

TROPICAL STORM KAREN

STATE ESF8 AFTER ACTION REPORT/IMPROVEMENT PLAN

December 18,2013



Homeland Security Exercise and Evaluation Program (HSEEP)
After Action Report/Improvement Plan Tropical Storm Karen

The Tropical Storm Karen State ESF8 After Action Report and Improvement Plan is in compliance with the Homeland Security's Exercise and Evaluation Program (HSEEP) and will be used to enhance future Department of Health response plans, trainings, exercises and event/incident responses.

Adopted on 12/18/13 by:



Kay Croy
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ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is Tropical Storm Karen State ESF8 After Action Report and Improvement Plan
2. This is a public document – no special handling instructions are required.
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4. Date the initial draft was disseminated: December 4, 2013
5. Date the revised draft was submitted for approval: December 13, 2013

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EXECUTIVE SUMMARY

The purpose of this report is to analyze State ESF8's response to Tropical Storm Karen, identify strengths to be maintained and built upon, identify potential areas for improvement, and support the development of corrective actions.

Tropical Storm Karen was named the ninth storm of the 2013 Atlantic Hurricane Season, maintaining tropical storm strength from October 3-6. Karen was expected to intensify into a hurricane threatening the Gulf Coast, but quickly weakened, deteriorating to tropical depression status early October 6.

The Governor signed Executive Order 13-282 proclaiming a State of Emergency on October 3. The State Emergency Operations Center (SEOC) elevated to a Level 2, Partial Activation, from October 3-6. During this time, State ESF8 activated to support the needs of the State Emergency Response Team (SERT) and county health departments (CHDs).

From October 1 through 16, 2013, the United States federal government entered a shutdown and curtailed most routine operations after Congress failed to enact legislation appropriating funds for fiscal year 2014, or a continuing resolution for the interim authorization of appropriations for fiscal year 2014. During the shutdown, many federal employees were either indefinitely furloughed, or required to report to work without known payment dates. Florida's assigned Regional Emergency Coordinator with the U.S. Department of Health & Human Services, was furloughed during this response. Additionally, National Oceanic and Atmospheric Administration (NOAA) websites typically used to obtain weather and river forecast data were not available as a result of the shutdown.

Despite the shutdown, a Federal Incident Management Team (IMT) was proactively deployed (without request from the State of Florida) to the State Emergency Operations Center. Although their size and structure created some operational difficulties, their presence provided ESF8 staff an opportunity to learn more about the federal teams that may be deployed and how to better integrate with them.

The period of activation was brief and the support needed was minimal nonetheless, Tropical Storm Karen offered a valuable opportunity to exercise ESF8 functions.

Major Strengths

Major strengths identified during this incident are as follows:

- County Health Department update calls were conducted to monitor local protective actions/response activities, healthcare facility contacts, and to identify any known or potential support needs. The CHD brief outs were comprehensive and addressed all information requested. The calls were strongly facilitated and stayed on target.
- GIS tools were used effectively to identify licensed healthcare facilities in the projected storm path.

- An Incident Action Plan (IAP) was developed and disseminated within 24 hours of activation.

Primary Areas for Improvement

Throughout the incident, several opportunities for improvement in the State ESF8's ability to respond were identified. The primary areas for improvement are as follows:

- Several of the positions designated as part of the initial activation team were not included in the initial activation. Although not in compliance with the ESF8 SOP, the staffing activated matched the needs of the incident with the exception of the exclusion of the Information Management Unit Leader and the Special Needs Shelter Technical Specialist.
- State ESF8 requested the activation of the Emergency Operations Plan, Emergency Duty Policy, and the Disaster Pay Plan. Although the request was approved, a funding source was not identified to cover the cost of disaster pay.
- We were unable to confirm if the status all hospitals had been verified or what percentage of the 235 facilities within the projected area of impact had been contacted. Therefore, the objective to “*Verify pre-incident status of 100% of all in-patient, licensed healthcare facilities in the projected area of impact*” was not met.

SECTION 1: INCIDENT OVERVIEW

Incident Details

Incident Name

Tropical Storm Karen

Type of Incident

Tropical Storm

Incident Start Date

October 3, 2013

Incident End Date

October 6, 2013

Duration

3 days

Location

Region 1: Bay, Calhoun, Escambia, Holmes, Gulf, Jackson, Okaloosa, Santa Rosa, Walton, and Washington counties.

Region 2: Franklin and Wakulla counties.

Mission Areas

Prevent, protect, respond and recover.

Capabilities

The following core capabilities, identified in the September 2011 release of the National Preparedness Goal, will be discussed in this report as they related to the State ESF8 Response to Tropical Storm Karen.

- Operational Coordination
- Operational Communications
- Public Health and Medical Services
- Public Information and Warning
- Threats and Hazard Identification
- Situational Assessment

Participating Organizations

Many local, state and federal agencies participated in the response to Tropical Storm Karen. The following is a list of those agencies that coordinated/communicated with State ESF8 while responding to the incident.

