

# TROPICAL STORM DEBBY

## STATE ESF8 AFTER ACTION REPORT/IMPROVEMENT PLAN

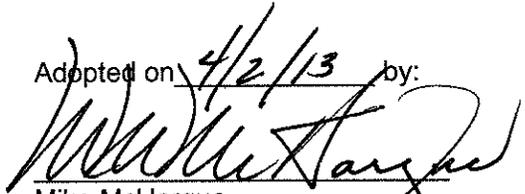
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Homeland Security Exercise and Evaluation Program (HSEEP)  
After Action Report/Improvement Plan  
(AAR/IP) Tropical Storm Debby

The Tropical Storm Debby 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 incident/event responses.

Adopted on 4/2/13 by:

  
Mike McHargue  
Acting Bureau Chief  
Bureau of Preparedness and Response

## ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is Tropical Storm Debby State ESF8 After Action Report and Improvement Plan
2. This is a public document – no special handling instructions are required.
3. Points of Contact:

Samantha Cooksey-Strickland  
ESF8 Planner  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, FL 32399  
850-245-4444 ext. 3696 (office)  
850-257-2553 (cell)  
Samantha\_Cooksey@doh.state.fl.us

Sara Bourdeau  
ESF8 Planner  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, FL 32399  
850-245-4444 x 4404 (office)  
850-545-0223 (cell)  
Sara\_Bourdeau@doh.state.fl.us

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## EXECUTIVE SUMMARY

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

Tropical Storm Debby was the fourth named storm of the 2012 Atlantic Hurricane Season. The storm made landfall on June 26, 2012 in Steinhatchee, Florida, causing extensive flooding, tornadoes and high winds. The State Emergency Operations Center (SEOC) began operating at a Level 2, Partial Activation, on June 24, 2012. On June 25, the SEOC elevated to a Level 1, Full Activation, and a State of Emergency was issued (Executive Order 12-140.) A Major Disaster Declaration (DR-4068) was declared on July 3. State ESF8 supported public health and medical needs of the State Emergency Response Team from June 23-July 26, 2012.

The State ESF8 response to Tropical Storm Debby tested the following capabilities:

- Operational Coordination
- Operational Communications
- Public and Private Services and Resources
- Public Health and Medical Services
- Public Information and Warning
- Environmental Response/Health and Safety
- Mass Care Services
- Threats and Hazard Identification
- Situational Assessment
- Fatality Management Services

The following objectives were developed for the response to Tropical Storm Debby.

- Objective 1: *Establish and maintain a State ESF8 Incident Management Team (IMT) to support the incident.*
- Objective 2: *Determine the facility status for hospitals, nursing homes and assisted living facilities (ALFs) to validate overall preparedness.*
- Objective 3: *Monitor healthcare facility evacuations and re-entry.*
- Objective 4: *Coordinate with ESF6 (Mass Care) regarding the sheltering of vulnerable populations and Special Needs Shelters (SpNS).*
- Objective 5: *Conduct assessments and determine the needs of the county health departments (CHDs).*
- Objective 6: *Provide resource support to the county health departments (CHDs) and Local ESF8 within the impacted counties.*
- Objective 7: *Coordinate with ESF10 (HazMat) regarding immediate public and waste water issues.*
- Objective 8: *Continue to maintain situational awareness through media monitoring and rumor control.*

- Objective 9: *Support county operations for retrieval, storage and identification of human remains from flooded cemeteries.*
- Objective 10: *Provide timely and accurate public health messaging.*
- Objective 11: *Identify potential threats and hazards and conduct advanced planning to address the potential consequences.*
- Objective 12: *Gather/analyze incident information and disseminate to key stakeholder to create a common operating picture.*

## Major Strengths

Major strengths identified during this incident are as follows:

- An improved process for branch tactical planning allowed better integration into the SERT Incident Action Plan (IAP) and coordination among branch partners.
- An alternate Emergency Coordination Officer (ECO) was utilized, thus demonstrating depth in staffing for that role.
- State ESF8 supported the county health departments by providing resources as requested.

