

**STATE OF FLORIDA
Department of Health**



**Logistics Support Annex
to the
Emergency Operations Plan**

Version 1.0
August 2010

1. Introduction

The 2010 Florida Department of Health (FDOH) Logistics Support Annex documents the policies, procedures and guidelines for the optimal use of personnel, pharmaceuticals, medical supplies and equipment in support of Appendix VIII: Emergency Support Function 8 - Public Health and Medical Services of the Florida Comprehensive Emergency Management Plan (CEMP) and the Florida DOH Emergency Operations Plan (EOP). This Annex aligns with the National Response Framework (NRF), the National Incident Management System (NIMS) as well as the state's emergency management system. This Annex aligns with the state of Florida Division of Emergency Management, Unified Logistics Plan to ensure consistency of purpose and close collaboration between corresponding state emergency response agencies.

The Logistics Support Annex provides a single source document that consolidates the plans, procedures and supporting documentation into one coherent document in order to ensure the state of Florida maintains a strong and viable public health and medical response capability.

The Logistics Support Annex defines the responsibilities of the Department of Health for the procurement, stockpile, receipt, storage, distribution and dissemination of pharmaceuticals, medical supplies, and equipment in support of state-wide emergency medical contingencies. Responsibilities also include the deployment of personnel in support of designated state emergency responses.

In order to maintain state public health and medical readiness at the highest level, this Annex will be updated every two years to ensure new plans, processes and procedures are integrated into emergency and daily operations as appropriate.

a. Signature Page

The Logistics Support Annex to the Florida Department of Health Emergency Operations Plan provides logistical support guidance to the department's all-hazard approach to emergency management of threats or incidents. This Annex aligns with state and federal emergency management documents and principles.

Email your questions and comments regarding this document to Emergency Operations Plans at EOP@doh.state.fl.us.

Reviewed and adopted on 10/25/2010 by:

Signature On File

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The Logistics Support Annex is a new Annex that incorporates the current Pharmaceutical, Medical Supplies and Equipment Annex, Version 4.2, dated December 2009 and supersedes all previous versions of the pharmaceutical annex.

b. Approval and Implementation

The Logistics Support Annex to the Florida Department of Health Emergency Operations Plan provides guidance on the appropriate logistical response actions and procedures necessary to achieve public health and medical response objectives when a threat or incident presents a situation requiring state assistance to regions or counties that is beyond customary day-to-day departmental activities.

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2. Purpose, Scope, Situation, and Assumptions

a. Purpose and Intent

The purpose of the Logistics Support Annex is to establish an integrated medical supplies management capability to plan for, procure, store, maintain, mobilize and recover equipment and supplies necessary to achieve public health and medical response objectives. This Annex provides guidance to FDOH personnel who deploy, supply and equip statewide county emergency operations with auxiliary personnel and medical material in direct support of programmatic, contingency, and disaster responses. The provision of material to other state partners (e.g., school systems) is included.

This Annex includes, but is not limited to storage facilities, transportation resources, personnel, pharmaceuticals, clinic supplies and equipment, voice and data communications equipment, personal protective equipment, and mobile equipment and supplies to support delivery of healthcare services in alternate service locations. FDOH logistics personnel provide efficient, effective, and comprehensive logistics responses in coordination with state resource management processes and plans from the point of origin to the point of distribution.

The FDOH Logistics Support Annex integrates with the State Unified Logistics Plan to ensure that the flow of medical supplies, equipment, pharmaceuticals and auxiliary personnel is performed in a unified manner in cooperation with other state of Florida emergency response elements. Effective public health and medical logistics management ensures that all functions are executed in a unified manner in order to reduce costs and ensure the appropriate support actions are accomplished in a timely manner.

b. Scope

The scope of the Logistics Support Annex is to develop and coordinate a FDOH statewide strategy including operational objectives and tactical standard operating procedures for the procurement, receipt, storage, distribution, dispensing and recovery of pharmaceuticals, medical supplies, and equipment in support of state-wide response activities.

This Annex also defines the responsibilities of FDOH in the following areas:

- Procurement and maintenance of facilities, equipment, supplies, communication devices, computer hardware and software, and vehicles required to support daily operations.
- Deployment, maintenance, and recovery of pharmaceuticals, medical supplies, and equipment in support of emergency response teams and individual health and medical response personnel.
- Logistical support for alternate service delivery locations as identified by the local or state operations.
- The stockpiling of critical pharmaceuticals, medical supplies, and equipment in strategic locations throughout the state.
- The coordination of deployable personnel to provide support for all FDOH emergency response operations.

c. Situation Overview

This section of the Annex summarizes the major hazards to which the state is vulnerable and the specific hazards that affect logistics. The state's vulnerable populations and the state's disaster magnitude classifications were considered in the logistics planning process

- 1) Florida is the fourth most populated state in the nation. In addition to the permanent residents, millions of tourists and other temporary residents visit the state annually. Florida can experience a loss of life and property of catastrophic proportion due to an array of hazards.

Due to its unique geographical setting, the state of Florida is vulnerable to a wide range of hazards that threaten its communities, businesses, and environment. The State Enhanced Hazard Mitigation Plan 2010 accounts for all hazards identified according to the most up-to-date information available. A complete summary of the frequency and vulnerability of these hazards is discussed in Section 3.0 of that plan.

- Flooding, including related potential for dam/dike failure or breach
- Hurricanes, Tropical Storms, and Coastal Storms
- Severe Storms, Thunderstorms, and Tornadoes
- Wildfire
- Drought/Extreme Heat
- Winter Storms and Freezes
- Erosion
- Sinkholes, Landslide, and Seismic Incidents
- Tsunamis
- Technological and Man-Made Incidents

- 2) In addition to the hazards listed above, the following incidents have negatively impacted the state:
 - a) Repatriation (e.g., Haiti earthquake)
 - b) Oil spill (e.g., Deepwater Horizon)

3) Logistical Vulnerabilities

The general vulnerabilities specific to logistics were analyzed according to each of the following nine key logistics areas: procurement, transportation, storage, distribution, legal issues, security, finance, communication, and personnel.

Key Area	Vulnerabilities of Logistics
Procurement	<ol style="list-style-type: none"> 1. Sufficient supplies may not be available in commercial and/or governmental warehouses for emergency medical operations. 2. Sufficient contingency contracts may not have been pre-identified nor pre-established for all needed medical material (supplies, pharmaceuticals, equipment, fuel, spare parts, etc.). 3. Supply lines may not be intact from commercial vendor or international suppliers.

Key Area	Vulnerabilities of Logistics
Transportation	<ol style="list-style-type: none"> 1. Adequate and appropriate transportation (ground/air/sea) resources may not be available to meet demand. 2. Transportation resources may not be matched to reception site capabilities. For example, reception sites may not have loading dock capability and distribution assets may not have lift gates required for those reception sites. 3. Sufficient numbers and types of vehicles may not be available for forward-deployed FDOH personnel at disaster sites. 4. Key transportation routes may not be available or may be negatively impacted due to hazards arising from a threat or incident. 5. Transportation: rate of march during a threat or incident may be negatively impacted due to associated hazards. 6. Lack of pre-established contracts or failure to execute pre-established contracts may negatively impact the ability to move medical material in a timely manner. 7. Logistical support for FDOH personnel and FDOH transportation assets may be neither available nor adequate (meals and lodging, forward deployed refueling, support gear and maintenance facilities).

