned over the past nine years as well as the evolving national health-related preparedness and response strategies. The 2011-2013 strategic plan guides our efforts for the next three years and will be updated annually.

PHHP uses an enterprise strategic planning system that includes four components:

1. Strategy Development: Since 2007, the PHHP strategic objectives have been based on building capabilities necessary to successfully prevent, prepare for, respond to and recover from any event. These capabilities are based on a subset of the National Target Capabilities List. The 2011-2013 strategic plan maintains a focus on these capabilities. The new plan aligns these capabilities into six goal areas. The National Health Security Strategy and the draft Centers for Disease Control and Prevention (CDC) Public Health and Emergency Preparedness (PHEP) capabilities guided our goal development. This new framework allows continued alignment to the Florida Domestic Security Strategy and the National Response Framework, while ensuring integration across all the target capabilities and an enhanced ability to address cross-cutting system issues.

II. The Path to Preparedness

Implementation of the framework requires commitment to four cross cutting priorities: (1) meeting the needs of our vulnerable populations, (2) developing a competent and trained workforce, (3) building sustainable processes and (4) monitoring and measuring progress. Additional information on the cross-cutting priorities is outlined in Section IV.

2. Strategy Implementation: A team-based approach is used to implement the PPHP goals, objectives, strategies and projects. These teams include:

- The Strategic Plan Oversight Team (SPOT) is a statewide, interdisciplinary team that serves as the PPHP advisory body. The SPOT is responsible for setting priorities, allocating resources, overseeing coordination and communication and monitoring progress against objectives. The SPOT combines several previous advisory boards into one entity.
- The Lead Team comprises BPR leaders who are responsible for ensuring that all activities are consistent with federal and state strategies, ensuring forward movement toward achieving objectives, and celebrating successes.
- The Capability Teams are comprised of preparedness-funded staff, internal partners and multidisciplinary subject matter experts from across the state. These strategic planning teams are responsible for identifying and prioritizing preparedness gaps, developing projects to close gaps, and measuring and reporting progress. All active teams have developed and executed a team charter that outlines team goals, roles and responsibilities, and objectives.

Annually, the capability teams review capability requirements, document the capabilities and capacities achieved, identify and prioritize gaps and recommend strategies and projects to close these gaps and sustain capabilities and capacities.

The capability teams' recommended strategies and projects are presented to the SPOT, which prioritizes and approves all strategies and projects. This informs the strategy development process and drives the implementation process.

In 2009, a project team was formed to conduct a Capabilities Linking Process. This process analyzed, compared and identified cross-capability linkages among each of the health and health care-related capabilities as well as the critical tasks for each. This process created a diagram for each Capability Team's critical tasks in order to visually depict linkages with other health capabilities, major partners or other related capabilities identified in the analysis process. Also produced were corresponding analysis charts that defined the type of linkage, intersection points, and the output needed for each linkage. The work of this team led to reframing the PPHP goals, objectives and strategies using the PHEP Capabilities framework. Furthermore, this work will be used to create cross-capability goal teams to maximize integration and use of funding.

3. Project Management: Building and sustaining the capabilities depends on successful project implementation. This requires that project managers understand the scope, risks and linkages of their individual projects to the overall system. Consequently, in 2007, PPHP developed and implemented a

II. The Path to Preparedness

systematic project management model for the 50+ staff designated to manage preparedness projects. Preparedness project managers were provided a series of instructor-led and on-line project management training sessions, tools and other supporting resources. In 2008, a common platform for the documentation of projects and management reporting was established through the acquisition of a Project Portfolio Management (PPM) tool. To help ensure the achievement of strategies and objectives, the PPM tool is used to develop, manage, monitor, and report project activities and outcomes. In 2009-2010, the PPM tool supported 168 “active” preparedness projects (148 federally-funded, 20 unfunded).

4. Performance Measurement: During the past eight years, PHHP has used multiple methods to measure preparedness capabilities and performance. These include:

- Achieving 100% compliance with all federal cooperative agreement performance measures for grant years 2008-2009 and 2009-2010.
- In 2006 and 2008, PHHP conducted extensive, internal assessments against the health and health care-related target capabilities. These data provided snapshots of capabilities and capacities achieved, and helped identify gaps in preparedness. In 2010, PHHP participated in two federally-required, state-level, interdisciplinary capabilities assessments (the Domestic Security Capabilities Review and the State Preparedness Report assessment).
- In 2008, preparedness expectations were established for county health departments (CHD), and an annual CHD preparedness assessment was conducted to measure compliance.
- The PPM tool provides quarterly data on project performance, and yearly data on project deliverables and objectives achieved.

During 2007-2010, the Lead Team established the foundation for a performance measurement process capable of providing actionable data to guide our strategic initiatives and to build sustainable public health, health care and emergency management systems. Subsequently, the Capability Teams began identifying and refining measures to populate individual capability scorecards. During 2011, the final scorecards will include the outcome, capability/capacity and process measures designed to measure progress towards achieving the capability end-states. See Appendix A for a high-level summary of the desired outcomes, proposed measures of success and examples of process measures for each objective in the plan. Additional information on the next steps for the PHHP performance measurement initiative can be found in Section IV of this document.

III. Celebrating Our Successes

Florida continues to build and improve its public health, health care and emergency management systems, and has been successful in responding to a variety of recent public health emergencies and disasters. These successes are attributable to many factors, including Florida's integrated emergency management structure, strong domestic security leadership, and the diversity, commitment and cooperation among partners in emergency management, law enforcement, hospitals, fire/rescue, emergency medical services, health care providers, universities, and other federal, state and local organizations.