## 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:

- Confusion regarding staff activation/deployment procedures and financial processes delayed the fulfillment of staffing missions.
- Mission requirements for deployed resources were not clear. As a result, deployed resources were at times under-utilized and used to perform tasks outside the scope of their assigned mission.
- "Dual Populations" of Function Special Needs Support Services (FNSS) and Special Needs Shelter (SpNS) designations caused confusion among DOH staff working in shelters.

# SECTION 1: INCIDENT OVERVIEW

## Incident Details

### Incident Name

Tropical Storm Debby

### Type of Incident

Tropical Storm

### Incident Start Date

June 23, 2012

### Incident End Date

July 26, 2012

### Duration

33 days

### Location

Region 1: Escambia, Santa Rosa, Okaloosa, Calhoun, Bay, Gulf and Walton

Region 2: Franklin, Liberty, Wakulla, Jefferson, Dixie, Suwannee, Gadsden, Leon, Madison, Hamilton, Lafayette, Columbia and Taylor

Region 3: Clay, Levy, Baker, Bradford, Union, Alachua, Marion, Putnam, Flagler, St. Johns, Duval, Nassau, and Gilchrist

Region 4: Pinellas, Hillsborough, Pasco, Hernando and Citrus

### 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 Debby.

- Operational Coordination
- Operational Communications
- Public and Private Services and Resources
- Public Health and Medical Services
- Public Information and Warning
- Environmental Response/Health and Safety
- Mass Care Services
- Threats and Hazard Identification
- Situational Assessment
- Fatality Management Services

## Participating Organizations

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

### Local:

- Alachua County Health Department
- Baker County Health Department
- Bay County Health Department
- Bradford County Health Department
- Calhoun County Health Department
- Citrus County Health Department
- Clay County Health Department
- Columbia County Health Department
- Dixie County Health Department
- Duval County Health Department
- Escambia County Health Department
- Flagler County Health Department
- Franklin County Health Department
- Gadsden County Health Department
- Gilchrist County Health Department
- Gulf County Health Department
- Hamilton County Health Department
- Hernando County Health Department
- Hillsborough County Health Department
- Jefferson County Health Department
- Lafayette County Health Department
- Leon County Health Department
- Levy County Health Department
- Liberty County Health Department
- Marion County Health Department

### Local Continued:

- Nassau County Health Department
- Okaloosa County Health Department
- Pinellas County Health Department
- Pasco County Health Department
- Putnam County Health Department
- Santa Rosa County Health Department
- Suwannee County Health Department
- St. Johns County Health Department
- Taylor County Health Department
- Union County Health Department
- Walton County Health Department
- Wakulla County Health Department

### State:

- Agency for Healthcare Administration (AHCA)
- Agency for Persons with Disabilities
- Florida Division of Emergency Management (DEM)
- Florida Department of Environmental Protection (DEP)
- Florida Hospital Association (FHA)

### Federal

- U.S. Department of Health and Human Services

**Number of State-Level FDOH Participants: 35**

## 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:** *Establish and maintain a State ESF8 Incident Management Team (IMT) to support the incident.*
  - **Operational Coordination Capability**
  - **Operational Communication Capability**
  
- **Objective 2:** *Determine the facility status for hospitals, nursing homes and assisted living facilities (ALFs) to validate overall preparedness.*
  - **Public Health and Medical Services Capability**
  
- **Objective 3:** *Monitor facility evacuations and re-entry.*
  - **Public Health and Medical Services Capability**
  
- **Objective 4:** *Coordinate with ESF6 (Mass Care) regarding the sheltering of vulnerable populations and Special Needs Shelters (SpNS).*
  - **Mass Care Capability**
  
- **Objective 5:** *Assess the needs of and provide support to the county health departments (CHDs) and Local ESF8 within the impacted counties.*
  - **Public Health and Medical Services Capability**
  
- **Objective 6:** *Provide resource support to the county health departments and Local ESF8 within the impacted counties.*
  - **Public and Private Services and Resources Capability**
  
- **Objective 7:** *Coordinate with ESF10 (Environmental Protection) regarding immediate public and waste water issues.*
  - **Environmental Response and Health and Safety Capability**
  
- **Objective 8:** *Continue to maintain situational awareness through media monitoring and rumor control.*
  - **Situational Assessment Capability**

- **Objective 9:** *Support county operations for retrieval, storage and identification of human remains from flooded cemeteries.*
  - **Fatality Management Capability**
  
- **Objective 10:** *Provide timely and accurate public health messaging.*
  - **Public Information and Warning Capability**
  
- **Objective 11:** *Identify potential threats and hazards and conduct advanced planning to address the potential consequences.*
  - **Threats and Hazard Identification Capability**
  
- **Objective 12:** *Gather/analyze incident information and disseminate to key stakeholders to create a common operating picture.*
  - **Situational Assessment 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 Debby 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) compliancy.