Key Area	Vulnerabilities of Logistics
Storage	<ol style="list-style-type: none"> 1. Sufficient permanent FDOH storage facilities and Receive, Stage and Store (RSS) sites may not be available to support all areas of the state and all FDOH materiel storage needs. 2. FDOH storage facilities and RSS sites may not have adequate power supplies, refrigeration, warehouse staffing, maintenance logistical support, or logistical assets (floor jacks/forklifts, computers, communication). 3. RSS response staffing may not be available and may not arrive on-time at RSS sites. 4. Adequate automated standardized inventory systems may not be available with staff trained in their use. 5. Adequate temporary storage and distribution structures may not be available for operational logistics. 6. Standardized procedures may not be established for non-FDOH warehouses containing FDOH materiel. 7. An appropriate relationship may not have been established with FDEM to utilize Logistical Staging Areas (LSA), if needed.

Key Area	Vulnerabilities of Logistics
Distribution	<ol style="list-style-type: none"> 1. Correct materiel in usable condition is not always available where and when it is needed. 2. Mismatches in medical materiel and/or pharmaceuticals to county needs may occur and need to be prevented or minimized. 3. Correct pediatric formulations may not be available or additional preparation by pharmacists from adult formulations might be required. 4. Available supply may not meet initial demand at disaster sites. 5. Disaster site distribution is not always appropriate nor adequate. 6. POD staff is not always ready and available to receive delivered materiel. 7. During shortages, a priority distribution process may not be in place to ensure responders receive products first. 8. Appropriate chain of custody from FDOH to agents at the disaster site may not be clearly established. 9. Ability to recover, store and appropriately dispose (if needed) of unused materiel may not be clearly established.

Key Area	Vulnerabilities of Logistics
Legal issues	<ol style="list-style-type: none"> 1. Lack of Executive Order (EO) or Declaration of a Public Health Emergency negatively impacts all facets of a logistical response. 2. The EO or Declaration does not always contain appropriate language for liability coverage and other significant issues to adequately protect all personnel involved in the emergency response. 3. Memoranda of Understanding (MOU) with civilian counterparts may not be executed in advance to ensure the corporate and legal review process is completed prior to a threat or incident. 4. Contingency contracts may not be accomplished in advance. 5. Legal issues for storage and emergency dispensing of pharmaceuticals may not be identified and resolved in advance.

Key Area	Vulnerabilities of Logistics
Security	<ol style="list-style-type: none"> 1. Adequate security and physical protection may not be pre-established or present at RSS sites and FDOH storage facilities especially during shortage situations. 2. Adequate security for supplies being transported to RSS sites, other FDOH storage facilities and POD sites may not be pre-established.

Key Area	Vulnerabilities of Logistics
Finance	<ol style="list-style-type: none"> 1. Until a determination of payment authority is made, the execution of the emergency response may be negatively impacted or the execution may need to be modified. 2. Appropriate financial accounting processes may not be implemented.

Key Area	Vulnerabilities of Logistics
Communications	<ol style="list-style-type: none"> 1. Total visibility of FDOH assets may not be available to emergency managers on a real-time basis. 2. Adequate communications may not always be available to support the mission. 3. Security of voice communications and IT resources may not be available when FDOH personnel are deployed.

Key Area	Vulnerabilities of Logistics
Personnel	<ol style="list-style-type: none"> 1. Adequate staffing may not be available to continue normal operations as well as support emergency operations during contingencies. 2. Contingency notification and deployment process may not be adequate to ensure Emergency Response Team members deploy rapidly in time to meet contingency requirements. 3. Adequate number of trained staff may not be available for extended operations at a FDOH distribution center.

d. Planning Assumptions

- Capability and capacity vary at the local level, and each type of community has unique vulnerabilities. Preparedness, response, recovery and mitigation activities must be tailored to meet the needs of the jurisdiction, and be based on the scope, scale and complexity of the threat or incident.
- An incident has unique dimensions and characteristics requiring that response plans and strategies be flexible enough to effectively address emerging or evolving needs and requirements.
- An incident may trigger a Presidential Disaster Declaration immediately or soon thereafter.
- A tiered approach may be required in seeking finite local aid, in-state mutual aid, out-of-state Emergency Management Assistance Compact aid, Federal aid and commercial resources, and personnel.
- Multiple jurisdictions, including unaffected jurisdictions, may not work together to share emergency commodities and staff during an incident.
- The event or incident may result in significant disruptions to critical infrastructure for an extremely long duration of time including public health and medical systems, transportation, commodities distribution, energy, communications, potable water and waste water systems.
- Negative economic, social and environmental impacts may extend beyond the immediately impacted area(s).
- Demand may exceed supply in a catastrophic incident. Initially, there will be shortages of response teams, first responders, equipment, supplies and hospital beds.
- A detailed and credible common operating picture might not be achievable for 24-48 hours or longer after the incident begins. As a result, response and supporting logistics activities may have to begin without the benefit of a detailed or complete situation and critical needs assessment.
- Logistics support may be needed for casualties and/or survivors in need of medical services (dialysis, oxygen, etc.), special needs shelters, and environmental and mortuary responses. Current pharmaceutical distribution strategies are designed around county population and not designed around specific county requirements such as age stratification.
- All state assets, regardless of agency ownership, may become a part of the “available resources” including staff, irrespective of a federal declaration.
- Some disease responses (e.g. weaponized Anthrax) require delivery and administration of biomedical countermeasures in an extremely short timeframe (e.g., within 48 hrs) to protect life.
- Transportation to impacted areas may be disrupted due to damaged roads, bridges, rail, and airports. The limited capability to refuel delivery vehicles within an affected jurisdiction may become a critical factor in planning.
- Transportation assets may be unavailable due to competing requirements.

- Multiple response agencies operating on different communications frequencies may not be able to converse with each other without specialized interoperable communications systems or Mutual Aid Radio networks.
- Secure communications may be necessary during a catastrophic, Weapons of Mass Destruction, or other significant event or incident.
- Until a determination of payment authority is made (i.e., Executive Order) the execution of the emergency response may be negatively impacted, or plan execution may require modification.
- Military (Department of Defense, Reserves and National Guard) resources may not be available to support operations due to other national security mission requirements.
- Logistics support may be needed for emergency response teams and other activated or deployed personnel.
- Responders may require prophylaxis prior to or in the initial phase of deployment.
- Trained, physically-capable, and/or licensed staff may not be available for activation or deployment.
- Florida may be impacted by multiple simultaneous or sequential disasters over large areas within and outside the state and may exhaust available local, regional, state, Emergency Management Assistance Compact, federal, and commercial resources.
- Should evacuation and sheltering be required, regional coordination may be required.
- If mandatory evacuation is ordered, distribution of emergency commodities may decrease or shift as the population moves.
- RSS sites and FDOH storage facilities may require security in varying degrees and under various threat levels.
- Security may be required for supplies being transported to RSS sites, FDOH storage facilities, and POD sites.

e. Measures of Success

“Get the Right Stuff to the Right People at the Right Time”

The successful execution of this Annex will be measured by the timeliness and quality of the logistics response and how well it supports the overall state emergency response. FDOH planners will seek feedback from emergency managers and personnel directly affected by the event or incident. Feedback will be sought from external and internal FDOH customers, County Health Department directors and administrators, Regional Health Advisors and Medical Co-chairs, and FDOH and ESF8 leadership both during and after the event or incident. At the end of the event or incident the lessons learned through After Action Reports and improvement plans will be used to enhance this Annex. The ultimate measure of success is the mitigation of disease and a reduction in morbidity and mortality resulting from the event or incident.