Local:

- Bay County Health Department
- Calhoun County Health Department
- Escambia County Health Department
- Franklin County Health Department
- Holmes County Health Department
- Gulf County Health Department
- Jackson County Health Department
- Leon County Health Department
- Liberty County Health Department
- Okaloosa County Health Department
- Santa Rosa County Health Department
- Wakulla County Health Department
- Walton County Health Department
- Washington County Health Department

State:

- Agency for Healthcare Administration (AHCA)
- Agency for Persons with Disabilities (APD)
- Florida Division of Emergency Management (DEM)
- Florida Healthcare Association (FHCA)
- Florida Hospital Association (FHA)

Federal

- Federal Emergency Management Team – National Incident Management Team
- U.S. Department of Health and Human Services (DHHS)

Number of State-Level FDOH Participants: 18

SECTION 2: INCIDENT SUMMARY

Incident Objectives and Capabilities

The National Preparedness Goal Core Capabilities listed below form the foundation for the organization of all objectives and observations in this incident. Each capability is linked to several corresponding observations and recommendations to provide additional detail.

- **Objective 1:** *Activate, Manage, and Demobilize a State ESF8 Incident Management Team (IMT) to support State Emergency Response Team activation.*
 - **Operational Coordination Capability**

- **Objective 2:** *Gather and analyze incident information and disseminate to key stakeholders to create a common operating picture.*
 - **Situational Assessment Capability**

- **Objective 3:** *Verify pre-incident status of 100% of all in-patient, licensed healthcare facilities in the projected area of impact.*
 - **Situational Assessment Capability**
 - **Threats and Hazard Identification Capability**

- **Objective 4:** *Ensure the capacity to communicate with local, state and federal response partners.*
 - **Operational Communication Capability**

- **Objective 5:** *Coordinate with ESF 14 to deliver coordinated, prompt, reliable and actionable information to the community.*
 - **Public Information and Warning Capability**

- **Objective 6:** *Conduct advanced planning for flooding, to focus on reviewing river data and flood stage projections.*
 - **Threats and Hazard Identification Capability**

SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the capabilities, activities, and tasks. The capabilities linked to the incident objectives of the State ESF8 response to Tropical Storm Karen are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

Capability 1: Operational Coordination

Capability Summary: The operational coordination capability is defined as establishing and maintaining a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities. This includes: executing operations with functional and integrated communications, establishing and maintaining partnerships, establishing command, control and coordination structures and maintaining National Incident Management System (NIMS) compliance.

Activity 1.1: *Activate State ESF8 Incident Management Team (IMT) to support State Emergency Response Team (SERT) activation.*

Observation 1.1.1: Area of Improvement – The initial activation team, outlined in the ESF8 Standard Operating Procedure (SOP), was not initially activated.

Reference: ESF8 Standard Operating Procedure (SOP)

Analysis: Proactively, State ESF8 activated select staff prior to the overall activation of the SERT. Initially, the following positions were activated: Emergency Coordination Officer, Liaison Officer, Agency Representative, Logistics Coordinator, Staffing Unit Leader, Planning Section Coordinator, Situation Unit Leader, and GIS Processor. Several of the positions designated as part of the initial activation team were not included. Although not in compliance with the ESF8 SOP, the staffing activated matched the needs of the incident with the exception of the Information Management Unit Leader and the Special Needs Shelter Technical Specialist.

Recommendation: Review initial activation procedures documented in the ESF8 SOP to ensure scalability to meet the needs of all incidents.

Observation 1.1.2: Strength – The Staffing Unit activated the ESF8 Incident Management Team as directed and maintained an accurate staffing roster throughout the activation period.

Reference: ESF8 Standard Operating Procedure (SOP)

Analysis: The Staffing Unit disseminated activation orders via email as directed by the Emergency Coordination Officer. Activation orders were complete. As staffing changed, the Staffing Unit updated the staffing roster as required. The Staffing Unit coordinated with the Planning Section to verify the accuracy of the staffing rosters and Organizational Assignment List (ICS Form 203).

Recommendations: None.

Observation 1.1.3 Area of Improvement – State ESF8 requested the activation of the Emergency Operations Plan, Emergency Duty Policy, and the Disaster Pay Plan. Although the request was approved, a funding source was not identified to cover the cost of disaster pay.

References:

1. Florida Department of Health Emergency Operations Plan (EOP)
2. Florida Department of Health Emergency Duty and Deployment Policy (DOHP 60-40-13)
3. Florida Department of Health Attendance and Leave Policy (DOHP 60-3-13)
4. Florida’s Comprehensive Emergency Management Plan (CEMP) Appendix VIII: ESF8 Public Health and Medical Services

Analysis: The EOP establishes an operational framework to ensure that the Department is able to effectively address public health threats and emergencies and maintain mission essential departmental services. The EOP is activated when an emergency threat or incident has the potential to overwhelm routine departmental procedures. ESF8 responsibilities in support of the State Emergency Response Team (SERT) are outside of the scope of the EOP and are documented in the CEMP ESF8 Appendix and the ESF8 SOP. As currently written, there is no need to activate the Department’s EOP when operating as ESF8 in support of the SERT.

Emergency duty provisions are automatically activated department-wide upon the declaration of a state of emergency when the governor issues an executive order, or upon a declaration of a public health emergency. Therefore, it is not necessary to request activation of the Emergency Duty Policy under these circumstances. Absent an executive order issuance or declaration of a public health emergency, the State Surgeon General may activate emergency duty provisions when additional staff is needed to manage a public health incident. (Emergency Duty and Deployment Policy page 11)

Compensation for work performed during emergencies is addressed on pages 23-25 of the Department’s Attendance and Leave Policy. Page 12 of the Emergency Duty and Deployment Policy states: Activation of the disaster pay plan requires a governor’s executive order declaring a state of emergency. The emergency coordination officer or designee must request the activation of the disaster pay plan from the State Surgeon General.

