

## APPENDIX VIII: ESF8 – PUBLIC HEALTH AND MEDICAL SERVICES 2012

**PRIMARY AGENCY:** Department of Health

**SUPPORT AGENCIES AND ORGANIZATIONS:**

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

### I. INTRODUCTION

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

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

10. Support responder safety and health needs.

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

## II. CONCEPT OF OPERATIONS

### A. GENERAL

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

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

- Implement a response structure using Incident Command System principles to manage state-level public health and medical functions.
- Ensure coordinated situational awareness at the local, state and federal level, supported by a robust planning function.
- Maintain a system to identify, procure, plan and direct the use of public health and medical resources from local, regional, state and federal entities to meet local mission needs.

The State ESF8 core mission concept of operations is:

1. Support local assessment and identification of public health and medical needs in impacted counties and implement plans to address those needs.
  - a. Assessments will be conducted to define:
    - priority healthcare facilities for support
    - impact of the incident on the local community
    - needs and priorities for immediate response actions
    - resources available within the local community
    - pathways for expediting long-term recovery
  - b. Local, state and federal assessment efforts will be integrated, to the extent possible, to reduce duplication, maximize response resources and expedite response actions.
  - c. This mission will be executed through implementation of the Public Health and Medical Assessment Supplement to the ESF8 Appendix to the CEMP.
2. Coordinate and support stabilization of the public health and medical system in impacted counties.
  - a. The public health and health care system will be monitored and supported through augmentation of staff, supplies and equipment.

- b. Ensure processes are in place and resources available for individuals to be quickly transported to appropriate facilities for diagnosis and treatment based on the patient's level of acuity.
  - c. Increased demand for health care services in an impacted area will be supported through establishment of temporary alternate places of care.
  - d. This mission will be executed with implementation of the ESF8 Logistics Support Annex including the Ambulance Deployment Appendix and the Alternate Care Site Appendix, and the ESF8 Community Stabilization and Population Movement Supplement to the ESF8 Appendix to the CEMP.
3. Support sheltering of persons with medical and functional needs.
    - a. Special needs shelters will be monitored and supported through augmentation of staff, supplies and equipment.
    - b. State ESF8 may augment medical personnel, supplies and equipment to meet the health and medical needs of individuals in general population shelters when available resources are exhausted as requested.
    - c. This mission will be executed through implementation of the ESF8 Logistics Support Annex.
  4. Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.
    - a. Individuals will be supported in their communities by reconstituting needed support services and reducing the need to move large groups of individuals out of the area.
    - b. Population care, movement and stabilization support is not limited to the impacted community, and may include the extended community, and any host communities.
    - c. Evacuation increases the health risks to patients, therefore patients will only be evacuated when their risk of adverse health outcomes by staying in place is greater than the risks involved in being moved.
    - d. Evacuated patients will be kept as close to their point of origin as possible.
    - e. Evacuated patients will be tracked throughout the patient movement process from their point of origin to their final destination; including return home as required.
    - f. Transportation methods for patients will be selected based on individual patient acuity, level of monitoring required during transport, and distance to be traveled in order to mitigate the risk of adverse health outcomes.
    - g. This mission will be executed through implementation of the ESF8 Community Stabilization and Population Movement Supplement to the ESF8 Appendix to the CEMP and the ESF8 Logistics Support Annex.

5. Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions.
  - a. Disease control functions will be implemented to protect Florida citizens thereby reducing disease morbidity and mortality and limiting economic and social disruption.
  - b. Disease control functions will include coordinated surveillance, outbreak investigations, epidemiological analysis, and appropriate laboratory testing.
  - c. Medical countermeasures and non-medical interventions will be implemented to stop or slow the spread of communicable diseases.
  - d. This mission will be executed through implementation of the CEMP Biological Incident Annex, Comprehensive Laboratory Response Plan and the Department of Health Emergency Operations Plan to include the Logistics, Mass Prophylaxis and Treatment, Epidemiology and Isolation & Quarantine Annexes.
6. Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin.
  - a. Environmental health functions will be implemented in order to:
    - Ensure safe drinking water.
    - Prevent food borne illness.
    - Prevent human disease from animals and vectors.
    - Ensure basic sanitation services.
    - Control radiation exposure.
    - Identify long-term impacts of environmental exposures.
    - Control exposure to biomedical waste.
  - b. When appropriate, environmental response actions will be coordinated with Department of Agriculture and Consumer Services, Department of Environmental Protection, and Department of Business Professional Regulation, and in concert with existing agency plans.
  - c. This mission will be executed through implementation of the Biological Incident Annex to the CEMP, Radiological/Nuclear Incident Emergency Response Plan and the Department of Health Emergency Operations Plan.
7. Develop, disseminate, and coordinate accurate and timely public health and medical information.
  - a. Public information released by ESF8 will be done in coordination with ESF14 and established joint information systems.
  - b. Communication to internal and external stakeholders will be prioritized to minimize adverse health impacts and to maintain the public's confidence in the public health and medical system.
  - c. Target groups for communications are delineated as:
    - Government officials and policy makers
    - Healthcare providers/facilities

- Department of Health personnel
  - Emergency response partners
  - Media
  - General public (including vulnerable population groups)
- d. This mission will be executed through implementation of the Department of Health Emergency Operations Plan, Crisis and Risk Communications Annex.
8. Monitor need for and coordinate resources to support fatality management services.
- a. State fatality management resources will augment the district medical examiner capabilities.
- b. This mission will be executed through implementation of the State Fatality Management Response Plan of the Florida Medical Examiners Commission.
9. Monitor need for and coordinate resources to support disaster behavioral health services.
- a. Disaster behavioral health resources will be provided to mitigate the adverse effects of disaster-related psychological trauma for survivors and responders.
- b. This mission will be executed through implementation of the Florida Disaster Behavioral Health Response Plan.
10. Support responder safety and health needs.
- a. State ESF8 will provide support to agencies that deploy responders by:
- Monitoring the health and wellness of ESF8 responders during deployments.
  - Ensuring a process is in place for ESF8 responders to receive medical care should an injury occur in the field.
  - Providing incident-based health and safety information/considerations to SERT for dissemination to other responding entities.
  - Recommending personal protective equipment and medical countermeasures for responders based on the incident.
- b. This mission will be executed through implementation of the DOH Emergency Operations Plan, Responder Safety and Health Annex and individual agency plans.
11. Provide public health and medical technical assistance and support.
- a. Subject matter and technical expertise will be integrated into the response structure to advise on public health and medical consequences, strategies, policy decisions, and/or medical direction.
- b. State ESF8 will provide technical assistance to local jurisdictions in developing public health and medical protective and response actions as needed.
- c. This mission will be executed through implementation of the DOH Emergency Operations Plan and the ESF8 Standard Operating Procedure.

## **B. ORGANIZATION**

1. ESF8 consists of one primary agency, the Florida Department of Health, and numerous support agencies and organizations. The roles and responsibilities of each agency are documented in Section III (Responsibilities) of this appendix.
2. When ESF8 is activated by the SERT, necessary personnel from the agencies and organizations within ESF8 are organized into a single ESF8 coordinating structure led by the DOH Emergency Coordination Officer (ECO) who serves as the lead representative for ESF8.
3. ESF8 reports directly to the Emergency Services Branch Director who reports to the Operations Section Chief (see Chapter 4, Section M of the Basic Plan).
4. When necessary, federal ESF8 resources will be integrated into the state ESF8 response structure.