3. Concept of Operations

a. Overview of Logistics Response

Emergency logistics planning in Florida incorporates the four critical mission areas identified in the National Strategy for Homeland Security: to prevent, protect against, respond to, and recover from natural, technological, or human-caused emergencies. This comprehensive emergency management program requires that federal, state, territorial, tribal, and local entities prepare prior to the occurrence of an event or incident. This prior logistical planning is critical to the successful execution of any emergency or contingency response. The FDOH emergency management program is administered in three parts, Prepare, Respond and Recover. For the purposes of this document both Prevention and Protection are included within preparation planning in the emergency management program.

1) Prepare

FDOH prepares for events or incidents by developing contingency plans, by stockpiling supplies and equipment in strategic locations, and by taking other preventive actions that can reduce the risk from human-caused events such as terrorism, crime, nuclear or industrial accidents, fires, and public health incidents. In addition, FDOH takes preventive actions that can mitigate the risks from natural disasters such as hurricanes, wildfires and floods. These preventive actions can also help to reduce the impact of secondary or opportunistic events that may arise after an incident. Protective actions, like immunizations, can reduce or eliminate a threat to people and places or can mitigate the risk to people from exposure, injury, destruction, incapacitation, or exploitation. Protective actions may occur before, during, or after an incident and prevent, minimize, or contain the impact of an incident.

2) Respond

In most situations during the response phase, counties will be the first and primary responders. Local responders may request state assistance when the situation exceeds their capabilities, depletes their resources, or requires additional assistance unavailable through inter-jurisdictional agreements. Local emergencies that require state assistance are supported by designated state agencies which operate under their respective Emergency Support Functions (ESFs) and will deploy State Emergency Response Teams in a coordinated and timely manner. FDOH activates under ESF8 and responds immediately following an event or incident to meet basic human needs, save lives, provide medical resources to reduce pain and suffering, lessen the environmental impact on the health of the public, and support public health recovery operations. Under the following circumstances, a state or a federal agency may have the primary jurisdiction for the overall response effort: (1) the issue is of national significance, (2) the local county health department or designated ESF-8 lead is incapacitated and/or does not take control, (3) the individual county requests that the state take control of the event or incident, and (4) local control is deemed to be inadequate. Also, in some situations a response may require a Unified Command to provide a coordinated response between federal, state, tribal, and local jurisdictions, and non-governmental organizations (NGOs).

3) Recover

Prior to any event or incident, FDOH develops plans for both short-term and long-term recovery efforts. Recovery planning provides for the smooth transition from response activities to recovery operations. During an event or incident, demobilization plans are prepared to recover and/or reallocate excess medical supplies, equipment, and other medical countermeasures. After an event or incident, FDOH demobilizes medical support personnel and ensures medical supplies, equipment and medical countermeasures are properly accounted for, recovered, and reconstituted in preparation for any subsequent event or incident.

b. Initiatives and Actions Supporting Logistics Response

The following initiatives and actions directly support the goals and objectives of the Logistics Support Annex in order to improve FDOH logistics functions:

- Progressively develop the Logistics Coordination Section. Focus on development of the functions, policies, procedures, manuals, and other guidance to support the section. Ensure bench marks and final capabilities are defined.
- Establish Forward Logistics Teams in accordance with the state of Florida Emergency Support Function 8, Public Health and Medical, Concept of Operations for Forward Deployment Support/Coordination Systems.
- Populate the State Emergency Responders and Volunteers of Florida (SERVFL) system as a means of identifying qualified and trained personnel appropriate for incident responses. Develop a solution to include identification of qualified and trained response personnel who are not mandated to be in the SERVFL system.
- Continue executing planning processes, and use best practices to identify and document requirements for logistical support.
- Ensure a process is in place to maintain all necessary contingency contracts to support emergency responses. More clearly define the legal authority during emergency operations to distribute, redistribute, and recover contracted pharmaceuticals and vaccines to and from non-governmental entities in a timely manner.
- Add an FDEM warehouse with contingency storage to the current FDOH warehouse configuration as described in **Attachment 1, Existing and Contingency Locations of FDOH Medical Supply and Pharmacy Warehouses throughout Florida.**
- Replace the current model of multiple POD delivery sites within a county with one single delivery site per county or region.
- Maintain a mix of owning and contracting for logistics distribution assets.
- Establish a communications concept of operations for ESF-8 responders using existing capability and interoperability in concert with the State Communication Plan.

- Align the FDOH processes and policies with federal, military, ESF8, and community partners. Ensure the process of coordination with military resources is documented in plans.
- Assure that contingency contracts are in place through FDEM to ensure access to appropriate types of vehicles for responses.
- Identify national planning criteria documents, review the Logistics Support Annex against them, and make appropriate adjustments to the Annex where pertinent to Florida.
- Identify, train, exercise, and equip personnel to support the functions of the Logistics Coordination Section including preparation, response, and recovery activities. Ensure exercises follow Homeland Security Exercise and Evaluation Program (HSEEP) requirements.
- Implement an adequate automated standardized inventory system to track all FDOH emergency material and train staff in its use.
- Maintain FDOH Logistics functions that are synchronized with finance and administration processes.
- Prior to ESF8 activation, identify finance and administration personnel to support the logistics function during activation.
- Develop finance and accounting manual and training program for logistics personnel to use during activation.
- Use advanced modeling techniques to increase the likelihood of successful execution of plans and the successful recovery of FDOH material after the event or incident. Hire a skilled logistics modeler on a regularly scheduled basis.
- Establish an efficient mechanism to retrieve materiel in a timely manner during demobilization.
- Develop a logistics manual for logistics personnel to use during activation.

c. Coordination Supporting the Logistics Response

1) Day-to-day Activities

The day-to-day operations of the FDOH, absent a declared State of Emergency, are administered by the State Surgeon General under the authority of *Chapter 20.43, F.S. - Department of Health*. During everyday operations the Bureau of Preparedness and Response is responsible for comprehensive emergency management planning to prevent, minimize, mitigate, and/or contain the impact of the wide array of hazards and vulnerabilities that threaten the health of Florida's residents and visitors as discussed in the CEMP. The Logistics Support Annex describes the logistical actions that the FDOH takes in preparation for, responding to, and recovering from events and incidents.

2) Response without Activation of ESF8

State assistance may be provided by state agencies under their normal statutory authority during any local emergency response that does not require full activation of the State Emergency Operations Center. When two or more state agencies are requested to support local operations, the Florida Division of Emergency Management will be notified.