Responses

The true test of public health and health care capabilities is measured by the effectiveness of response to real-world events. Across Florida, local responders are called on each day to manage events with potential negative health impacts. The vast majority of these requests are addressed using local resources. From 2007 to 2010, Florida responded successfully to many events, including Tropical Storm Fay, and Hurricanes Gustav and Ike in August 2008. Florida coordinated a multi-state response through the Region IV ESF8 Unified Planning Coalition utilizing Emergency Management Assistance Compact (EMAC) to the Kentucky Ice Storms in January 2009 and assisted Kentucky directly by developing tactical plans for implementation in their response. In 2007, Florida provided responders to Iowa to assist with their severe flood response. There were also responses in multiple counties to severe weather and flooding events during the spring of 2009. The Department of Health's Division of Environmental Health took the lead in responding to the Chinese Drywall event during 2009.

The past year also presented unique challenges to our response system. These events tested multiple capabilities and provided valuable lessons learned. They include:

H1N1 (June 2009 – June 2010)

The Department of Health coordinated Florida's statewide response to the year-long H1N1 pandemic, including unprecedented cooperative efforts with other state agencies, private providers, retail pharmacies, and schools, colleges and universities. Highlights of the response include:

An estimated 3.7 million Floridians were immunized against H1N1 influenza (per CDC estimated 19.5% statewide vaccination rate, among 19,101,910 Floridians older than 6 months of age).

A coordinated and comprehensive pandemic influenza communications plan was implemented, which included:

- Three call centers to alleviate call surge to local county health departments: the Flu Information Line to provide general information to the public (available from 8 am to 8 pm daily); a health care line for health care providers (24/7); and one for immunization adverse reaction reporting (24/7). During the course of the event, more than 54,000 calls were made to the Flu Information Line. Medical doctors and registered nurses topped the list of callers contacting the health care line.

III. Celebrating Our Successes

- The MyFluSafety Internet site was established and updated weekly and as necessary. From August 2009 through May 31, 2010, the site had more than 156,000 visitors. Feedback showed the most useful components were the Weekly Epidemiology Surveillance Report, the Frequently Asked Questions segment and the County Vaccine Clinic information and schedules segment. An H1N1 page was also added to the DOH Intranet to provide greater access to information and technical information to state and local public health staff.

To help prevent transmission of disease, guidelines for use and ordering of PPE and safety supplies for law enforcement, health care providers, school and shelter personnel were distributed and posted on the website. Additionally, DOH acquired and stored: 1.6 million adult surgical masks, 385,275 pediatric surgical masks, 7.1 million N-95 respirator masks and 399,000 gloves (another 1.6 million gloves were stockpiled). Of these, the department shipped 839,409 adult and 344,400 pediatric surgical masks (primarily to schools), as well as 878,534 N-95 masks and 389,000 gloves.

Regardless of ability to pay, Floridians were able to quickly access antiviral medication through CHDs, clinics, physician offices, hospital emergency departments (ED) and local pharmacies. Early access to antivirals reduced morbidity and mortality in persons who were critically ill or otherwise infected with 2009 H1N1 influenza, especially those at high risk for complications such as young children, pregnant women, and those with chronic underlying medical conditions/diseases. The department distributed mass quantities of antiviral medication to all 67 county health departments within six hours from receipt of federal stockpiles. Through partnerships with health care entities, including seven large chain drug stores and 1,285 retail pharmacies, the Public Antiviral Stockpile Program distributed over 425,000 regimens of antiviral medication and dispensed nearly 36,000 doses.

The National Public Health Information Coalition Awards of Excellence in Public Health Communication recognized Florida's efforts during the H1N1 campaign through the following awards:

- Gold Medal in the Webcast/Podcast/Web-based Training Category for Florida's H1N1 Health Care Provider Webcast
- Silver Medal in the Crisis and Emergency Risk Communication Category for Florida's H1N1 Information Branch
- Bronze Medal in the Webcast/Podcast/Web-based Training Category for Florida's Reducing the FEE (bioterrorism) Exercise

Operation Haiti Relief (January 12—February 20, 2010)

On January 13, 2010, the day after a catastrophic earthquake hit Haiti, Governor Crist ordered the State Emergency Response Team to activate in support of the federal government's response to the disaster. Bureau of Preparedness and Response staff reported to the State Emergency Operations Center (EOC) ESF8 to coordinate the state's public health and health care support. During this unprecedented response to the worst disaster in the western hemisphere, State EOC ESF8 coordinated the movement of 717 critically injured patients into Florida hospitals. While initially many of these patients were U.S. citizens, the total included some of the most severely injured Haitians as well. The injuries from the earthquake included burn patients (pediatric and adult), crush injuries and spinal cord injuries.

III. Celebrating Our Successes



Florida Responders in Haiti

the need for support of these patients, including extended long-term care, rehabilitation and other services. Operation Haiti Relief left Florida health care facilities and emergency medical services with approximately \$12 million dollars of uncompensated care. With assistance from State EOC ESF8 and our partners at the Florida Department of Children and Families, the U.S. Department of Health and Human Services has arranged for a supplemental appropriation to cover many of these costs.

The Haitian and other non-U.S. citizens were sent to Florida to relieve the overcrowding on the USHS Comfort and other overwhelmed local facilities. Due to the high acuity of these patients, this presented a substantial challenge to health care providers in Florida. State EOC ESF8 established coordination procedures to ensure that no single Florida health care system was overwhelmed and service for Floridians was also maintained. The bulk of the patients came to Florida before the federal government activated its National Disaster Medical System (a system that includes reimbursement) on February 2, 2010. State EOC ESF8 continued to communicate with federal authorities regarding

The most important aspect of this response was that anyone evacuated from Haiti to Florida received a high level of expert care that did not reduce Florida's ability to support its own residents. In the case of medically evacuated Haitian nationals, it is very likely that many, if not most, of these patients would have died had they been forced to remain in the overwhelmed emergency health care structures in Haiti. While these critically injured patients were the main focus, state and local ESF8 also provided support to the repatriation process that brought over 26,000 U.S. citizens through Florida.