**Activity 1.1:** *Establish and maintain a State ESF8 Incident Management Team (IMT) to support the incident.*

**Observation 1.1.1:** Area of Improvement – Staffing missions were not filled in a timely manner.

#### References:

1. ESF8 Standard Operating Procedure (SOP)
2. Staff Position Descriptions – Emergency Duty Requirement
3. Florida Department of Health Emergency Operations Plan (EOP)

**Analysis:** Although an Emergency Duty requirement is included in personnel position descriptions, many staff were not willing or able to report to duty when called upon. Overall, many staff members view emergency duty as “voluntary” rather than a routine job expectation.

#### Recommendations:

1. Update the Emergency Duty Policy to be clear about response expectations for all FDOH staff. This policy should include consequences for refusing to report for duty.
2. Once approved, ensure all Bureau of Preparedness and Response (BPR) staff members are aware of general staffing and activation expectations and all Divisions understand the expectations for approving staff to participate in emergency duty.

**Observation 1.1.2:** Area of Improvement – An unclear understanding of chain of command and delegated authority caused confusion, frustration and dual reporting.

**References:**

1. ESF8 Standard Operating Procedure (SOP)
2. Florida Department of Health Emergency Operations Plan (EOP)

**Analysis:** There was a misunderstanding by many staff about the difference between ESF8 activation activities, chain of command, and reporting responsibilities vs. normal day-to-day activities. Activated staff also reported a lack of back-up for their day-to-day roles, thus causing them to function in both their activated role and day-to-day role simultaneously.

**Recommendation:** As noted in the ESF8 SOP, when activating staff as part of an IMT, process and expectations should be clearly defined, to include the anticipated time commitment, and the employee's supervisor and reporting requirements under the IMT. These expectations should be provided in the activation orders and staffing points of contact are responsible for briefing activated personnel regarding these expectations. Activated staff members are responsible for sharing these expectations with their day-to-day supervisors when obtaining approval to participate. Supervisors are responsible for providing back-fill for day-to-day responsibilities for activated staff.

**Observation 1.1.3:** Area of Improvement – Activation and deployment recruitments and notifications were not consistent. SERVFL, Florida's responder management system, was ineffective for recruiting and activating staff.

**References:**

1. ESF8 Standard Operating Procedure (SOP)

**Analysis:** The Logistics Staffing Unit uses SERVFL to recruit and activate staff. All staff and teams are not registered in SERVFL; therefore, some staff were recruited and activated through the system but the Logistics Staffing Unit had to employ other methods (emails and phone calls) to recruit and activate the staff not registered in the system. This issue created extra work and caused discrepancies between the SERVFL daily staffing reports and the Incident Command System (ICS) Form 203 (Organizational Staffing List).

SERVFL activation notices did not contain all of the necessary information to facilitate staff recruitment. The Logistics Staffing Unit was asked to recruit staff to operate the Florida Emergency Information (FEIL) hotline. Based on the recruitment notice that was sent, staff did not understand what a FEIL operator was and what skills were required to serve in this role. Therefore, many staff did not respond to the request.

When tasked to recruit staff to work in a Special Needs Shelter (SpNS), the Logistics Section reached out through the SpNS technical specialist, rather than through the existing Logistics Staffing process. Although doing so caused some confusion, the technical specialist was able to assist in a needs analysis (mission refinement) and facilitate identification of appropriate staffing resources.

Additionally, deactivation notices were not sent as staff demobilized.

The ESF8 SOP outlines the process for activating staff, but does not include procedures specific to SERVFL. Staff members have been encouraged to register in SERVFL, but registration has not been mandated by department policy.