3) Response with Activation of ESF8

When conditions warrant, the Governor may issue an Executive Order declaring that a State of Emergency exists, which thereby activates the CEMP. The authorities of the Governor are found in *Chapter 252.36 F.S. - Emergency Management Powers of the Governor*. The State Coordinating Officer is appointed by the Governor to manage the state response to the event or incident. The state of Florida Emergency Response Team operating from the State Emergency Operations Center supports the State Coordinating Officer.

The FDOH response to and recovery from an emergency and/or pending disaster is carried out through the organizational structure outlined within the ***CEMP Appendix VIII, Emergency Support Function 8 – Public Health and Medical Services***.

When the State Emergency Operations Center is activated, Emergency Support Function 8 (ESF8) activates in accordance with the standard operating procedure (SOP), entitled ***Activation of State ESF8***, which describes the procedures to activate the ESF8 staff. The Director of the Response Section, Bureau of Preparedness and Response (BPR) serves as the ESF8 Emergency Coordination Officer (ECO) during state emergency activations.

The three functions within the ESF8 Coordinating Structure are Planning, Logistics, and Finance & Administration as shown in the table of organization at ***Attachment 2, State ESF8 Coordinating Structure for SERT Activations***. FDOH personnel are assigned to support the specific positions described in the table of organization. The responsibilities of each position during activation are described in Job Action Sheets.

Specific responsibilities of the divisions and agencies for specific programs supported by the FDOH are outlined below in Section 4, Organization and Assignment of Responsibilities.

d. Emergency Action Levels

Emergency action levels are classifications of the seriousness of an event or incident into discrete units of severity which directly correspond to defined levels of emergency response. The State Emergency Response Team notifies ESF8 of the level of the emergency actions required for an event or incident. Then ESF8 responds accordingly with appropriate personnel activations and resource allocation.

The Logistics Support Annex is an all hazards document in which emergency action levels are not tied to quantified measures of severity for any one specific event or incident. In this context, it is appropriate to describe jurisdictional levels of response and their implications as applied to the logistics function in a broad sense, in lieu of a discussion of specific

emergency action levels. Responsibilities and processes associated with jurisdictional levels of response and logistics management (resource management) are well defined in the state of Florida Comprehensive Emergency Management Plan and apply to this Annex.

Figure 1 below displays the action levels for an all hazards plan and shows how the action levels are related to jurisdictions. At each jurisdictional level over time, the capabilities of the jurisdiction and the cost of the event or incident determine whether the action level should be elevated to the next higher jurisdictional level.

Figure 1



In general, jurisdictional levels of response are:

First Local --- Then State --- Then Federal

Incidents begin and end at the local level. Each jurisdiction, if overwhelmed or if anticipating being overwhelmed by an incident, can activate local or state level mutual aid agreements, or can request assistance from the next higher level of jurisdiction.

A Declaration of Emergency may be issued at any jurisdictional level. Without a Federal Declaration of Emergency and/or a State Executive Order, the full resources of the federal or state response agencies cannot be brought to bear. A Declaration of Emergency or Executive Order provides legal coverage that allows the release of stockpiled logistical resources and the use of emergency funding and contracting authorities. In addition, some statutes, rules, or regulations that slow emergency response may be suspended in order to expedite emergency response activities.

The role of the ESF8 is to support the operations of the State Emergency Response Team in the areas of Health and Medical Services. This translates into providing human and material logistics support, when requested, to support an incident response. The level of logistics support is determined by the scope, scale, and complexity of the incident at the time logistics are requested.

e. Coordination and Requests for Assistance

FDOH coordinates with local, federal, other states, non-governmental and private partners as appropriate, regardless of the magnitude of the event or incident. All emergency management functions of the state are coordinated to the maximum extent with comparable functions of the federal government, including its various departments, agencies of other states and localities, and private agencies of every type. , The most effective preparation and use should be made of the workforce, resources, and facilities of the nation for dealing with any emergency that may occur.

In any situation where federal assistance is required, the State Coordinating Officer will interface directly with representatives of the federal government as outlined in Florida's CEMP. Requests for federal disaster assistance will be predicated on the requirements outlined in the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended). In case assistance is needed from another state, the State Coordinating Officer will follow the guidance in the Emergency Management Assistance Compact.

f. Goals

The Logistics Support Annex has two primary goals which support the overall guiding principle of:

“Get the Right Stuff to the Right People at the Right Time.”

- Goal 1 – Establish and maintain a logistics organization that conforms to ICS principles and aligns with the FDOH Public Health and Medical Preparedness Strategic Plan 2007 - 1010 and the FDEM logistics plans.
- Goal 2 – Identify and develop appropriate logistics functions within the ICS to support ESF8 and other responses.

4. Organization and Assignment of Responsibilities

a. Organizational Structure

- The Florida Department of Health (FDOH) is led by the State Surgeon General as shown in the FDOH Organizational Chart. Refer to the state Emergency Operations Plan for specific responsibilities of the State Surgeon General and the Executive Management Team during events and incidents.
- The Bureau of Preparedness and Response (BPR) is responsible for comprehensive emergency management planning and coordination within FDOH in order to prevent, minimize, mitigate, and/or contain the impact of the wide array of hazards and vulnerabilities that threaten the health of Florida's citizens and visitors.

b. Roles and Responsibilities

1) Prepare

a) State Surgeon General/Executive Management Team

- Take actions necessary to protect the public's health and safety as outlined in the FDOH Emergency Operations Plan (EOP).
- Prepare the state for natural and human-caused disasters, reducing health disparities, and leading Floridians to better health by supporting preparedness planning and funding of prepositioned logistics assets.
- Raise public awareness of FDOH prevention and preparedness activities and individual responsibilities before and during disasters.

b) Division Of Emergency Medical Operations (DEMO)

- Supports disaster preparedness, response, and recovery from a health care perspective.
- Prepares Florida for potential natural or human-caused catastrophic events or incidents that may threaten the health of its residents and visitors and compromise the Department's ability to deliver needed health care services.

c) Bureau Of Preparedness and Response (BPR)

- Coordinates all hazards preparedness planning and implementation, strategic planning and health and medical emergency response with local, regional, state, tribal and public and private partners.
- Manages the logistics for Florida's public health and medical preparedness, prevention, protection, response and recovery programs.
- Coordinates preparedness planning and implementation procedures for the Strategic National Stockpile (SNS) with federal and state partners and local jurisdictions. **Attachment 3, Strategic National Stockpile.**