## **C. OPERATIONAL OBJECTIVES**

### **1. Preparedness Objectives**

- a. Maintain and implement the Florida Public Health and Healthcare Preparedness Strategic Plan to manage risk and build response capabilities.
- b. Develop integrated plans and procedures among local, state, interstate and federal partners to carry out the core missions of ESF8 during response.
- c. Conduct and participate in trainings and exercises to validate, test and improve plans and procedures.
- d. Administer public health and medical preparedness federal funding to build statewide response capabilities.
- e. Identify, develop, acquire, stage and train the necessary resources to implement plans and procedures.
- f. Coordinate with the State Watch Office and the Florida Fusion Center to detect, prevent and prepare for incidents and events impacting the state.

### **2. Response Objectives**

- a. Implement plans and procedures to support the local public health and medical system. Currently, ESF8 maintains the following plans/procedures which support this appendix by describing ESF8 response actions:
  - i. ESF8 Standard Operating Procedures
  - ii. Public Health and Medical Logistics Plan
    1. Alternate Care Site Plan
    2. Ambulance Deployment Plan
    3. Air Medical Services Disaster Response Plan
    4. ESF8 Essential Services Center Standard Operating Guide

- iii. Public Health and Medical Assessment Plan
  - iv. Community Stabilization and Population Movement Plan
    - 1. Internally Displaced Persons Plan
    - 2. Special Needs Shelter Operations Support Guidelines
    - 3. Discharge Planning Guidelines
  - v. Agency Emergency Operations Plans and Procedures (i.e. DOH Emergency Operations Plan, AHCA Emergency Operations Plan, Elder Affairs Emergency Operations Plan)
- b. Activate and deploy personnel, supplies, and equipment to support local needs. ESF8's primary and support agencies maintain the following resources to support incident response and can procure additional resources as necessary for the response.
- i. Epidemiology Strike Teams – At full capability this team is able to conduct surveillance and investigation efforts in a defined geographic area. Team has capacity to perform activities related to disease surveillance, outbreak investigation, quarantine and isolation, data analysis, and phlebotomy.
  - ii. Environmental Health Strike Teams – At full capability this team is able to provide up to 80 environmental health services per day. Team includes a supervisor level position for liaison with local structure. Team has capacity to perform activities related to the following subject areas—food, water, sewage, indoor air, vectors, zoonotic, facilities, and chemicals and toxicology.
  - iii. Special Needs Shelter Teams – Team can perform a variety of management, operations, and augmentation functions for a special needs shelter.
  - iv. Disaster Behavioral Health Assessment Teams - Provides on-scene assessment of the need for behavioral support services to victims, survivors, responders and the public in communities impacted by traumatic incidents.
  - v. Fatality Management Teams – Provide initial scene response and evaluation, processing the scene, temporary morgue operations and administration, and the roles of various forensic units within the morgue (e.g., pathologist, anthropologist, odontologist, radiologist, fingerprint specialist, DNA analyst, funeral director, and others), victim identification, disposition of human remains (embalming/casketing), personal effects, and evidence collection.
  - vi. State Medical Response Teams – Provide medical surge capability for emergency and critical care. SMRT teams can be utilized to augment licensed medical facilities or support public health response activities in the community.
  - vii. Forward Advanced Surgical Team - The Florida Advanced Surgical Transport Team (FAST) is designed to add clinical and surgical capacity to the existing State Medical Response Teams (SMRT).

This additional capability would be brought in to enhance the clinical capacity of deployed SMRTs, specifically to provide emergent surgical, general anesthesia, critical care transport capability, and additional specialist equipment to a deployed SMRT or to augment a crippled medical care facility during a disaster.