Deepwater Horizon (April – September 2010)

The Deepwater Horizon oil spill was designated a Spill of National Significance, with an estimated release rate of oil at 5,000 barrels per day. This event impacted several Gulf States, including Florida. Florida provided responders to the Unified Command in Mobile, Alabama, and at the State EOC. In Florida, active monitoring of syndromic surveillance systems for the detection of adverse health effects due to exposure to crude oil, crude oil by-products, pollutants, distillates and dispersal agents was conducted in Escambia, Santa Rosa, Okaloosa, Walton, Bay and Gulf counties.



Impact of Oil Spill

III. Celebrating Our Successes

Building Capabilities

The chart below shows the current state of each capability and a summary of accomplishments over the past three years.

Capability	Successes 2007-2010 Capabilities Achieved and Sustained
<p>1.1 Risk Management</p>	<p>PHHP utilizes its enterprise strategic planning model to assess and manage risks and ensure a return on investment through achieving robust public health and health care capabilities.</p> <ul style="list-style-type: none"> • Implemented a strategic planning enterprise system to assess and manage risks at a systems level, including: <ul style="list-style-type: none"> -a strategy development process that assesses risks, documents capabilities achieved, and identifies and prioritizes gaps in capabilities that resulted in annual updates to the strategic plan -an implementation process using a team-based approach -a systematic project management model to design, implement, and evaluate projects to achieve and sustain capabilities • Facilitated the request, allocation and monitoring of over \$253 million in federal preparedness funding between 2007 and 2010. • Maintained partnerships with federal, state and local public and private entities to ensure alignment and integration among all preparedness and response activities.
<p>1.2 Planning</p>	<p>Florida’s PHHP planning capability provides the framework for linking together the individual resources and capacities into an integrated response system. Plans are the foundation of preparedness and this capability provides a structure to ensure integration of plans at the local, regional, and state level.</p> <ul style="list-style-type: none"> • A Plan Development Guide (to ensure a systematic planning process for operational plans) was piloted during 2010 and will be implemented for use by public health and health care planners throughout the state during 2011. The guide aligns to the federal Comprehensive Preparedness Guide (CPG) 101 for developing and maintaining state, tribal and local government emergency plans. This process ensures a consistent planning approach and alignment among all federal, state, and local plans. During 2007-2010, the Florida Department of Health Emergency Operations Plan was approved and many annexes were completed, including Emergency Notification and Continuity of Operations. • Continued participation in Project Public Health Ready (PPHR, Project Ready), a collaborative public health preparedness initiative with the National Association of County and City Health Officials (NACCHO), and the CDC. Project Ready sets national criteria for public health readiness under three main goals: 1) All-Hazards Preparedness Planning, 2) Workforce Capacity Development, and 3) Quality Improvement through Exercises and Real Event Responses. In Florida, 28 CHDs have met PPHR national standards and 25

III. Celebrating Our Successes

Capability	Successes 2007-2010 Capabilities Achieved and Sustained
1.2 Planning	<p>additional CHDs are currently completing applications. In 2011, nine CHDs will apply for this recognition and 18 additional CHDs will begin the process.</p> <ul style="list-style-type: none"> Florida completed the State Project Ready pilot, which is being jointly developed by Florida, Washington, Virginia and Colorado. The mission of the State Public Health Agency (SPHA) Public Health Ready (PHR) program is to create a prepared state public health agency workforce for all-hazards planning and response. This program is modeled after the NACCHO PPHR for local health departments.
1.3 Training and Exercises	<p>The PPHP Training and Exercise program provides an infrastructure to ensure a comprehensive and efficient training and exercise system. Training and exercises for the PPHP workforce has focused on assuring new employees are well grounded in their roles, building ESF8 response roles and staff for deployable strike teams, and ensuring that response personnel receive Incident Command training to assure a common understanding of the response structure.</p> <ul style="list-style-type: none"> Implemented a comprehensive PPHP Training and Exercise Learning Management System. More than 55 new statewide or multi-regional training courses have been incorporated into this system. An annual PPHP MYTEP is published, which aligns to federal and state guidelines. Public health and health care preparedness training and exercises have been standardized and streamlined through implementation of a two-tiered evaluation process. To date, 68 training courses and 12 exercises have been approved through this process. Implemented a process to ensure annual updates to existing public health and health care training and exercise tools and resources, including the Training Catalog, Calendar, and the HSEEP Mechanics Manual. These tools and resources are accessible at http://www.floridashealth.com/prepare/training.htm Over the past three years, more than 20 statewide exercises were conducted and evaluated through After Action Reports, including the annual Governor’s hurricane exercise, the Formidable Footprint (pandemic influenza) exercise, the Turbulent Tide exercise for public health and medical response strike teams, the Disaster Behavioral Health exercise, Alternate Medical Treatment Site exercises, Laboratory exercises, Continuity of Operations exercises, Turkey Point and St. Lucie nuclear power plant exercises, Mass Fatality exercises, and the Reducing the FEE exercise (bioterrorism attack). Numerous regional, local and entity-specific exercises were also conducted and evaluated.