- Ensures logistics processes and systems are in place to support Florida's preparation for, response to, and recovery from, a terrorist incident including chemical, biological, radiological, nuclear, or explosive (CBRNE) events, outbreak of infectious diseases or other public health emergencies.
- Maintains a system of warehouses statewide that supports the storage and rapid distribution of medical supplies, pharmaceuticals, equipment and other medical countermeasures in order to provide a timely response to events and incidents.
Attachment 1, Existing and Contingency Locations of FDOH Medical Supply and Pharmacy Warehouses throughout Florida.
- Establishes procedures for the proper inventory, storage, rotation, and recovery of FDOH-owned materiel to ensure all items are in a usable and deployable state.
 - Identifies individual responsibilities for the maintenance of all deployable materiel including: who is responsible, identification of responsibilities, the deployment status of materiel, and reporting requirements.
 - Develops policies and procedures for the disposition of assets that are no longer usable.
 - Develops policies and procedures for the retirement, refurbishment, and/or reallocation of FDOH assets that are beyond their life expectancy, obsolete, or no longer in use.
 - Equips, trains, and exercises FDOH personnel on inventory, storage, rotation, distribution, and recovery processes.
- Coordinates current and anticipated funding requirements for emergency operations with the Division of Administration.
- Ensures an effective and operational Emergency Support Function 8 system as a part of Florida's State Emergency Response Teams by coordinating the logistics requirements of local and state emergency responders and teams.
 - Regional Emergency Response Advisors (RERA) and other emergency response teams – BPR coordinates RERA activities and provides logistical support for RERAs and other emergency response teams.
 - Identifies, procures, stores, and maintains individual logistics requirements for the following FDOH emergency response teams, and ensures teams can obtain specialized logistical requirements as needed.
 - State Medical Response Teams (SMRT) – BPR coordinates the initial supply and manages the replenishment of medical supplies and pharmaceuticals for SMRT Caches, Trailers and Mobile Medical Hospitals in cooperation with the Bureau of Statewide Pharmaceutical Services (BSPS). **Attachment 4, State Medical Response Team (SMRT) Caches, Trailers and Mobile Medical Hospitals.**
 - Emergency Medical Services (EMS) Mass Casualty Trailers – BPR coordinates initial supply and manages the replenishment of medical supplies for EMS Mass Casualty Trailers which are deployed strategically across the state to provide communication equipment and surge

capability for first responders. **Attachment 5, EMS Mass Casualty Trailers.**

- Florida Emergency Mortuary Operations Response System (FEMORS) – BPR partners with the University of Florida to develop and implement protocols and provide trained personnel for a coordinated response to a mass fatality incident. BPR provides logistical support to the FEMORS as described in the **State of Florida Mass Fatality Response Plan.**
 - Ambulance Deployment Plan – BPR in conjunction with the Bureau of Emergency Medical Services (EMS) coordinates the provision of supplemental ambulances to areas impacted by a disaster when local resources are overwhelmed as described in the **Ambulance Deployment Plan.**
 - Alternate Medical Treatment Sites (AMTS) – BPR coordinates the provision of supplemental medical supplies, equipment and pharmaceuticals to an AMTS when appropriate. ESF8 coordinates with FDEM to deploy State Medical Response Teams to supplement AMTS personnel as described in the **Alternate Medical Treatment Sites (AMTS) Plan.**
- Develops the policies and procedures for the ESF8 Logistics Coordination Section.
 - Defines duties and responsibilities, determines logistics support requirements, and develops documentation for Forward Assessment Teams. Identifies, trains, and credentials (if appropriate) logistics personnel. Coordinates with FDEM for materiel support.
 - State Ventilator Cache – BPR stores caches of medical ventilators in various locations throughout the state. Ventilators are deployed as needed to support emergency operations. **Attachment 6, State Ventilator Cache.**
 - Special Needs Shelters – BPR coordinates with the Office of Public Health Nursing to augment personnel support for Special Needs Shelters. See <http://www.doh.state.fl.us/PHNursing/SpNS/SpecialNeedsShelter.html> for planning guidelines and other documents.
 - Medical Countermeasures
 - Local ESF8 personnel are responsible for the storage and management of CHEMPACKS, which are local caches of nerve agent antidotes placed in Emergency Medical Services facilities and 63 hospitals throughout the state. Lifecycle replenishment is managed by the Centers for Disease Control (CDC). **Attachment 7, CHEMPACK Project.**
 - Coordinates FDOH's internal emergency operations efforts and Continuity of Operations (COOP) planning.

- d) Office Of Public Health Nursing (OPHN)
- Implements policies and procedures for the ESF 8 Logistics Staffing Unit. Current guidelines are located in the document entitled ***Regional Public Health Response Teams, Recruitment and Deployment, Guidelines for County Health Departments dated March 1, 2007.***
 - Identifies FDOH emergency response personnel assigned to deployable teams and other FDOH personnel who volunteer for deployment as appropriate.
 - Identifies responders through the Florida Medical Reserve Corps (MRC) Network and SERVFL to:
 - Augment local community and state health and medical services.
 - Provide personnel and technical assistance to local jurisdictions for building capacity and responding to emergencies.
 - Develops policies and procedures to support and staff Special Needs Shelters (SpNS) in coordination with the CHDs and other partners.
- e) Division of Information Technology (DIT)
- Promotes, provides, coordinates and supports secure, reliable access to Florida health communication resources in support of FDOH emergency response teams.
 - Maintains a comprehensive communications support system using regional information technology trailers that provide mobile communication tools for FDOH personnel during forward deployed activities.
 - Coordinates with the Florida Division of Emergency Management prior to activation in order to fully integrate communications.
- f) Division of Administration, Office of Finance and Accounting (F&A)
- Maintains a Finance & Accounting procedure manual for use by deployed logistics personnel when activated.
 - Provides training for logistics personnel on F&A procedures.
 - Identifies, trains, and equips F&A personnel to support logistics operations whether at home station or deployed forward.
- g) Division of Administration, Bureau of Human Resource (HR) Management
- Ensures all assigned responders (FDOH and volunteers) have, before deploying, coverage for Worker's Compensation and Liability, and other pertinent documentation.

- h) Division of Environmental Health, Bureau of Radiation Control
- Establishes policies and procedures for the storage of Potassium Iodide (KI), also called the Bureau of Radiation Control Stockpile. KI is stored by the Bureau of Statewide Pharmaceutical Services in Tallahassee and near each of Florida's three nuclear power plants: Turkey Point, St. Lucie, and Crystal River. The Bureau of Radiation Control manages this asset and coordinates with the Nuclear Regulatory Commission (NRC) to replace expired KI. **Attachment 9, Bureau of Radiation Control Stockpile (KI).**
- i) Bureau of Statewide Pharmaceutical Services (BSPS)
- Maintains a system of warehouses in coordination with BPR that supports the storage and distribution of pharmaceuticals and provides a timely response to events and incidents.
 - Maintains SOPs for the purchase, warehousing, stockpiling, distribution, and recovery of pharmaceuticals.
 - Establishes policies and procedures for the storage and maintenance of RADPACKS also called the State Radiological Stockpile. These countermeasures are used to treat emergency responders and victims in case of a radiological emergency. BSPS is responsible for maintaining and replenishing these countermeasures. **Attachment 8, State Radiological Stockpile (RADPACK)**
 - Acquires and maintains state Antibiotic and Antiviral Stockpiles. **Attachment 10, Antibiotic Stockpile and Attachment 11, Antiviral Stockpile.**
 - Develops Memoranda of Understanding (MOU) and Memoranda of Agreement (MOA) with civilian health partners to support the timely distribution of pharmaceuticals in response to events and incidents.
 - Coordinates with BPR to provide pharmaceutical support for local and state emergency response teams including State Medical Response Teams (SMRT) Personnel Caches, Trailers and Mobile Medical Hospitals, Emergency Medical Services (EMS) Mass Casualty Trailers, and Alternate Medical Treatment Sites (AMTS).
 - Medical Countermeasures
EMS Chemical Antidotes – Florida-licensed Advanced Life Support ground based EMS agencies have been provided with the chemical antidotes that are designed to provide protection for EMS personnel against chemical attacks and incidents. BSPS coordinates with Florida-licensed EMS agencies to sustain these medical countermeasures. **Attachment 12, EMS Chemical Antidotes.**