**Recommendations:**

1. If SERVFL is the designated system for recruiting and activating staff, department policy should require all eligible staff to register and maintain current information in the system.
2. Procedures/guidelines for using SERVFL should be developed to include requirements for registration, maintaining current contact info, responding to system requests, recruiting, activation, etc. These guidelines should be included as a component of the ESF8 SOP.
3. The Logistics Section should ensure that staffing mission requests contain relevant information that the Logistics Staffing Unit can provide to the Division Points of Contacts when recruiting staff.
  - a. At a minimum, a description of the mission, knowledge, skills or abilities required to meet the mission requirements; duty location; anticipated dates of activation; and how the staff member will be compensated for time worked and travel expenses incurred.
  - b. Technical specialists can be a resource in mission refinement and identifying appropriate staffing resources.

**Observation 1.1.4:** Strength – An improved process for branch tactical planning allowed better integration into the State Emergency Response Team (SERT) Incident Action Plan (IAP) and coordination among branch partners.

**Reference:** Florida’s Comprehensive Emergency Management Plan (CEMP)

**Analysis:** ESF8 is part of the Emergency Services Branch along with ESF4-Firefighting, ESF9-Search and Rescue, ESF10-Environmental Protection, and ESF16-Law Enforcement. During previous activations, all of the ESFs participated in the SERT IAP development independently. During this activation, the branches were asked to meet prior to the incident action plan meeting to discuss the status of assigned objectives and plans for the next operational period. The branch then reported out collectively during the IAP meetings. This process saved time and yielded improved coordination between the branch partners.

**Recommendation:** None

**Observation 1.1.5:** Strength – An alternate Emergency Coordination Officer (ECO) was utilized, thus demonstrating depth in staffing for that role.

**References:**

1. ESF8 Standard Operating Procedure (SOP)

**Analysis:** During this activation, both the primary and alternate ECO were unavailable due to scheduled leave. The tertiary ECO served in this role with ease.

**Recommendation:** None

## Capability 2: 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 2.1:** *Ensure the capacity to communicate with local, state and federal response partners.*

**Observation 2.1.1:** Strength – Activated and deployed staff had sufficient means for both voice and data communications.

### References:

1. ESF8 Standard Operating Procedure (SOP)
  - a. Attachment I – ESF8 Desk Reference
2. Logistics Support Annex

**Analysis:** Cellular telephone reception was continuous. ESF8 staff members were available and easy to reach. Good communication was reported within ESF8 and with partner ESFs. Routine and regularly scheduled conference calls were held. Staff reported that the morning and evening Regional Emergency Response Advisors (RERAs) and management briefings were helpful and effective.

**Recommendation:** ESF8 staff relied too heavily on emails (passive requests) for soliciting staff status/information. If information is needed quickly, emails should be followed-up with a phone call.

**Observation 2.1.2:** Area of Improvement – Some Unit Leads were not able to locate the section mailbox information.

### References:

1. ESF8 Standard Operating Procedure (SOP)
  - a. Attachment I – ESF8 Desk Reference

**Analysis:** The master contact list at the ESF8 desk was outdated (May, 2008). Unit Leads were not able to locate the section mailbox addresses and did not know how to access the information being sent to the mailboxes. Additionally, technical specialists were unsure about which ESF8 mailbox to send information to.

### Recommendations:

1. Ensure updated contact information is located at the ESF8 desks at the EOC. Information should include ESF8 Section mailbox addresses and directions on how to access the information being sent to the mailboxes.
2. When staff members are activated, provide key contact information (ESF8 Section mailboxes) in the standard activation order.

**Observation 2.1.3:** Area of Improvement – Conference call/reporting schedules posed some difficulty in communicating with the county health departments (CHDs).

**References:**

1. ESF8 Standard Operating Procedure (SOP)

**Analysis:** Conference call scheduling and reporting/briefing schedules were a challenge during this incident. A need was identified to establish a standard reporting/briefing schedule and required information elements. Field reports were established for this incident, which should be included in daily planning in future incidents.

**Recommendations:**

1. Develop State Incident Reporting Requirements to include a standard reporting schedule and required information elements.
2. Disseminate the State Incident Reporting Requirements to the CHDs.