Although both policies allow for disaster pay, neither the Emergency Duty and Deployment Policy nor the Attendance and Leave Policy identify a source to cover the costs of disaster pay. Additionally, the emergency duty provisions and disaster pay apply department-wide, therefore county health departments should be provided with guidance on how the disaster pay will be funded.

Recommendations:

1. Re-align all Department of Health preparedness and response plans to the State Comprehensive Emergency Management Plan by core missions.
2. Refine the scope of the Emergency Operations Plan.
3. Clearly identify the linkage between the CEMP and the EOP.
4. Identify a process to determine potential funding sources for disaster pay.
5. When announcing approval of the disaster pay plan, provide funding guidance for central office and county health department staff.

Observation 1.1.4 Strength – The Finance and Administration Unit obtained and disseminated a People First charge object code to track personnel hours related to the response.

Reference: ESF8 Standard Operating Procedure (SOP)

Analysis: The Finance and Administration Unit obtained a People First charge object code as requested, to track personnel hours related to the response. The code was disseminated on the CHD call on October 4, and documented in the Incident Action Plan on October 5.

Recommendations: None.

Activity 1.2: *Manage State ESF8 Incident Management Team activities.*

Observation 1.2.1: Strength – An Incident Action Plan (IAP) was developed and disseminated within 24 hours of activation.

References:

1. ESF8 Standard Operating Procedure (SOP)
2. Centers for Disease Control and Prevention Public Health Emergency Preparedness Capability 3: Emergency Operations Coordination: Function 3: Develop Incident Response Strategy.
3. ESF8 Essential Elements of Information (EEI) and pre-scripted incident objectives for responding to hurricane/tropical weather incidents.

Analysis: A draft IAP was reviewed during the incident action plan meeting on October 4. The finalized IAP was disseminated later that morning.

Recommendations: None.

Observation 1.2.2: Area of Improvement – Communication between the Liaison Officer and other IMT staff was challenging because these positions were not working in the same location.

References:

1. ESF8 Standard Operating Procedure (SOP)

Analysis: A Bureau-wide training was scheduled for the second day of the Tropical Storm Karen response. Rather than cancelling the training, it was decided that the focus of the training would be adjusted to accomplish the training objectives originally set forth while preparing for Tropical Storm Karen. Some of the activated IMT members participated in both the training and the response, therefore the majority of the activated staff worked from the DOH buildings rather than the State Emergency Operations Center (SEOC). The Liaison Officer was assigned to the SEOC, while other command/general staff positions functioned from the DOH buildings. While there were no operational failures that resulted from this separation, the Liaison Officer had to serve in many capacities in the absence of the other staff. Additionally, a great deal of time was spent on the phone with the staff in the DOH buildings relaying and obtaining information.

Recommendations:

1. When feasible, during activations, assign staff members in need of training to shadow experienced staff in their assigned roles. Other than this type of “shadowing”, ESF8 IMT members should not participate in training while activated for a response.

Observation 1.2.3: Area of Improvement – Clarification was needed of Executive Order language regarding authorization to dispense prescription refills up to 30 days and medical professionals from out of state.

References:

1. Executive Order 13-282
2. 465.0275, Florida Statutes
3. 252.358, Florida Statutes

Analysis: State ESF8 Planning received an inquiry from RxResponse, requesting confirmation that the Office of Insurance Regulation had lifted the refill-too-soon requirement. The Executive Order (13-282) gave pharmacists the authorization to dispense up to a 30-day emergency prescription refill of maintenance medication to persons who reside in an area or county covered under the Executive Order and to emergency personnel who have been activated by their state and local agency but who do not reside in an area or county covered by the Executive Order.

According to F.S. 252.358 below, the electronic “refill too soon” rejection shall be waived by the Office of Insurance Regulation if the county is in a Governor’s declared state of emergency and/or activated its emergency operations center and its emergency management plan.

Title of legislation: 252.358 Emergency-preparedness prescription medication refills
Description: All health insurers, managed care organizations, and other entities that are licensed by the Office of Insurance Regulation and provide prescription medication coverage as part of a policy or contract shall waive time restrictions on prescription medication refills, which include suspension of electronic "refill too soon" edits to pharmacies, to enable insureds or subscribers to refill prescriptions in advance, if there are authorized refills remaining, and shall authorize payment to pharmacies for at least a 30-day supply of any prescription medication, regardless of the date upon which the

prescription had most recently been filled by a pharmacist, when the following conditions occur:

1. The person seeking the prescription medication refill resides in a county that:
 - a. Is under a hurricane warning issued by the National Weather Service;
 - b. Is declared to be under a state of emergency in an executive order issued by the Governor; or
 - c. Has activated its emergency operations center and its emergency management plan.
2. The prescription medication refill is requested within 30 days after the origination date of the conditions stated in this section or until such conditions are terminated by the issuing authority or no longer exist. The time period for the waiver of prescription medication refills may be extended in 15- or 30-day increments by emergency orders issued by the Office of Insurance Regulation.