2) Respond

a) State Surgeon General/Executive Management Team

- Support state emergency response activities as described in the FDOH EOP sections II. B. 4 & 6. and listed below:
- Coordinate the drafting and approval of a state Declaration of a Public Health Emergency or a Federal Executive Order (EO) appropriate to the event or incident.
- Ensure the EO or Declaration contains the appropriate liability coverage and covers other significant issues to adequately protect all personnel involved in the emergency response.
- Provide overall direction and leadership to the FDOH for emergency-related activities that are not part of a state emergency response or for an event or incident that does not rise to the level requiring a Declaration or EO.
- Appoint the FDOH Emergency Coordination Officer who coordinates ESF8 emergency response actions.

b) Bureau of Preparedness And Response (BPR)

- Provides logistics support for an emergency response to a terrorist incident including chemical, biological, radiological, nuclear, or explosive (CBRNE) events, outbreak of infectious diseases or other public health emergency.
- Coordinates resupply and redistribution of medical supplies, equipment, and pharmaceuticals during response for responders and teams including: SMRT Caches, Trailers, and Mobile Medical Hospitals, EMS Mass Casualty Trailers, FEMORS, ambulance deployments, Alternate Medical Treatment Sites, State Ventilator Caches, EMS Chemical Countermeasures, and Special Needs Shelters as appropriate.
- Implements receipt and distribution of the Strategic National Stockpile (SNS) in coordination with federal and state partners and local jurisdictions. **Attachment 3, Strategic National Stockpile.**
- Expands the system of statewide warehouses as needed to support the storage and distribution of emergency response medical supplies, pharmaceuticals, equipment and other medical countermeasures in order to support the timely response to events and incidents.
- Deploys the Forward Logistics Teams as required.
- Activates the Logistics Coordination Section to support emergency operations.
- Ensures all financial records are accurate and complete, and forwards them to the Office of Finance and Accounting.
- Coordinates with the appropriate Incident Command Planning Section to develop the Demobilization Plan for the event or incident in accordance with ICS principles and practices.

- Equips, trains, and exercises personnel on recovery processes.
- c) Office of Public Health Nursing (OPHN)
- Activates the Logistics Staffing Unit to alert, notify, activate and monitor FDOH and MRC response personnel.
 - Statewide Special Needs Shelters Program Lead coordinates with BPR to resupply medical supplies, equipment and pharmaceuticals to Special Needs Shelters.
- d) Division of Information Technology (DIT)
- Deploys the mobile communication tools for FDOH personnel to use during forward deployed activities.
 - Coordinates with the Department of Emergency Management upon activation in order to fully integrate communications.
- e) Division of Environmental Health, Bureau of Radiation Control (BRC)
- Deploys the Bureau of Radiation Control Stockpile (KI) as appropriate to the situation. **Attachment 9, Bureau of Radiation Control Stockpile (KI).**
- f) Bureau of Statewide Pharmaceutical Services (BSPS)
- Coordinates with BPR to resupply pharmaceuticals for responders and teams including SMRT Caches, Trailers, and Mobile Medical Hospitals, EMS Mass Casualty Trailers, ambulance deployments, Alternate Medical Treatment Sites, EMS Chemical Countermeasures, and Special Needs Shelters.
 - Coordinates acquisition of supplemental pharmaceuticals in support of a Strategic National Stockpile (SNS) request. Coordinates with BPR to provide antibiotics in response to a bioterrorism incident, outbreak of infectious disease, or other public health emergency. **Attachment 10, Antibiotic Stockpile.**
 - Coordinates with BPR to utilize approved warehouses for the storage and distribution of emergency response pharmaceuticals in order to support the timely response to events and incidents.
 - Executes pre-approved Memoranda of Understanding (MOU) and Memoranda of Agreement (MOA) with civilian health partners to support the timely distribution of pharmaceuticals in response to events and incidents.

3) Recover

a) State Surgeon General & Executive Management Team

- Communicate ongoing emergency activities and recovery plans to appropriate external partners (Governor, public/private partners, etc.).
- Collaborate with the Governor and FDOH Emergency Management Team and provide guidance to FDOH to address long-term public health and medical recovery issues related to the incident.

b) All Divisions, Bureaus and Offices

- Identify status of recoverable materiel, determine disposition of the recovered assets and execute logistics recovery procedures in accordance with the Demobilization Plan approved by the appropriate Incident Commander.
 - Return unused or excess supplies to FDOH or reallocate as appropriate.
 - Recover unused stockpiles of pharmaceuticals and return to inventory if appropriate.
 - Recover functional and/or repairable equipment and return for reconstitution.
 - Dispose of assets that are no longer usable.
 - Recover and return borrowed assets to owners/partners.
 - Cease and demobilize distribution activities.
- Redeploy personnel to home bases in accordance with FDOH procedures as conditions warrant and the incident allows.
- Documentation
 - Collect all pertinent documents in order to properly document the event or incident using established ICS principles and practices.
 - Ensure all financial records are accurate and complete and forward to the Office of Finance and Accounting.
 - Hold “Hot Wash” meetings to assess the execution of FDOH policies, processes and procedures following the event or incident.
 - Complete After Action Reports in HSEEP format and forward to appropriate offices.

c) Division of Information Technology (DIT)

- Repositions communications support system to home base and reconstitute it.

5. Direction, Control, and Coordination

The Logistics Support Annex is an Annex to the **FDOH Emergency Operations Plan (EOP)**. The FDOH EOP aligns with the state's **Comprehensive Emergency Management Plan (CEMP)**. The Logistics Support Annex establishes an emergency framework for the department to provide assistance to areas impacted by natural or manmade health threat(s) or incident(s). This Annex references a number of FDOH response plans which are listed in the Authorities and References section. Direction, Control and Coordination within the FDOH is partitioned into three phases which are Prepare, Respond and Recover.

a. Prepare

- 1) In preparation for emergency responses FDOH emergency preparedness activities are administered by the State Surgeon General under the authority of *Chapter 20.43, F.S. - Department of Health*.
- 2) The FDOH Executive Management Team oversees the daily operations of the department.
- 3) The Response Section Director in the Bureau of Preparedness and Response (BPR) directs planning for emergency operations and ensures that all FDOH preparedness actions are coordinated with appropriate federal, state, county, tribal, and municipal jurisdictions as appropriate.

b. Respond

- 1) In case of an emergency or disaster situation, county emergency management authorities direct local response actions in accordance with ICS principles. The impacted counties and municipalities will coordinate the initial emergency response effort within their political jurisdictions.
- 2) Each jurisdiction, if overwhelmed (or if anticipating being overwhelmed by an incident) can activate local mutual aid agreements with municipalities within the county or with neighboring counties. Incident command follows ICS principles and resides with the county emergency management authorities unless otherwise delegated. Local authorities may declare a local state of emergency and make a formal request for state assistance.
- 3) State assistance may be provided by state agencies under their normal statutory authority during any local emergency response that does not require full activation of the State Emergency Operations Center. The State Surgeon General (SSG) and the FDOH Executive Management Team (FDOH EMT) provide direction, control and coordination for the event or incident. The Response Section Director in the Bureau of Preparedness and Response (BPR) coordinates the resources of the BPR to support emergency operations.
- 4) When an emergency or disaster has occurred or is imminent, the Governor may issue an Executive Order proclaiming the existence of a state of emergency to activate state emergency response plans. The Governor appoints a State

Coordinating Officer to manage the state response to the event or incident. The state of Florida Emergency Response Team operating from the State Emergency Operations Center supports the State Coordinating Officer. The state provides emergency support functions to the local Incident Commander to perform duties consistent with state policy.