- viii. Ambulance Strike Teams – Provide emergency medical capability including patient triage and transport. These teams can be built from the existing ground ambulance units, air ambulances and trained ambulance strike team leaders across the state. Deployment of ground ambulances is coordinated with ESFs 4 & 9 and the Florida Air Ambulance Association.
- ix. Regional Emergency Response Advisors – Can deploy as a team or as individual resources to provide public health and medical response consultation to local ESF8 and County Health Departments and conduct post-impact assessments of the public health and medical infrastructure.
- x. Medical Reserve Corps – These individuals include government employees, volunteers, and private medical providers who can be integrated into response efforts for a variety of roles to address public health and medical workforce surge.
- xi. Radiological Emergency Response Teams - Radiation Control inspectors are located in the following areas: Jacksonville, Tampa, Orlando, Miami, Lantana, Pensacola, Ft. Myers, Tallahassee; and two county offices have radiation control programs: Polk and Broward. Each inspector has an emergency kit that contains equipment appropriate to manage a radiological response.
- xii. Special Needs Shelter Discharge Planning Teams – Coordinate with special needs shelters to discharge clients from shelters to appropriate facilities.
- xiii. Health Care Assessment Teams – HCATs inspect evacuated healthcare facilities that have sustained damage in accordance with the Health Care Facility Damage Assessment Guidelines. HCATs teams are composed of an architect and an electrical engineer.
- xiv. Nurse Strike Teams – Conduct rapid community health assessments, and refer and/or coordinate response to meet the needs identified. The team consists of eight members; members have specific roles, and work in pairs for field operations.
- xv. RSS (Receive, Stage, and Store) Management Team - An RSS operated by the Florida Department of Health is established to receive material from the Strategic National Stockpile. The RSS receives, stages, stores, and distributes pharmaceuticals, medical supplies and equipment to the affected area.
- xvi. Mobile Medical Field Units – Four 50-bed units that can be used as shelters, alternate medical treatment site, or triage centers.

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- xvii. Chempack Chemical Antidote Caches – 108 forward placed chemical nerve agent antidote containers prepositioned in 67 designated locations to include hospitals, EMS stations, and warehouse facilities.
  - xviii. Mass Casualty Trailers - 23 enclosed trailers with medical supplies and equipment needed in trauma situations for mass casualty incidents.
  - xix. Medical Supplies and Equipment Caches – A broad range of medical supplies and equipment including pharmaceuticals, ventilators, and medical supplies strategically placed across the state.
  - xx. Mobile Communications Units - Enclosed custom utility trailers equipped with high-speed satellite communications (2Mb down and 1Mb upstream data speed), self generated power, rooftop AC, and necessary infrastructure hardware pre-configured to establish interoperable access. They include four VOIP phone lines and server hardware to restore data from valid back-ups. Units are supported by two disaster response technicians.
- c. Activate operational systems to aid gathering, collecting, analyzing and reporting incident information. ESF8's primary and support agencies maintain the following systems:
- i. BioWatch Detection System – BioWatch is a federally-managed, locally-operated, nationwide environmental bio-surveillance system designed to detect the intentional release of select aerosolized biological agents. The program operates in more than 30 high threat metropolitan areas across the country, including three in Florida. The program focuses on early detection of a biological attack. Early detection is critical to the successful treatment of affected populations and provides public health decision makers more time and thereby more options in responding to, mitigating, and recovering from a bioterrorist event.
  - ii. ESSENCE Syndromic Surveillance System – The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a biosurveillance system that collects: emergency department chief complaint data from participating hospitals and urgent care centers in Florida (172 hospitals and urgent care centers report daily); all calls from the Florida Poison Information Center Network (reported every ~20 minutes); all reportable disease data from the Merlin database (reported hourly); and all mortality data from the Florida Office of Vital Statistics (reported daily). The objective of this surveillance system is to provide the epidemiologist with the data sources and analytic tools (e.g. automated alerting and data visualization) needed to identify outbreaks or unusual trends more rapidly, leading to a timelier public health response.
  - iii. Florida Department of Health Emergency Notification System – FDENS is an electronic notification system able to rapidly alert pre-identified responders with critical information through multiple communication technologies, while assuring responders received the

message through electronic confirmation. FDENS serves as Florida's Health Alert Network.