Although the Bureau of Public Health Pharmacy was able to quickly confirm that the Office of Insurance Regulation had received a copy of the Executive Order and had fulfilled all statutory requirements, State ESF8 Planning was unaware of this process.

In reviewing the Executive Order, ESF8 staff raised questions regarding Section 8 - *Medical professionals with good and valid professional licenses issued by states other than the State of Florida may render such services in Florida during this emergency for persons affected by this emergency with the condition that such services be rendered to such persons free of charge, and with the further condition that such services be rendered under the auspices of the Florida Department of Health.* It was unclear what constituted “working under the auspices of the Florida Department of Health”. Would the out of state medical professionals that are requested to accommodate surge at a private healthcare facility, be considered to be working under the auspices of DOH, and would they be permitted to work under the authority of the Executive Order.

Recommendations:

1. Include the task of reviewing Executive Order language to the position check list for the Emergency Coordination Officer or designee.
2. Determine the process for obtaining a waiver from the Office of Insurance Regulation for time restrictions on prescription medication refills, which include suspension of electronic "refill too soon" edits to pharmacies. Document the role, if any, of ESF8 or Bureau of Public Health Pharmacy in this process.
3. Ensure the standard language allowing out of state medical professionals to render services in Florida applies to staff working outside of the auspices of the Department of Health, i.e. private healthcare facilities.

Activity 1.3: *Demobilize the State ESF8 Incident Management Team at the conclusion of the incident.*

Observation 1.3.1: Strength – The recently revised Demobilization Plan was tested.

References:

1. ESF8 Standard Operating Procedure (SOP)
2. Demobilization Unit Position Checklist
3. ESF8 Demobilization Plan
4. ESF8 Demobilization Check Out Form (ICS 221 Form, modified)
5. Tropical Storm Karen People First Charge Object Code 645902 Summary Report

Analysis: Although this was a short-lived activation, and many staff served on stand-by status only, we used this opportunity to exercise our demobilization procedures. State ESF8 Demobilization procedures had recently been modified including the revision of the Demobilization Plan and Demobilization Checkout Form, and the development of a Demobilization Unit Leader position checklist.

The revised Demobilization Plan was scaled appropriately to include only those actions necessary for this response. Demobilization procedures consisted of completing the Demobilization Checkout Form, accurately recording time in People First, and completing an online participant feedback survey.

Three of eighteen staff activated for the response did not complete the required paperwork. The *People First* human resource system is the primary method designated for tracking hours related to response. Staff members were provided with a specific tracking number that was used to code all payroll hours that were spent on activities related to the response to Tropical Storm Karen. It was determined through the demobilization process that not all staff activated for the Tropical Storm Karen response recorded their time as directed.

Collecting participant feedback after events/incidents is an assigned duty of the Demobilization Unit. Compiling and analyzing this data to develop comprehensive and useful after-action reports is a large undertaking and the responsibility of developing post-event after-action reports has not been assigned to a standard position or unit. Historically, the 60 day submission deadline has not been met.

Recommendations:

1. The Planning Section Coordinator should consider activating a Demobilization Unit Leader for all responses rather than assuming these responsibilities.
2. Determine a mechanism for capturing hours worked by staff who do not report their time using the People First system, i.e. contract employees.
3. Assign the responsibility, of conducting post-incident after-action reviews (hotwash) and developing after-action reports, to a standard position or unit.

Capability 2: Situational Assessment

Capability Summary: The Situational Assessment Capability is defined as providing all decision makers with decision-relevant information regarding the nature and extent of hazards, any cascading effects, and the status of planning and response efforts.

Activity 2.1: *Gather/analyze incident information and disseminate to key stakeholder to create a common operating picture.*

Observation 2.1.1: Strength – County Health Department update calls were conducted to monitor local protective actions/response activities, healthcare facility contacts, and to identify any known or potential support needs.

References: None

Analysis: County Health Department update calls were held on October 3-4. The calls were directed primarily to counties in Region 1, but all counties were invited and welcomed to participate. Region 1 was asked to report on the following:

- Local Emergency Operations Center status (Activation Level), including anticipated Local Declarations of Emergency
- Status of County ESF 8, CHD operations
- Protective actions – Special needs shelter activities
- Status of healthcare facility outreach
- Any known or potential resource needs

All County Health Departments in Region 1 participated as requested. The CHD brief outs were comprehensive and addressed all information requested. The calls were strongly facilitated and stayed on target.

The call scheduled was modified appropriately based on the changing needs of the incident. Select ESF8 partners were invited to participate in the calls as well.

Recommendation: Continue to include select ESF8 partners and DHHS Regional Emergency Coordinator (REC) on the CHD Update calls.

Activity 2.2: *Verify pre-incident status of 100% of all in-patient, licensed healthcare facilities in the projected area of impact.*

Observation 2.2.1: Area of Improvement – The status of 100% of all in-patient, licensed healthcare facilities in the projected area of impact was not verified.

Reference: State ESF8 Assessment Standard Operating Procedure (draft)

Analysis: The Agency for Healthcare Administration (AHCA) requires the facilities under its regulation to use the Emergency Status System (ESS), a web-based system for reporting and tracking health care facility status before, during and after an emergency. At the request of ESF8, AHCA activated ESS and provided reports in a timely manner. Compliance was very low. Of the 235 facilities that were asked to report, 85 logged into the system and provided updated information. The remaining 150 facilities did not respond to the request.