- 5) The Response Section Director in the Bureau of Preparedness and Response (BPR) normally serves as the ESF8 Emergency Coordination Officer (ECO) during state emergency activations. The ESF8 ECO coordinates the state ESF8 response through the ESF8 Coordinating Structure which consists of three functions, Planning, Logistics, and Finance & Administration.
- 6) Coordination of regional and multi-regional protective actions will occur among all affected risk and host counties, other states, and the State Emergency Operations Center under the direction and control of the State Emergency Response Team Chief. In addition, counties that are not impacted by an emergency/disaster situation may be directed by the State Coordinating Officer to activate their emergency operating centers to provide emergency assistance.
- 7) If federal assistance is required, the State Coordinating Officer will interface directly with representatives of the federal government. The Federal government provides emergency support functions to the local Incident Commander to perform duties consistent with Federal Law and policy.

c. Recover

- 1) Initial planning for recovery begins before an emergency event or incident occurs and continues throughout the event or incident.
- 2) While local governments are implementing response actions necessary to protect public health and safety, the Recovery Manager assigned to the State Emergency Operations Center begins coordination and implementation of recovery programs.
- 3) The ESF8 Emergency Coordination Officer (ECO) coordinates recovery actions with the Recovery Manager as appropriate through the ESF8 Coordinating Structure.

6. Information Collection and Dissemination

Collection and dissemination of logistics information is crucial to a successful logistics support response. The scope of ESF8 logistics information consists of all information necessary to prepare for and execute an ESF8 logistics support response. This includes but is not limited to real-time and detailed information about on-hand inventory and the status of equipment, supplies and pharmaceuticals, the availability of human resources, and the status of owned and contracted transportation resources. Information critical to successful execution of any plan also includes communications capability, status of alternate storage sites, availability of distribution assets, status of pre-established contracts and agreements, security and protection resources as well as governance documents and execution orders.

FDOH must define the Essential Elements of Information (EEI) required to support logistical operations, and to collect it continually. The following list of questions must be answered by the planning team in advance of an event or incident to ensure preparations are adequate and complete.

- What type of information is needed?
- What is(are) the source(s) of the information?
- Who uses the information?
- Where will it be stored?
- How is the information shared?
- What format is required for providing the information?
- When, specifically, is the information needed?

Accurate and current incident specific logistics information is vital to a successful logistics response. Information requirements will change by the type of incident and during preparation for, response to, and recovery from the incident as conditions change, and response strategies and actions are modified. All logistics information should be continuously updated and revised during the incident and a permanent record should be maintained in order for the logistics information to be useful during the after action review.

Attachment 13, Essential Elements of Information for ESF8 Logistics contains a tabular presentation of general ESF8 logistics information needs. At a minimum, FDOH will define the type of logistics information needed and then continually collect, maintain, update, and disseminate this information. Completion of the specific information noted in Attachment 13 (location of information, who uses the information, how information is shared, format of information, and what information is needed) will be on-going.

BPR Logistics will develop a Logistics Information Collection and Dissemination Standard Operating Guideline to delineate the procedures for information collection, and dissemination during the preparation, response, and recovery phases of incidents.

7. Communications

The three main categories of communications guidance or procedures are Crisis and Risk Communications, Communications Protocol, and Communications Logistics. Crisis and Risk Communications provides guidance to management and responders on the content of communications to be disseminated outside the FDOH. Communications Protocol provides guidance for the methods, channels, processes and procedures to use when communicating necessary information to these groups. Communications Logistics is concerned with providing the right communications capabilities to the right locations at the right times to support emergency responses.

a. Intra-Agency Communications

Intra-agency communications systems, protocols, capabilities, and logistics are covered in the documents referenced below in this section.

b. Inter-Agency Communications

Inter-agency communications systems, protocols, capabilities, and logistics are covered in the documents referenced below in this section.

c. Crisis and Risk Communications

The ***Crisis and Emergency Risk Communications Annex*** to the ***EOP*** provides guidance to managers and responders on the content of communications and the procedures that describe how to communicate information about events and incidents to responders, other agencies, and the public.

d. Communications Protocol

The ***State ESF8 Communications Procedures*** contains day-to-day and emergency communications procedures, call trees or contact lists and, contact information in attachments, facility information, and more.

e. Communications Logistics

The Division of Information Technology (DIT) provides communications technology for day-to-day FDOH operations and prepares to restore communications capabilities in a timely manner to FDOH facilities that are damaged during an incident. DIT also supports incident responses with mobile communications technology managed by Regional IT Security/ Disaster Preparedness Consultants.

- 1) Communications equipment is stored in Tallahassee, in warehouses around the state, and in mobile units located around the state. During an event or incident, communications equipment can be deployed for immediate support of response personnel.
- 2) BPR coordinates with DIT to provide communications for logistical responses which are deployed from warehouses or mobile units located around the state. Additional

communications capabilities may be obtained or provided by federal, other state, or local governments upon request via various agreements.

- 3) The **Florida Public Health and Medical Communication Plan** provides descriptions of communications systems used by FDOH, their capabilities, how to access them, examples of their usage, and a list of communications plans supporting federal, state, and local agencies.
- 4) The **Mobile Communications Unit Brochure** provides information regarding forward field mobile communications capabilities.

8. Administration, Finance and Logistics

BPR is responsible for obtaining funding to support emergency response and logistics planning in order to achieve public health and medical response objectives. In addition, BPR is responsible for acquiring funding support to purchase prepositioned supplies and equipment necessary to support identified responders. BPR also provides financial support for the training and equipping of FDOH personnel and MRC volunteers who can deploy as auxiliary personnel in direct support of programmatic, contingency and disaster responses.

- a. Emergency Support Function 8 is responsible for managing the financial matters related to resources that are procured during an event or an incident in accordance with the **CEMP, Appendix VIII, Emergency Support Function 8 – Public Health and Medical Services**. During a response, each agency or department must record and track expenditures and seek reimbursement from the appropriate resource after the event or incident. If a Federal Declaration of Emergency exists, the Office of Finance and Accounting (F&A) will coordinate with the Federal Emergency Management Agency to establish a reimbursement formula. If federal reimbursement is less than 100 percent, the Governor's Office and legislative leadership will determine the state reimbursement strategy. The state may reimburse agencies and departments for the difference or in some instances, the agencies or departments may assume this financial burden from their annual budgets.
- b. FDOH Finance and Accounting (F&A) will establish an external program code for each event or incident as outlined in the **FDOH EOP, Attachment VIII**, and will disseminate this code throughout the FDOH. All requests for emergency response products and services that come to Emergency Support Function 8 will be processed in accordance with existing Department of Health policies and the appropriate Emergency Support Function 8 Standard Operating Guidelines. F&A is responsible for ensuring that these procedures are followed so reimbursement to vendors and the department can occur with minimal delays.
- c. ESF8 Logistics will coordinate closely with the F&A to ensure that procurements and staff hours are properly documented and processed for potential reimbursement and payment.
- d. After the response begins, F&A is responsible for follow up of all outstanding financial issues with fiscal and personnel management officials within FDOH. F&A will also coordinate with the Division of Emergency Management fiscal agents and the Federal Emergency Management Agency fiscal agents and directly with vendors as necessary.