III. Celebrating Our Successes

Capability	Successes 2007-2010 Capabilities Achieved and Sustained
<p>1.4 Information Sharing and Dissemination</p>	<p>Each of Florida's 67 CHDs has at least one designated public information officer (PIO). DOH has many experienced communications professionals to assist with CERC messaging, training, exercising and planning at the state, regional and local levels. An Information Management Branch can be activated during a response to any incident to ensure effective, timely and accurate information is provided to internal and external audiences.</p> <ul style="list-style-type: none"> • Completed the state CERC Annex and developed operational protocols, including a CERC guidance procedure for county planners and PIOs, a rumor control procedure, and updated the JIC/JIS guidelines. • Developed a web-based portal of risk and crisis communication resources for county PIOs, including a comprehensive CERC messages inventory.
<p>2.1 Emergency Support Function 8</p>	<p>The public health and health care system in Florida has demonstrated a strong capability to support responses to a variety of hazards over the past five years. In addition to the recent responses to the H1N1, Operation Haiti Relief and Deepwater Horizon events, ESF8 personnel statewide have supported responses to storms in 2004, 2005 and 2008; tornadoes and wildfires in 2007, and the flood event in 2009. Each of these activations required different levels of subject matter expertise and variations in ICS response structures. The State ESF8 currently has the capability to staff more than 40 ICS positions, with a minimum of three deep for each position.</p> <ul style="list-style-type: none"> • Created a State Medical Response System (SMRS), including six State Medical Response Teams and a Florida Advanced Surgical and Transport Team, located in six of the seven regions. Teams have members of more than 150 responders with training, supplies and equipment to augment and support local medical surge needs and the existing health care system in a disaster. • Conducted catastrophic planning and created a portable hospital system that provides more than 150 medical surge beds. • Restructured the State ESF8 system using the Multi-Agency Coordination (MAC) concept to ensure support to local events.
<p>2.2 Interoperable Voice and Data Communications</p>	<p>Florida continues to expand and improve its health and medical voice and data communications infrastructure. The State Emergency Medical Services Communications Plan assigns radio frequencies for all EMS and hospitals; the plan is currently under review to revisit standards and requirements. FDENS is Florida's health alert system. Florida has adopted EMSysystem as a statewide standard to track the capabilities of critical health infrastructure; Florida is eight months into the three year implementation plan with a goal of 80% coverage of populated areas. A statewide team developed a data and voice communications continuity</p>

III. Celebrating Our Successes

Capability	Successes 2007-2010 Capabilities Achieved and Sustained
<p>2.2 Interoperable Voice and Data Communications</p>	<p>of operations plan for public health which has been built out and tested in each region.</p> <ul style="list-style-type: none"> • Expanded FDENS to 20,000 users statewide, including county health departments; hospitals; health care providers; emergency medical services; law enforcement; and state agencies, including the Florida Departments of Education, Agriculture and Consumer Services, and Environment Protection, and the Agency for Persons with Disabilities. Florida received certification for direct alerting from the CDC Public Health Information Network (PHIN). • Contracted to begin implementation of a statewide health care communications system and a patient tracking solution with identified lead agencies to cover all jurisdictions.
<p>3.1 Emergency Triage and Pre-Hospital Treatment</p>	<p>Since 2002, EMS preparedness and response capabilities have been enhanced through partnerships, training, exercises and equipment distribution. Ranging from local, regional and state level cross-discipline strategic and tactical capability-based planning, training and exercises, to the distribution of equipment such as Level “C” PPE, chemical prophylaxis and mass casualty trailers, EMS has increased its capacity to respond to threats and incidents in Florida.</p> <ul style="list-style-type: none"> • Developed and sustained plans, including the State Ambulance Deployment Plan and the EMS Mass Casualty Strategic Plan. • Continued pre-hospital training, including strike team leader training and disaster trainings at the ClinCon conference, the Pediatric Symposium and the International Disaster Conference.
<p>3.2 Medical Surge</p>	<p>To date, more than 70% of Florida’s acute care hospitals have participated in the Hospital Preparedness grant program to support equipment purchases, training and exercises to increase hospital surge capacity. Community providers such as FQHCs and community-based programs have received training in preparedness and continuity of operations planning.</p> <ul style="list-style-type: none"> • Formalized a Hospital Inventory Monitoring Reporting system, revised hospital equipment lists to reflect minimum requirements and equipment for selected capabilities and developed a Hospital Practical Application Testing process to verify equipment requirements are met during hospital site visits. • Provided disaster training to more than 75,000 hospital staff, including Incident Command System training, OSHA first receiver decontamination training, and updated trauma training for acute care hospitals. • Developed an Alternate Medical Treatment Site state plan with resources for local planning, training and exercises.

III. Celebrating Our Successes

Capability	Successes 2007-2010 Capabilities Achieved and Sustained
3.2 Medical Surge	<ul style="list-style-type: none"> • Developed draft Altered Standards of Care guidelines, which were broadly reviewed by health and medical stakeholders. • The Regional Disaster Behavioral Health Assessment Teams in two regions (Region 4 and Region 5) are now at full strength. There are more than 100 disaster behavioral health assessment team members ready to deploy statewide.
3.3 Medical Logistics	<p>The ESF8 Medical Logistics capability responded quickly and effectively to the Strategic National Stockpile push at the beginning of the H1N1 response and supported pharmaceutical and PPE supplies for all counties in Florida. State ESF8 Logistics encompasses more than \$7.5 million in inventory distributed among 12 warehouse locations across the state.</p> <ul style="list-style-type: none"> • A Logistics Annex was approved, which allows for forecasting and logistical modeling to assist the State in supporting local needs during an event. • A medical logistics system was developed, including 10 warehouses statewide with caches of ventilators, PPE, IT equipment and alternate medical treatment site equipment to support local needs during an event.
3.4 Volunteer Management	<p>Efforts to increase the number of volunteers for all hazard events have been very successful. Florida's MRC Network has expanded to 33 local sites covering 60 of Florida's 67 counties, with a total of 7,122 volunteers statewide. A total of 10 Quality Improvement on-site visits are conducted annually to identify best practices that can be shared with other MRCs in Florida and throughout the nation.</p> <ul style="list-style-type: none"> • The number of Florida MRC Network volunteers registered in SERVFL grew by 45%. A Florida MRC badge was developed and deployed throughout the Network of 33 local sites for consistency in identification. • First in the nation MRC Core Competency Training Program was launched by the Florida MRC Network via web-based learning through a partnership with Nova Southeastern University. Over 650 volunteers completed the training in the first year.
3.5 Fatality Management	<p>Florida has a robust fatality management capability. FEMORS was inaugurated in July 2002 with a handful of individuals focused on the unique challenges of fatality management response. Now in its ninth year of operation, FEMORS maintains a cadre of more than 200 forensic professionals and a full cache of portable equipment available to provide needed surge capacity to Medical Examiners.</p> <ul style="list-style-type: none"> • Maintained and exercised FEMORS. • Completed the biennial review and revision of the Florida Fatality Management Response Plan. • Completed a survey of Medical Examiner District-level plan implementation and developed a plan template for Medical Examiner District guidance.