The County Health Departments reported on their outreach efforts on the daily update calls. Because ESS self-reporting compliance was so low, the reports provided by the CHDs and the ESS data did not match. Although CHDs reported having contact with the majority of their facilities, we were unable to confirm that the status all hospitals had been verified or what percentage of the 235 facilities had been contacted.

Recommendations:

1. Review Assessment SOP draft to ensure that incident triggers and timeframes are established for facility outreach and a hierarchy is established to prioritize contacts.
2. Improve the process for conducting outreach to facilities to determine or verify facility status information. Include the following:
 - Set clear expectations for county health departments regarding facility outreach reporting requirements.
 - Initiate State ESF 8 calls, by exception, to facilities that do not provide electronic data, as requested, and have not been contacted by a CHD or ESF8 partner organization.
 - Ensure corrected and emergency phone numbers reported during outreach get input into ESS.
 - Provide information to facilities about how the questions being asked relate to ESS requirements and purpose.

Capability 3: Public Information and Warning

Capability Summary: The Public Information and Warning capability is defined as delivering coordinated, prompt, reliable and actionable information to the community. This includes sharing messages with the public and other stakeholders.

Activity 3.1: *Disseminate public health and medical information.*

Observation 3.1.1: Area of improvement – ESF8 Information Management Unit recognized a potential delay in getting public health and medical information disseminated through ESF14.

References:

1. Florida's Comprehensive Emergency Management Plan (CEMP)
2. ESF14 Standard Operating Guide

Analysis: When the SERT goes to a Level 1, ESF14 takes lead on dissemination of all information to the public. The ESF8 Information Management Unit (IMU) then provides support to ESF14.

Despite the shortage of seasoned staff, state agency communications directors were contacted to staff ESF14. ESF14 was able to produce and disseminate news releases and prepare for and hold press conferences. The team lacked organization and assigned roles. Public Information Officers assigned to ESF14 were not able to

effectively provide support due to their lack of training (had minimal knowledge of Incident Command System, roles and responsibilities of ESF14, EMConstellation, etc.) There was no development or dissemination of social media products. Additionally, ESF14 lacked participation in the SERT daily briefings.

Recommendations:

1. Continue to actively coordinate with ESF14 staff for timely dissemination of public health messaging and information via various platforms (TV, Radio, Print, Web, Social Media). The DOH Office of Communications will be utilized as a redundancy for information dissemination if/when ESF14 causes delays in current SERT information dissemination process.
2. Assure that the ESF8 roster contains personnel that can work in support of ESF14.

Observation 3.1.2: Strength - IMU Unit Lead prepared all Office of Communications and CHD PIOs with briefings, updates as appropriate leading up to activation of IMT and throughout storm preparedness and response.

References:

1. Crisis and Emergency Risk Communications (CERC) Annex to the Department of Health Emergency Operations Plan.
2. ESF8 Standard Operating Procedure (SOP)

Analysis: In addition to supporting ESF8 and the Office of Communications, the IMU Leader provided guidance and mentoring to ESF14 staff.

To better align with the standard ICS structure, the ESF8 structure will be modified to include a Public Information Officer (PIO) as a direct report to the ECO.

Recommendations:

1. Remove the Information Management Unit from the Planning Section and assign a Public Information Officer (PIO) as a direct report to the Emergency Coordination Officer.
2. Ensure the PIO is included as a member of the initial activation team.

Capability 4: Operational Communications

Capability Summary: The Operational Communications capability is defined as ensuring the capacity for timely communications. This includes communicating with both the emergency response community and affected populations.

Activity 4.1: *Ensure the capacity to communicate with local, state and federal response partners.*

Observation 4.1.1: Area of Improvement – ESF8 staff working in the EOC had limited access to documents stored in EM Constellation.

References: None.

Analysis: Microsoft Office software on the ESF8 computers at the EOC is outdated. Documents created in Office 2010 are not able to be opened on these computers. Because of these compatibility issues, staff working in the EOC were unable to access some documents uploaded into EM Constellation.

Additionally, the computers on the EOC main floor are outdated and lack connectivity to the DOH network. These computers belong to the SERT, and therefore cannot be replaced by DOH. ESF8 staff assigned to the main floor of the EOC and needing access to the DOH network will need to use the ESF8 computers in the breakout room or bring their own laptop and air card.

Recommendation: Microsoft Office Software on the EOC Computers needs to be updated.

Observation 4.1.2: Area of Improvement – The ESF8 event folder does not contain a current incident folder template.

References: None.

Analysis: Because the ESF8 event folder did not contain a current incident folder template, the Tropical Storm Karen incident folder had to be created from scratch and documents had to be located in previous incident folders. This delayed the amount of time it took to establish the file for all incident related documentation to be stored. The incident file is noted in activation orders and is needed at the onset of the event.

Recommendation: Establish an ESF8 incident folder template which contains folders for each of the sections and units, as well as templates for all frequently used documents and static data and maps.

Observation 4.1.3: Strength – Department issued cell phones, laptops, and air cards were useful for maintaining communications.

References: None.