- iv. Inventory Resource Management System – IRMS is the inventory system in operation for the DOH Bureau of Statewide Pharmaceutical Services in conjunction with the DOH Bureau of Preparedness and Response and the State Medical Response Teams. IRMS is an enterprise solution suite in a hosted environment with a centralized warehouse management system that provides real time visibility of all pharmaceutical and emergency response assets throughout the State of Florida. IRMS is an emergency management resource that increases the efficiency and asset visibility of Florida's response to any large scale emergency event.
- v. Emergency Status System (ESS) – ESS is an electronic reporting system managed by the Agency for Health Care Administration to collect and report status of licensed medical facilities during responses. Information such as bed census, emergency power, generator usage, evacuation status, and facility damage is collected. This information is used to inform the overall situational awareness of the response.
- vi. SERV-FL – Florida's online system for managing public health and medical disaster responders, both volunteers and deployable teams. Florida currently has 12,177 volunteers registered in SERV-FL, the state's public health and medical emergency responder volunteer database.
- vii. EMTrack – EMTrack is a module of the Communications and Patient Tracking System that supports the tracking of evacuees, patients, pets, and associated property and equipment using triage tags or disposable bar-coded wristbands. The intuitive and secure design supports a common operating picture to facilitate interoperable communications among different agencies and organizations. Response and support teams can effectively track, coordinate, and manage patient movements throughout the continuum of care including at the scene, during transport, at the destination, at discharge, and during promotion of the family reunification process. With its scan-and-go technology, EMTrack provides the effective management of individual and associated asset data collected that efficiently assists EMS, hospital, and healthcare organizations in managing patient care, while preserving valuable time. EMTrack is configured for each regional location to support local policies and nomenclature.
- viii. EMResource - EMResource module is a Communications and Resource Management solution that streamlines regional communications between medical response teams and healthcare professionals by monitoring healthcare assets, emergency department capacity, and behavioral health and dialysis bed status; the product facilitates federal reporting requirements and broadcasting. Additional incident-specific resources are easily tracked..

- d. Participate in the development of the SERT Incident Action Plan.
- e. Participate with ESF14 activities to develop public messaging related to public health and medical.
- f. Participate in SERT-wide planning initiatives to represent public health and medical interests.
- g. Advise SERT leadership of significant potential adverse health outcomes, loss of services, and consequences of medical and non-medical interventions.

### 3. Recovery Objectives

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

### 4. Mitigation Objectives

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

## **D. DIRECTION AND CONTROL**

The DOH Emergency Coordination Officer assumes the role of ESF8 ECO and provides direction and control for ESF8. The ESF8 ECO determines the appropriate and necessary ESF8 plans to activate for the response and assures they are implemented. The ESF8 ECO establishes incident objectives for ESF8 that support the SERT's broader incident objectives.

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

## **III. RESPONSIBILITIES**

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

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

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

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

## **A. PRIMARY AGENCY – FLORIDA DEPARTMENT OF HEALTH**

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

## **B. SUPPORT AGENCIES AND ORGANIZATIONS**

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

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

## **2. Agency for Persons with Disabilities**

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

## **3. Department of Elder Affairs**

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

## **4. Department of Children & Families**

- a. Designated State Mental Health Authority
- b. Responsible for planning, managing and evaluating a statewide program of mental health services and supports, including community programs, crisis services for children and adults and state residential treatment facilities, for people who qualify for publically funded treatment services.

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- c. Evaluate the need for and pursue funding for a FEMA Crisis Counseling Program (CCP) Grant.
  - d. Prepare emergency services grant application.
  - e. Provide special needs registration information to all of their special needs clients and to all persons with special needs who receive services.
- 5. Department of Agriculture & Consumer Services**
- a. Provide aerial spraying for vector control.
  - b. Coordinate with the Department of Health on food safety issues.
  - c. Coordinate with the Department of Health on animal illnesses that have potential for human impact.
  - d. Augment laboratory surge.
- 6. Department of Business & Professional Regulation**
- a. Coordinate with the Department of Health on human health issues identified during food establishment inspections following disasters.
  - b. Coordinate with the Department of Health on food safety issues.
- 7. Department of Environmental Protection**
- a. Coordinate with the Department of Health on environmental response actions impacting human health.
  - b. Assess potable water systems.
  - c. Assist in response to surface and ground water contaminations.
  - d. Provide environmental sampling data to the Department of Health for evaluation of human health impacts.
  - e. Augment laboratory surge.
- 8. Department of Veteran Affairs**
- a. Coordinate with state veteran assisted living facilities and skilled nursing facilities during disasters.
- 9. State Fire Marshal**
- a. Identify, mobilize, deploy and demobilize ground ambulance assets in coordination with the Florida Fire Chiefs Association as described in the State Emergency Response Plan.