III. Celebrating Our Successes

Capability	Successes 2007-2010 Capabilities Achieved and Sustained
4.1 Responder Safety and Health	<p>Although many local jurisdictions and organizations have RSH programs, a state-wide assessment is needed to identify gaps and best practices.</p> <ul style="list-style-type: none"> • The Public Health RSH annex was drafted and submitted for approval. • Sustained PPE equipment and chemical antidotes for first responders.
4.2 Mass Prophylaxis	<p>Florida has demonstrated, at the state and local level through comprehensive planning, training, exercise and real-world response, a robust capability to distribute and dispense biomedical countermeasures.</p> <ul style="list-style-type: none"> • The Mass Prophylaxis and Treatment annex was approved. • Florida received a Strategic National Stockpile Technical Assistance Review (TAR) score of 98% in 2009; this high score exempted Florida from a review in 2010. • Florida's 13 CRI jurisdictions successfully completed all required drills. • The effectiveness of Florida's mass prophylaxis capabilities were demonstrated during the H1N1 response.
4.3 Isolation and Quarantine	<p>Florida is beginning to build its isolation and quarantine capability.</p> <ul style="list-style-type: none"> • The Isolation and Quarantine annex was approved. • Voluntary isolation and quarantine of H1N1 cases was utilized early in the pandemic.
5.1 Epidemiological Surveillance and Investigation	<p>Florida has a comprehensive epidemiological surveillance and investigation capability. Since 2001, more than 75 positions a year have been funded to build local surveillance and response capacity, and the Florida Epidemic Intelligence Service (EIS) fellowship program has produced 35 well-trained public health epidemiologists by placing fellows in local health departments to assist during emergency field epidemiological investigations.</p> <ul style="list-style-type: none"> • The Pandemic Influenza, Biological Incident Support and Smallpox annexes were approved. • Maintained a robust network of trained state and local epidemiologists throughout Florida, including training a full cohort of Florida EIS Fellows through mentorships in county health departments. Competencies are maintained through monthly Grand Rounds teleconference trainings, bi-weekly conference calls and a webinar training series. • ESSENCE, Florida's syndromic surveillance system, added several new features including: the addition of over 30 hospitals, bringing the total number of participating hospitals to 135; improved system performance through the installation of new hardware; the inclusion of emergency department discharge disposition data for over 70 facilities; and the implementation of reportable disease table builder functionality.

III. Celebrating Our Successes

Capability	Successes 2007-2010 Capabilities Achieved and Sustained
<p>5.2 Laboratory Testing</p>	<p>Florida has developed and enhanced a strong network of partners to provide the state with biological, chemical and limited radiological laboratory testing capability and training. The partner laboratories and their roles, responsibilities and capabilities are outlined in the Comprehensive Laboratory Response Plan, which was developed in 2004 and is updated annually. In 2010, Florida received the first-ever “Excellence in Partnerships” Award from the CDC and the Association of Public Health Laboratories.</p> <ul style="list-style-type: none"> • Florida has maintained and enhanced its Level I Chemical Laboratory testing capability. Florida has maintained its five Laboratory Response Network (LRN) reference laboratories. • Maintained the Advanced Capability Hospital Laboratory Network. • Continued to offer First Responder Collection training (approximately 1,500 over the past three years) and Packaging and Shipping training for all sentinel hospital laboratories.
<p>5.3 CBRNE Detection</p>	<p>The CBRNE Detection capability is managed within the Environmental Health capability. The program has begun training hospital personnel, environmental health staff, emergency responders and epidemiologists in CBRNE detection and response. Population monitoring by the Bureau of Radiation Control during large-scale events is one of the tasks performed in this capability. A CBRNE epidemiologist partners with the Florida Poison Control Centers to catalogue and track all exposures related to CBRNE events.</p> <ul style="list-style-type: none"> • BioWatch Exercises were held in Miami-Dade and Tampa. • Partnered with the Poison Control Network for real-time disease detection. • Developed Preventative Radiological and Nuclear Detection (PRND) program. • Provided Emergency Medical Radiological training.
<p>5.4 Environmental Health</p>	<p>In existence since 2001, the Environmental Health capability includes providing local entities assistance with: emergency response planning; hazard and vulnerability analysis; strike team development, training and exercises; food and water-borne disease outbreak investigations; Florida Fusion Center integration; zoonotic disease information; and GIS services for all ESF8 partners.</p> <ul style="list-style-type: none"> • Developed standard operating guidelines for Food and Waterborne Disease Program Emergency Response, Zoonotic Response, Surveillance and Control of Selected Mosquito-borne diseases, and Water Emergency Response. • Environmental Health surveillance priorities have been integrated into MERLIN. This includes production of an extract from MERLIN for the Department of Agriculture and Consumer Services application, RAD Animal Database and the implementation of extended data screens.