Analysis: Because of the changing nature of the storm, a core group of staff were asked to report to work through the weekend while others were asked to monitor the situation from home and be on stand-by to report if the situation worsened. IMT members had the equipment they needed to maintain remote connectivity.

Recommendation: None.

Observation 4.1.4: Area of Improvement – Inconsistent nomenclature for shelter status caused confusion in shelter status reporting.

References: None.

Analysis: ESF8 reported that Gulf County had contacted their special needs shelter clients and were prepared to transport them to Jackson County per their sheltering plan, noting that they were “standing by”. Because of this, Gulf County was reported as having a special needs shelter on “stand by”. Gulf County doesn’t operate special needs shelters. Instead, they have an agreement with Jackson County to accept these patients. Differences in interpretation of the definition of “stand-by” status caused confusion.

Recommendation: Work with ESF6 to establish consistent nomenclature of shelter status designations.

Capability 5: Threats and Hazard Identification

Capability Summary: The Threats and Hazard Identification capability is defined as identifying threats and hazards and incorporating the information into analysis and planning processes.

Activity 5.1: Identify healthcare facilities within the area of operations.

Observation 5.1.1: Strength – GIS tools were used effectively to identify licensed healthcare facilities in the projected storm path.

References: None

Analysis: The GIS Processor produced maps depicting all licensed healthcare facilities within the area of operations and spreadsheets with corresponding facility names, addresses and contact information. These maps were refined during the second operational period, focusing on the areas within the surge and slosh zones. These tools were used by the State ESF8 IMT and also provided to the County Health Departments as a resource.

Recommendations:

1. Add the Agency for Health Care Administration data files to the ESF8 incident folder template.
2. Produce a template for a standard set of GIS maps to be produced daily to depict surge models by category with facility overlays on a road map. Separate templates for maps with the following facility types should be produced.
 - a. Hospitals and nursing homes
 - b. Assisted living facilities
 - c. Facilities managed by the Agency for Persons with Disabilities

- d. Federally Qualified Health Centers
- e. Primary care facilities
- f. Dialysis centers and pharmacies

Activity 5.2: Conduct advanced planning for flooding, to focus on reviewing river data and flood stage projections

Observation 6.2.1: Area of Improvement – River forecast data was not readily available due to the government shut down.

References: None

Analysis: Parts of Florida had received an above average amount of rainfall and some areas had experienced flooding earlier in the summer. When conducting advanced planning for flooding, it was determined that the NOAA website routinely used to obtain river forecast data was not operational due to the government shut-down. As the storm weakened and the rainfall predictions lessened, flooding was no longer a concern.

Recommendation: Identify additional sources for obtaining river forecasts and other federally maintained weather data.

SECTION 4: CONCLUSION

Despite the fact that all major forecasting agencies predicted an above-average season, the 2013 Atlantic hurricane season was the first Atlantic hurricane season since 1994 to end with no known major hurricanes.

The true test of public health and healthcare capabilities is measured by the effectiveness of response to real-world events. Tropical Storm Karen provided State ESF8 with an opportunity to exercise procedures related to the following:

- Staff activation and demobilization.
- Information dissemination and coordination with county health departments and ESF8 partners.
- Identification of healthcare facilities within the area of operations and verification of their status, including the production of GIS maps.

Although the response to Tropical Storm Karen was short in duration and involved only a limited number of staff, ESF8 stood ready to support the public health and medical needs of the people in Florida. Lessons learned during this response will be used to improve procedures to prepare for the next incident.

APPENDIX A: IMPROVEMENT PLAN

This Improvement Plan has been developed specifically for the Florida Department of Health as a result of the response to Tropical Storm Karen. These recommendations draw on the recommendations made in the After Action Report.

Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Resp Agency	Agency POC	Due Date
Operational Coordination	Observation 1.1.1: Area of Improvement – The initial activation team, outlined in the ESF8 Standard Operating Procedure (SOP), was not initially activated.	Recommendation 1.1.1: Review initial activation procedures documented in the ESF8 SOP to ensure scalability to meet the needs of all incidents.	Corrective Action 1.1.1: Adjust initial activation procedures as needed in the next update of the ESF8 SOP	Planning	BPR Planning Unit	Samantha Cooksey-Strickland	5/30/14
Operational Coordination	Observation 1.1.3 Area of Improvement – State ESF8 requested the activation of the Emergency Operations Plan, Emergency Duty Policy, and the Disaster Pay Plan. Although the request was approved, a funding source was not identified to cover the cost of disaster pay.	Recommendation 1.1.3.1: Re-align all Department of Health preparedness and response plans to the State Comprehensive Emergency Management Plan by core missions.	Corrective Action 1.1.3.1.1: Conduct an assessment of all existing emergency plans and develop a plan alignment schematic that aligns all plans to the CEMP.	Planning	BPR Planning Unit	Samantha Cooksey-Strickland	5/30/14
			Corrective Action 1.1.3.1.2: Update the Emergency Operations Plan, refining the scope and clearly identifying the linkage with the CEMP.				
		Recommendation 1.1.3.2: Provide clear guidance for central office and CHD staff when announcing approval of the disaster pay plan.	Corrective Action 1.1.3.2.1: Establish a process for determining potential funding sources for disaster pay.	Process	BPR Finance and Admin Unit	Kelley Waters	5/30/14
			Corrective Action 1.1.3.2.2: Document the process for announcing approval of disaster pay in the Agency Rep and ECO position checklists.	Process	ECO	Mike McHargue	5/30/14