9. Plan Development and Maintenance

The Bureau of Preparedness and Response (BPR) is responsible for development and maintenance of the Logistics Support Annex and its attachments.

At a minimum, the Logistics Support Annex will be reviewed and updated every two years to reflect changes in procedures and capabilities as well as correcting any deficiencies identified in After Action Reports that require corrective action. The update will be completed by July 1 of every even-numbered year beginning July 1, 2012 to ensure the Annex is aligned with updates to the **FDOH Emergency Operations Plan** and the **ESF 8, Public Health and Medical Appendix** to Florida's **CEMP**. However, the Annex may be reviewed and revised as often as needed during any year.

The Chief of the Bureau of Preparedness and Response or his/her designee distributes approved original and/or updated plan components. The distribution list includes, at a minimum, those disciplines and positions specified in section 11 of this plan.

10. Authorities and References

- a. The Logistics Support Annex is an Annex to the ***FDOH Emergency Operations Plan (EOP)*** that draws its authority from the ***state of Florida CEMP***. The CEMP directs each Emergency Support Function to implement a comprehensive emergency operations plan in order to organize its response actions and to activate resources. FDOH is the designated agency within the state of Florida responsible for ESF8 Health & Medical Services functions. The following are key references for the Logistics Support Annex.
- b. References
 - 1) Plans
 - ESF 8, Public Health and Medical Appendix to the CEMP
 - FDOH Emergency Operations Plan (EOP)
 - FDOH State of Florida Mass Fatality Response Plan.
 - FDOH Ambulance Deployment Plan
 - FDOH Alternate Medical Treatment Sites (AMTS) Plan
 - FDOH Crisis and Emergency Risk Communications Annex to the EOP
 - State ESF8 Communications Procedures
 - FDOH - Florida Public Health and Medical Communication Plan
 - 2) Standard Operating Guidelines
 - Activation of State ESF8
 - FDOH Regional Public Health Response Teams, Recruitment and Deployment, Guidelines for County Health Departments dated March 1, 2007
 - FDOH Logistics Information Collection and Dissemination
 - 3) Statutes
 - Chapter 20.43(2)(a), Florida Statutes. Surgeon General
 - Chapter 20.43(3)(f), Florida Statutes. Division of Emergency Medical Operations
 - Chapter 252.35(2)(e),(g), Florida Statutes. Emergency Management.
 - Cooperate with presidential and federal emergency directives
 - Work with state emergency management program regarding logistics activities.
 - Chapter 381.0011(4), Florida Statutes. Public Health – General Provisions
 - Cooperate with state and federal authorities to suppress communicable disease, illness, injury and hazards to human health
 - Chapter 381.0011(14), Florida Statutes. Public Health – General Provisions
 - Perform any other duties prescribed by law
 - 4) Others
 - FDOH Mobile Communications Unit brochure

11. Record of Changes and Distribution

a. Record of Document Review and Maintenance

- 1) The Annex will be reviewed every two years. Between reviews minor modifications to this Annex may be approved by the Director, Division of Emergency Medical Operations or a designee.
- 2) Major modifications to this Annex must be approved by the State Surgeon General or a designee.

Last updated July 2010

Note: Training and Exercise activities are noted in separate attachments.

Plan Version	Activity*	Date Completed*	Person Responsible*	Additional Comments*
Version 1.0	Draft Complete	June 17, 2010	Logistics Support Annex Planning Team	POC – Tom Belcuore
Version 1.0	Plan distributed to key stakeholders for comment	July 23, 2010	State Planning Project Manager	POC- Melanie Black, Samantha Cooksey
Version 1.0	Comments from key stakeholders reviewed and changes incorporated	August 10, 2010	Logistics Support Annex Planning Team	POC – Tom Belcuore
Version 1.0	State Surgeon General (SSG) signed/approved plan	October 25, 2010		

b. Distribution List

DEMO Regional Responders	Division of Environmental Health
CHD Administrators/Directors	Division of Disease Control
CHD PHP Planners	Office of Communications
State Health Office PHP Planners	Division of Administration
State Planning Leadership Team	Bureau of Statewide Laboratory Services
Office of Public Health Nursing	
Division of Information Technology	

12. Acronyms

AMTS	Alternate Medical Treatment Sites
BPR	Bureau of Preparedness and Response
BRC	Bureau of Radiation Control
BSPS	Bureau of Statewide Pharmaceutical Services
CBRNE	Chemical, biological, radiological, nuclear, or explosive
CDC	Centers for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Plan
COOP	Continuity of Operations Plan
DEMO	Division of Emergency Medical Operations
DIT	Division of Information Technology
ECO	Emergency Coordination Officer
EEI	Essential Elements of Information
EMS	Emergency Medical Services
EO	Executive Order
EOP	Emergency Operations Plan
ESF8	Emergency Support Function 8
F&A	Finance and Accounting
FDEM	Florida Division of Emergency Management
FDOH	Florida Department of Health
FDOH EMT	FDOH Executive Management Team
FEMORS	Florida Emergency Mortuary Operations Response System
HR	Human Resource
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
KI	Potassium Iodide (chemical symbol)
LSA	Logistical Staging Area
MOA	Memoranda of Agreement
MOU	Memoranda of Understanding
MRC	Medical Reserve Corps
NGO	Non-governmental Organizations
NRF	National Response Framework
OPHN	Office of Public Health Nursing
RERA	Regional Emergency Response Advisors
RSS	Receive, Stage and Store
SERVFL	State Emergency Responders and Volunteers of Florida
SERT	State Emergency Response Team
SMRT	State Medical Response Team
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure
SSG	State Surgeon General

13. Attachments

- a. Attachment 1, Existing and Contingency Locations of FDOH Medical Supply and Pharmacy Warehouses throughout Florida
- b. Attachment 2, State ESF8 Coordinating Structure for SERT Activations
- c. Attachment 3, Strategic National Stockpile
- d. Attachment 4, State Medical Response Team (SMRT) Caches, Trailers and Mobile Medical Hospitals
- e. Attachment 5, EMS Mass Casualty Trailers
- f. Attachment 6, State Ventilator Cache
- g. Attachment 7, CHEMPACK Project
- h. Attachment 8, State Radiological Stockpile (RadPack)
- i. Attachment 9, Bureau of Radiation Control Stockpile (KI)
- j. Attachment 10, Antibiotic Stockpile
- k. Attachment 11, Antiviral Stockpile.
- l. Attachment 12, EMS Chemical Antidotes
- m. Attachment 13, Essential Elements of Information for ESF8 Logistics