III. Celebrating Our Successes

Capability	Successes 2007-2010 Capabilities Achieved and Sustained
5.4 Environmental Health	<ul style="list-style-type: none"> Environmental Health competencies have been maintained through online and webinar training on the use of field computers in environmental health response and through satellite broadcasts covering a range of environmental epidemiology topics including pan flu, food borne disease investigation, Rift Valley fever and Rabies prevention and control.
6.1 Community Health Care System Resilience	The Community Health Care System Resilience is a new capability.
6.2 Community Preparedness and Participation	<p>The Community Preparedness and Participation capability includes outreach to the public to increase citizen preparedness through the NEPP, and a focus on outreach to vulnerable populations.</p> <ul style="list-style-type: none"> A Neighborhood Emergency Preparedness Online Toolkit was launched for local capacity building. The NEPP was expanded to 33 communities in Florida, resulting in neighborhood preparedness plans. Seventeen NEPP communities participated in tabletop exercises to test their preparedness plans and developed After Action Reports/Corrective Action Plans. The total population served by NEPP is 28,804. Training and orientation on Americans with Disabilities Act (ADA) was provided to local emergency managers and persons with disabilities. Twelve workshops on preparedness for persons with disabilities were offered with close to 1,000 attendees.
6.3 Mass Care	<p>Mass care training and operations continues to result in best practices for Florida. Medical Shelter Teams are identified in local Emergency Operations Plans and these teams are prepared to provide medical sheltering during large scale responses.</p> <ul style="list-style-type: none"> Maintained, assessed and enhanced county Special Needs Shelter Teams. Nurse Strike Teams were established in two regions; these teams have been trained and have exercised capabilities. A one-hour Special Needs Shelter Overview Course was established and deployed statewide as an introductory course on the Department of Health's role in sheltering.

III. Celebrating Our Successes

Capability	Successes 2007-2010 Capabilities Achieved and Sustained
6.4 Critical Infrastructure Protection	<p>Assessments of more than 150 critical health care facilities statewide have been completed, using the Automated Critical Asset Management System (ACAMS). A Health Care Facility Security Assessment Instrument was recently developed and specifically tailored to the health care and public health sector of critical infrastructure as a supplement to ACAMS and to provide facility owners with a written report of assessment findings, mitigation techniques, and documentation necessary to pursue internal and external funding opportunities.</p> <ul style="list-style-type: none"> • Completed HVAs for all Florida acute care hospitals; this information is used by hospitals to improve their protection as critical infrastructure, and is shared with Fusion Centers and law enforcement. • Integrated health care sector into Florida Critical Infrastructure Program through participation in the State Working Group on Preparedness Critical Infrastructure Committee.

Public Health and Health Care Preparedness Funding (2007 – 2010)

Federal Funding	2007-2008	2008-2009	2009-2010	Total
Centers for Disease Control and Prevention (CDC)	\$33,289,392	\$32,944,973	\$32,774,175	\$99,008,540
Assistant Secretary for Preparedness and Response (ASPR)	\$23,432,938	\$22,422,494	\$21,391,851	\$67,247,283
Pandemic Influenza	\$9,178,384		\$77,920,407	\$87,098,791
Florida Total	\$65,900,714	\$55,367,467	\$132,086,433	\$253,354,614

IV. The Journey Continues

The PPHP Strategic Plan sets our course for the next three years, as DOH and the health care system achieve community resilience and strong public health, health care and emergency management systems. The plan focuses on building specific capabilities and successful implementation requires commitment to four cross-cutting themes: (1) meeting the needs of our vulnerable populations, (2) developing a competent and trained workforce, (3) building sustainable processes and (4) monitoring and measuring progress.

1. Meeting the Needs of Vulnerable Populations

The effects of recent disasters and response evaluations have highlighted the need for better identification and enhanced planning, to ensure that the needs of vulnerable populations are met in a coordinated way through all phases of planning, preparedness and response to mitigate the potential for adverse health outcomes. Federal guidance has incorporated specific requirements for vulnerable populations that focus on addressing public health and medical needs, including mental health, in a comprehensive functional approach that includes provisions for maintaining independence, communication, transportation, supervision and medical care.

While Florida has implemented a number of initiatives to address these needs and made significant strides in improving overall preparedness for those at-risk, there remains the need for better coordination across agencies to develop a broader integrated approach for preparedness and response planning. We need to:

- Understand the nature of the vulnerabilities that put individuals more at risk.
- Develop methodologies for identification and needs determination.
- Develop strategies for meeting those needs during disasters to enhance existing plans and capabilities.

2. Developing a competent and trained workforce

Minimizing the loss of life, injury and illness is achieved by people helping people. Successful implementation of each capability requires that a workforce with specialized knowledge, skills and ability be available at the right time and place. During the 2011-2013 timeframe, Florida will continue developing a credentialing system for key response roles, typing assets and providing training and education opportunities to individuals and teams.

3. Building sustainable processes

Since 2002, Florida public health and health care partners have focused on building preparedness and response capabilities that did not previously exist, or strengthening existing capabilities to ensure the surge capacity needed to meet the needs of a large scale disaster. Building these capabilities required assessing threats, developing plans, and equipping, training and exercising the workforce engaged in the capability. Each capability generates multiple processes that rarely operate in isolation and must link to the other processes that impact them. The 2009 Linkages Project helped to identify

IV. The Journey Continues

those connections. A future focus is to ensure that each capability achieved can be translated into processes that integrate into a seamless preparedness and response system and which can be sustained with the minimum amount of resources.

4. Monitoring and measuring progress

Monitoring and measuring progress is critical for quantifying the level of readiness and allocating resources effectively. Establishing a performance measurement system is an iterative process that requires a long-term commitment to excellence. In 2004, PPHP adopted the WF Kellogg performance measurement model to support the implementation of the then Public Health and Medical Preparedness Strategic Plan. The model was designed for public health and includes capability and capacity measures as part of the overall performance measurement system.