Operational Coordination	Observation 1.2.2: Area of Improvement – Communication between the Liaison Officer and other IMT staff was challenging because these positions were not working in the same location.	Recommendation 1.2.2: When feasible, during activations, assign staff members in need of training to shadow experienced staff in their assigned roles.	Corrective Action 1.2.2: Other than “shadowing”, ESF8 IMT members should not participate in training while activated for a response.	Training	BPR Training and Exercise Unit	Ben St. John	5/31/14
Operational Coordination	Observation 1.2.3: Area of Improvement – Clarification was needed of Executive Order language regarding authorization to dispense prescription refills up to 30 days and medical professionals from out of state.	Recommendation 1.2.3.1: Include the task of reviewing Executive Order language to the position check list for the Emergency Coordination Officer or designee.	Corrective Action 1.2.3.1.: Update ECO position checklist to reflect this task.	Planning	BPR ESF8 Unit	Mike McHargue	5/31/14
		Recommendation 1.2.3.2: Determine the process for obtaining a waiver from the Office of Insurance Regulation for time restrictions on prescription medication refills, which include suspension of electronic "refill too soon" edits to pharmacies.	Corrective Action 1.2.3.2: Coordinate with BPHP to determine the process for obtaining waivers from the Office of Insurance Regulation.	Process	BPR ESF8 Unit	Mike McHargue	5/31/14
			Corrective Action 1.2.3.1.2: Document the role, if any, of ESF8 or Bureau of Public Health Pharmacy in this process.	Planning	BPR Planning Unit	Samantha Cooksey-Strickland	5/30/14
		Recommendation 1.2.3.3: Ensure the standard language allowing out of state medical professionals to render services in Florida, applies to staff working outside of the auspices if the Department of Health, i.e. private healthcare facilities.	Corrective Action 1.2.3.3: Work with DOH General Counsel to review current executive order language, and determine if additional language would be needed to allow out of state medical professionals to render services in for private healthcare facilities.	Planning / Process	BPR Med Surge Unit	Christie Luce	5/31/14

Operational Coordination	Observation 1.3.1: Strength – The recently revised Demobilization Plan was tested.	Recommendation 1.3.1.1: The Planning Section Coordinator should consider activating a Demobilization Unit Leader for all responses rather than assuming these responsibilities.	Corrective Action 1.3.1.1: Incorporate this recommendation into the position checklist for the Planning Section Coordinator.	Planning / Process	BPR Planning Unit	Samantha Cooksey-Strickland	5/30/14
		Recommendation 1.3.1.2: When a People First Charge Object Code has been established, all hours need to be accurately tracked to this code.	Corrective Action 1.3.1.2: Determine a mechanism for capturing hours worked by staff who do not report their time using the People First system, i.e. contract employees.	Process	BPR Finance and Admin	Kelley Waters	5/30/14
		Recommendation 1.3.1.3: Assign the responsibility, of conducting post-incident after-action reviews (hotwash) and developing after-action reports, to a standard position or unit.	Corrective Action 1.3.1.3: Assign the responsibility of developing after action reports to a standard position or unit.	Process	ECO	Mike McHarge	5/30/14
Situational Assessment	Observation 2.1.1: Strength – County Health Department update calls were conducted to monitor local protective actions/response activities, healthcare facility contacts, and to identify any known or potential support needs.	Recommendation 2.1.1: Continue to include select ESF8 partners and DHHS Regional Emergency Coordinator (REC) on the CHD.	Corrective Action 2.1.1: Review current ESF8 POC DL to ensure DHHS REC is included and determine if any standard ESF8 partners should be added.	Planning	BPR Planning Unit	Samantha Cooksey-Strickland	5/30/14

Situational Assessment	<p>Observation 2.2.1: Area of Improvement – The status of 100% of all in-patient, licensed healthcare facilities in the projected area of impact was not verified.</p>	<p>Recommendation 2.2.1.1: Review Assessment SOP draft to ensure that incident triggers and timeframes are established for facility outreach and a hierarchy is established to prioritize contacts.</p>	<p>Corrective Action 2.2.1: Finalize State ESF8 Assessment SOP.</p>	<p>Planning</p>	<p>BPR Planning Unit</p>	<p>Samantha Cooksey-Strickland</p>	<p>5/30/14</p>
		<p>Recommendation 2.2.1.2: Improve the process for conducting outreach to facilities to determine or verify facility status information. Include the following:</p> <ul style="list-style-type: none"> • Set clear expectations for county health departments regarding facility outreach reporting requirements. • Initiate State ESF 8 calls, by exception, to facilities that do not provide electronic data, as requested, and have not been contacted by a CHD or ESF8 partner organization. • Ensure corrected and emergency phone numbers reported during outreach get input into ESS. • Provide information to facilities about how the questions being asked relate to ESS requirements and purpose. 					