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**10. Medical Examiners Commission (FDLE)**

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

**11. U.F. Maples Center for Forensic Medicine**

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

**12. State University Laboratories**

- a. Augment state laboratory surge.

**13. Florida Hospital Association**

- a. Verify facility assessment and status reports with hospitals.
- b. Disseminate incident related messaging to hospitals through established networks.

- c. Track and report hospital bed availability.
- d. Work with healthcare partners to establish pharmaceutical caches.
- e. Assist in validating and fulfilling resource requests from hospitals.
- f. Advocate for hospitals in disaster planning efforts.

**14. Florida Health Care Association**

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

**15. Florida Assisted Living Association**

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

**16. End-Stage Renal Disease Network**

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

**17. Poison Information Center Network**

- a. Establish call-centers for public health and medical information as requested by the Department of Health.
- b. Provide health surveillance information to Department of Health.

- c. Provide consultation to public and health care providers on health and medical issues via network.

**18. Florida Association of Community Health Centers**

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

**19. Florida Pharmacy Association**

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

**20. Florida Crisis Consortium (FCC)**

- a. Develops, maintains and exercises the Disaster Behavioral Health Response Plan.
- b. Appoints an FCC Clinical Director to vet disaster behavioral health mission requests, and an FCC Operations Director to coordinate behavioral health response activities from the SEOC or other locations, as appropriate.
- c. Develops and maintains disaster behavioral health public information materials.
- d. Recruits, trains and credentials regional disaster behavioral health assessment teams (RDBHAT), available upon request by a local jurisdiction, to rapidly assess community behavioral health needs, based on established protocols for assessment and accountability as established by the FCC. The RDBHATs oversee and coordinate the efforts of regional, state, or external behavioral health organizations activated for an emergency and request additional resources as the need develops.
- e. Recruits, trains and credentials disaster behavioral health strike teams to fill gaps and address the needs of vulnerable populations.
- f. Coordinates the procurement, screening, and allocation of behavioral health equipment, supplies and resources, including human resources, required to support behavioral health operations.
- g. Provides, through the incident PIO, information to the news media for the public on dealing with emerging behavioral health issues.
- h. Establishes preventive behavioral health services by informing the general population about resiliency and healthy coping behaviors.

- i. Coordinates the provision of disaster behavioral health services for disaster survivors, emergency workers, and others suffering psychological trauma due to the emergency situation.

**21. American Red Cross (ARC)**

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

**IV: FINANCIAL MANAGEMENT**

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

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

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

**A. SALARIES**

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

**B. TRAVEL**

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

**C. EQUIPMENT AND SUPPLIES**

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

**V. REFERENCES AND AUTHORITIES**

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

- J. Public Health and Medical Logistics Plan
- K. Public Health and Medical Interoperable Communications Plan
- L. ESF8 Responder Safety and Health Plan
- M. Public Health and Medical Assessment Plan
- N. Community Stabilization and Population Movement Plan
- O. Alternate Medical Treatment Site Plan
- P. Ambulance Deployment Plan
- Q. Air Medical Services Disaster Response Plan
- R. ESF8 Essential Services Center Standard Operating Guide
- S. Internally Displaced Persons Plan
- T. DOH Emergency Operations Plan
- U. AHCA Emergency Operations Plan
- V. DOEA Emergency Operations Plan

Draft Pending Administrative Rule Process