During 2007-2010, Florida has used a variety of initiatives to monitor and measure progress, which are described in Section II of this document. The Capability Teams have made considerable progress identifying outcome, capability/capacity and process measures designed to monitor progress in achieving public health and medical readiness. The initial stages of developing measures began with answering the question “What does success look like?” Appendix A provides a summary of the proposed measures of success and samples of process measures for each capability. During 2011-2013, Florida will refine the measures of success into performance measures, establish targets for each measure, identify data sources and sets, collect baseline data and develop score cards for each capability.

As the journey continues, the strategic plan is an evolving document that will change as new threats emerge, capabilities are achieved, and best practices are discovered and implemented. Each year we will review and update the plan to set priorities for the subsequent three years.

V. Acknowledging Our Partners

An essential strength of public health and health care preparedness and response in Florida is its robust partnerships. These partnerships have moved us toward our common objectives and ensured the success of recent responses. We continue to rely on and appreciate the commitment of time and expertise provided by these individual and organizational partners:

- The Florida Domestic Security Oversight Council
- The State Working Group on Preparedness Executive Board and Committees
- The 7 Regional Domestic Security Task Forces
- The EMS Advisory Council and Constituent Groups
- Florida Division of Emergency Management (DEM)
- The State Emergency Response Team
- The Strategic Planning Oversight Team
- The PHHP Capability Teams
- Our federal funding partners: U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), Assistant Secretary for Preparedness and Response (ASPR) and the Department of Homeland Security (DHS)
- State and community associations (Florida Hospital Association, Florida Health Care Association, Florida Association of Community Health Centers, and many others)
- All state, regional, local and tribal partners throughout Florida

Public Health and Health Care Preparedness Strategic Plan Proposed Measures of Success

During 2011-2012, Florida will refine the measures of success into a performance measurement system, including identification of performance measures, targets, data sources and scorecards for each capability.

Capability Desired Outcome	Measure of Success	Process Measures Examples
1.1 Risk Management - Risk Management is integrated as a planning construct for effective prioritization and oversight of all homeland security investments.	Risks are mitigated as demonstrated in exercise or real-life events	<ul style="list-style-type: none"> • Strategic plan produced biennially • HVAs completed • Capabilities assessed
1.2 Planning - Plans incorporate an accurate threat analysis and risk assessment and ensure that capabilities required to prevent, protect against, respond to, and recover from all-hazards events are available when and where they are needed.	Plans mitigate risks as demonstrated in exercise or real-life events	<ul style="list-style-type: none"> • Plan review conducted (annually or biennially as identified by planning cycle requirements)
1.3 Training and Exercises - Training and exercises are targeted to close priority gaps in readiness.	Exercises and trainings delivered to meet priorities in MYTEP	<ul style="list-style-type: none"> • Annual training and exercise needs assessment is conducted • % of exercises that are HSEEP compliant • % Improvement Plans completed within six months • Previously identified deficiencies show improvement in subsequent AARs
1.4 Information Sharing and Dissemination - Effective and timely sharing of information and intelligence occurs across federal, state, local, tribal, territorial, regional and private sector entities to achieve coordinated awareness of, prevention of, protection against and response to a threatened or actual domestic terrorist attack, major disaster or other emergency.	General public, stakeholders and DOH employees receive prompt, useful and reliable information regarding health threats and actions to be taken	<ul style="list-style-type: none"> • Time to issue a CERC message to the public • % of PIOs/communications professionals, SMEs and leaders who receive CERC training within 90 days of hire • % of counties that exercise CERC function annually

Capability Desired Outcome	Measure of Success	Process Measures Examples
<p>2.1 Emergency Support Function 8 - The event is effectively managed through multi-agency coordination for a pre-planned or no-notice event.</p>	<p>ESF8 incident objectives achieve the needs of the incident</p>	<ul style="list-style-type: none"> • Time for pre-identified staff covering activated PH incident management roles to report to duty within 60 minutes (CDC High Priority Performance Goal) • Production of IAP before start of second operational period (grant PM) • % of ICS-226 Individual Personnel Evaluation Forms completed
<p>2.2 Interoperable Voice and Data Communications - A continuous flow of critical information is maintained as needed among multi-jurisdictional and multidisciplinary emergency responders, command posts, agencies and the governmental officials for the duration of the emergency response operation.</p>	<p>Public health and medical responders have access to information necessary to implement incident objectives</p>	<ul style="list-style-type: none"> • % of users alerted who confirm alert during tests and real events
<p>3.1 Emergency Triage and Pre-Hospital Treatment – EMS resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations.</p>	<p>Patients receive treatment that is appropriate to the nature of incident and number of injured/ill</p>	<ul style="list-style-type: none"> • Time in which triage of ill/injured patients is initiated (within 30 minutes from receipt of call) • Time in which patient tracking system is initiated • Time in which ill/injured patients receive initial treatment by appropriately credentialed on-scene medical personnel
<p>3.2 Medical Surge - Injured or ill from the event are rapidly and appropriately cared for while continuity of care is maintained for non-incident related illness or injury.</p>	<p>Patients receive treatment that is appropriate to the nature of incident and number of injured/ill</p>	<ul style="list-style-type: none"> • % patients for whom decontamination is confirmed prior to facility access • % of patients and responders identified, screened and monitored after an event • % of patients tracked from arrival at health care system through duration of medical care • Time to staff and supply treatment surge areas