Public Information and Warning	Observation 3.1.1: Area of improvement – ESF8 Information Management Unit recognized a potential delay in getting public health and medical information disseminated through ESF14.	Recommendation 3.1.1.1: Continue to actively coordinate with ESF14 staff for timely dissemination of public health messaging and information via various platforms (TV, Radio, Print, Web, and Social Media). The DOH Office of Communications will be utilized as a redundancy for information dissemination if/when ESF14 causes delays in current SERT information dissemination process.	Corrective Action 3.1.1.1: Assure that the ESF8 roster contains personnel that can work in support of ESF14. Staff will be prepared to disseminate information independently or in support of ESF14.	Process	Office of Communications	Ann Rowe	5/30/14
		Recommendation 3.1.1.2: The DOH Office of Communication will be prepared to disseminate public information if/when ESF14 is delayed.					
Public Information and Warning	Observation 3.1.2: Strength IMU Unit Lead prepared all Office of Communications and CHD PIOs with briefings, updates as appropriate leading up to activation of IMT and throughout storm preparedness and response.	Recommendation 3.1.2: To better align with the standard ICS structure, the ESF8 structure will be modified to include a Public Information Officer (PIO) as a direct report to the ECO. Include this change in the update of the ESF8 SOP.	Corrective Action 3.1.2.1: Remove the Information Management Unit from the Planning Section and assign a Public Information Officer (PIO) as a direct report to the Emergency Coordination Officer.	Process / Planning	BPR Planning Unit	Samantha Cooksey-Strickland	5/30/14
			Corrective Action 3.1.2.2: Ensure the PIO is included as a member of the initial activation team.				

Operational Communications	Observation 4.1.1: Area of Improvement – ESF8 staff working in the EOC had limited access to documents stored in EM Constellation.	Recommendation 4.1.1: Microsoft Office Software on the EOC Computers needs to be updated.	Corrective Action 4.1.1: Determine if the software will be upgraded during the transition to Office 365. If not, budget for the cost of updating the software.	Equip	BPR Info Sharing Unit	Kim Norman	5/30/14
Operational Communications	Observation 4.1.2: Area of Improvement – The ESF8 event folder does not contain a current incident folder template.	Recommendation 4.1.2: Establish an ESF8 incident folder template which contains folders for each of the sections and units, as well as templates for all frequently used documents and static data and maps.	Corrective Action 4.1.2: Establish an ESF8 incident folder template which contains folders for each of the sections and units, as well as templates for all frequently used documents and static data and maps.	Planning	BPR Planning Unit	Samantha Cooksey-Strickland	5/30/14
Operational Communication	Observation 4.1.4: Area of Improvement – Inconsistent nomenclature for shelter status caused confusion in shelter status reporting.	Recommendation 4.1.4: Work with ESF6 to establish consistent nomenclature of shelter status designations.	Corrective Action 4.1.4: Work with ESF6 to establish consistent nomenclature of shelter status designations.	Planning	BPR ESF8 Unit (SpNS)	Michele Sheffield	5/30/14
Threats and Hazard Identification	Observation 5.1.1: Strength – GIS tools were used effectively to identify licensed healthcare facilities in the projected storm path.	Recommendation 5.1.1.1: Add the Agency for Health Care Administration data files to the ESF8 incident folder template. (link to Corrective Action 4.1.2)	Corrective Action 5.1.1.1: Add the Agency for Health Care Administration data files to the ESF8 incident folder template. (link to Corrective Action 4.1.2)	Planning	BPR Planning Unit	Samantha Cooksey-Strickland	5/30/14
		Recommendation 5.1.1.2: Produce a template for a standard set of GIS maps to be produced daily to depict surge models by category with facility overlays on a road map.	Corrective Action 5.1.1.2: Separate templates for maps with the following facility types should be produced: Hospitals and nursing homes, ALFs, APD facilities, FQHC's, Primary care facilities, and Dialysis centers and pharmacies	Planning	BPR Info Sharing Unit	Bob Maiden	5/30/14

Threats and Hazard Identification	Observation 6.2.1: Area of Improvement – River forecast data was not readily available due to the government shut down.	Recommendation 6.2.1: Identify additional sources for obtaining river forecasts and other federally maintained weather data.	Corrective Action 6.2.1.1: Identify additional sources for obtaining river forecasts and other federally maintained weather data.	Planning	BPR Info Sharing Unit	Kim Norman	5/30/14
			Corrective Action 6.2.1.2: Document the additional sources for river forecasts in the Essential Elements of Information (EIs) and ESF8 Resource Matrix	Planning	BPR Planning Unit	Samantha Cooksey-Strickland	5/30/14

APPENDIX B: ACRONYMS

Acronym	Meaning
AHCA	Agency for Healthcare Administration
APD	Agency for Persons with Disabilities
ARC	American Red Cross
BPR	Bureau of Preparedness and Response
CEMP	Comprehensive Emergency Management Plan
CERC	Crisis and Emergency Risk Communications
CHD	County Health Department
DEM	Division of Emergency Management
DHHS	U.S. Department of Health and Human Services
ECO	Emergency Coordinating Officer
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
ESF8	Public Health and Medical
ESF14	Public Information
ESS	Emergency Status System
FDOH	Florida Department of Health
FHA	Florida Hospital Association
GIS	Geographic Information System
IAP	Incident Action Plan
ICS	Incident Command System
IMT	Incident Management Team
IMU	Information Management Unit
NIMS	National Incident Management System
NOAA	National Oceanic and Atmospheric Administration
PIO	Public Information Officer
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
SpNS	Special Needs Shelters