Appendix A

Capability Desired Outcome	Measure of Success	Process Measures Examples
3.3 Medical Logistics – Critical medical supplies and equipment are appropriately secured, managed, distributed, and restocked in a timeframe appropriate to the incident.	Requests for medical equipment and supplies are filled timely and accurately	<ul style="list-style-type: none"> • Time in which medical resources/ SNS at warehouse arrive at points of distribution • Time in which additional medical assets are delivered to POD or other health care facility
3.4 Volunteer Management – The positive effect of using volunteers and donations is maximized to augment incident operations.	Requests for health care volunteers are met timely and accurately	<ul style="list-style-type: none"> • Number of MRC volunteers with verified credentials that can meet mission requests for local, regional and state activations and deployments
3.5 Fatality Management – Complete documentation and recovery of human remains and items of evidence (except in cases where the health risks posed to personnel outweigh the benefits of recovery of remains).	Recovered remains are identified	<ul style="list-style-type: none"> • Time in which surge resources and personnel are operational • Time in which morgue processing of victim remains is completed • Time in which a communications system is activated for the general public to report missing persons • Time in which the ante mortem information collection process is activated and staffed
4.1 Responder Safety and Health – No illnesses or injury to any first responder, first receiver, medical facility staff member, or other skilled support personnel as a result of preventable exposure.	No responders are injured or become ill in response to the incident	<ul style="list-style-type: none"> • % of affected personnel treated for injuries or illnesses through a medical unit • % of workers with mental health or stress-related symptoms secondary to the incident who are treated
4.2 Mass Prophylaxis – Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals.	Exposed or potentially exposed individuals do not become ill	<ul style="list-style-type: none"> • % of population covered by PODs that are secured, open and prepared to serve • % of patients who report an adverse event contacted for follow-up within 24 hours
4.3 Isolation and Quarantine - Individuals who are ill, exposed, or likely to be exposed are separated, movement	Disease transmission is interrupted	<ul style="list-style-type: none"> • % of screened positive persons isolated/quarantined

Capability Desired Outcome	Measure of Success	Process Measures Examples
<p>is restricted, basic necessities of life are available, and their health is monitored in order to limit the spread of a newly introduced contagious disease (e.g., pandemic influenza).</p>		
<p>5.1 Epidemiological Surveillance and Investigation – Potential exposure to disease is identified rapidly by determining exposure, mode of transmission and agent, interrupting transmission to contain the spread of the event, and reducing number of cases.</p>	<p>The proportion of persons at risk, exposed, or affected in a population during the response phase following an incident is reliably estimated</p>	<ul style="list-style-type: none"> • % of disease reporting (selected diseases) within 14 days • % error rate or unknown values for selected diseases • Time in which state informed local or local informed state of receipt of a notice of a case with a high index of suspicion of an immediately notifiable condition • Time in which case finding and public health instruction was disseminated to all hospitals in jurisdiction through Health Alert Network/PHIN • Time in which epidemiological investigation was completed following report to health department • Time in which recommendation for public health intervention was provided • Time in which a health alert that describes the initial report of an indexed case along with known cases, possible risk factors, and initial public health interventions to be distributed via multiple means such as Epi-X, HAN, fax, email was developed
<p>5.2 Laboratory Testing – Potential exposure to disease is identified rapidly by determining exposure and mode of transmission and agent; interrupting transmission to contain the spread of the event; and reducing number of cases.</p>	<p>Federal, state and local officials, including the specimen/sample submitter, are notified of results</p>	<ul style="list-style-type: none"> • % of proficiency tests conducted by participating LRN reference laboratories and Level 1 and Level 2 LRN chemical laboratories that pass CDC criteria

Capability Desired Outcome	Measure of Success	Process Measures Examples
	within one hour from confirmatory identification	<ul style="list-style-type: none"> Length of time in which public health department and other state and federal partners are notified of a high-level threat credibility assessment of suspicious agent
5.3 CBRNE Detection - Chemical, biological, radiological, nuclear, and/or explosive (CBRNE) materials are rapidly detected and characterized at borders and ports of entry, critical locations, events, and incidents	CBRNE events are identified and communicated as either a threat or not a threat	<ul style="list-style-type: none"> % of detected and/or illicit CBRNE material identified, properly mitigated and resolved
5.4 Environmental Health – After the primary event, disease and injury are prevented through the quick identification of associated environmental hazards, including exposure to infectious diseases that are secondary to the primary event as well as secondary transmission modes.	<ul style="list-style-type: none"> Safe drinking water is available Safe food is available Waste water regulations are met Vectors are mitigated 	<ul style="list-style-type: none"> Time in which assessment of priority food facilities is initiated using emergency guidelines and operation criteria applicable to the affected area Time in which initial assessments are conducted for waste water system needs for affected populations and priority facilities Time in which initial assessment of insect, animal and rodent vectors is completed % of affected communities, homes, educational, institutional and health care facilities monitored in accordance with established evaluation processes and criteria
6.1 Community Health Care System Resilience - Community health care systems are prepared for and can recover quickly from all hazards.	Health Care system returns to normal operations following an event	<ul style="list-style-type: none"> % of Health Care facilities who have exercised COOP plans within past 12 months
6.2 Community Preparedness and Participation: An informed, empowered and resilient public.	Population responding to official instructions and providing self-care and bystander care	<ul style="list-style-type: none"> % of annual increase in number of citizens educated and trained in universal all-hazards capabilities

Capability Desired Outcome	Measure of Success	Process Measures Examples
		<ul style="list-style-type: none"> • % of annual increase in households that conduct pre-incident preparation • % of trained NEPP volunteers
<p>6.3 Mass Care – Mass care services, including sheltering, feeding and appropriate health care services are rapidly provided for the population and companion animals within the affected area.</p>	<p>Persons in mass care or community stabilization settings have access to critical health care services</p>	<ul style="list-style-type: none"> • Shelter opens within six hours of activation of mass care plan • % of shelter population registered within two to four hours of residing in shelter • % of anticipated need for feeding services met
<p>6.4 Critical Infrastructure Protection – The risk to, vulnerability of, and consequence of an attack on critical infrastructure are reduced or eliminated.</p>	<p>Critical health care facilities where protections succeed in mitigating negative outcomes</p>	<ul style="list-style-type: none"> • % of hospitals and other key health facilities for which protective programs and mitigation strategies have been implemented and tested



Florida's Public Health and Healthcare System
PREPARES & RESPONDS

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