**Observation 2.1.4:** Area of Improvement – ESF8 Video Conferencing equipment capabilities remain outdated.

**References:** None

**Analysis:** Utilizing the existing video conferencing equipment/capabilities in ESF8 is a challenge, at best. Our new State Surgeon General requested use of the tool so we may hold a briefing for him during response efforts and we lost the signal at least twice during the video conference. This was not weather-related; rather, the equipment is outdated.

**Recommendations:** Identify funding and upgrade equipment to present-day technology. Coordinate with Bureau of Preparedness and Response and Workforce Development / Videoconferencing to complete.

### **Capability 3: Public and Private Services and Resources**

**Capability Summary:** The Public and Private Services and Resources capability is defined as providing essential public and private resources to the area of need. This includes the mobilization, delivery, monitoring and recovery of the resources. Resources may be “hard” (supplies, equipment, tangibles, etc.) or people/manpower.

**Activity 3.1:** *Provide resource support to the county health departments (CHDs) and Local ESF8 within the impacted counties.*

**Observation 3.1.1:** Strength – State ESF8 supported county health departments by providing resources as requested.

### References:

1. Florida's Comprehensive Emergency Management Plan (CEMP), Appendix 8, Public Health and Medical (ESF8)
2. Logistics Support Annex

**Analysis:** State ESF8 resources deployed during the incident included:

- Regional Emergency Response Advisors (RERAs)
- Environmental Health staff deployed to Franklin County Health Department
- Environmental Health staff (4) deployed to Wakulla County to support public health response to the flooding.
- Nursing staff put on stand by to assist in Suwannee County Special Needs Shelters (SpNS).
- FDOH Information Technology (IT) Disaster Preparedness Consultants (DPCs) with a Mobile Communications Unit to assist in reestablishing routine health services at the Suwannee County Health Department.
- Behavior health strike team (2 staff) deployed to Suwannee County to assist with behavioral health needs.
- 100 tetanus vaccines delivered to Suwannee County
- DOH Video Services team (2 staff) deployed to Suwannee County to film DOH/CHD response and recovery efforts to utilize in future preparedness video/audio products.

### Recommendations:

1. Provide County ESF8 staff with training regarding the relationship between state ESF8 and local ESF 8; expectations of county health departments, including reporting requirements; and mission management, to include how to use EM Constellation (Florida's web-based emergency management information and mission management platform) and how to draft a mission request.
2. Ensure emails related to resources missions contain the EM Constellation Mission numbers for reference purposes.

**Observation 3.1.2:** Area of Improvement – Mission requirements for deployed resources were not clear. Deployed resources were at times under-utilized and used to perform tasks outside the scope of their assigned mission.

### References:

1. ESF8 Standard Operating Procedure (SOP)
  - a. Attachment D – Position-specific Job Action Sheets
    - i. Mission Unit Leader
    - ii. Mission Specialist
  - b. Attachment L – Mission Processing Checklist
2. Logistics Support Annex

**Analysis:** Deployed resources were performing tasks unrelated to their assigned missions. For example, the Region 1 Environmental Strike Team reported that they

were asked to hand out flyers and water. Disaster Behavioral Health teams reported they were providing general support for the CHD.

**Recommendations:**

1. ESF8 must ensure specialized resources are used for designated missions in order to maintain priority for and availability of such resources. To preserve and properly assign limited or critical specialized resources, the ESF8 Logistics Section (Mission Unit) should ensure that mission assignments are clear, concise, complete, accurate and appropriate. The Logistics Staffing Unit is responsible for recruiting appropriate resources to support the mission, and for ensuring that deployed personnel resources understand the assigned mission and other details of the assignment, through the issuance of written Deployment Orders. Deployed personnel should report to the State ESF 8 Resource Unit if they are being assigned to tasks that are not part of their original assigned mission.
2. Develop *Deployment Guidelines* for deployed staff, to be included as an attachment to the ESF8 SOP. This document should be included in the existing Deployment Guide which currently includes the following forms: Deployment Considerations, Pre-Deployment Assessment, Immunization Information Sheet and Deployment Information Sheet. The Deployment Guidelines form should be attached to deployment orders to ensure deployed staff members understand their mission and related expectations.

**Observation 3.1.3:** Area of Improvement – The process for activating Regional Emergency Response Advisors (RERAs) was unclear.

**References:** None

**Analysis:** There was confusion regarding the process for activating RERAs. Staff were under the assumption that when the State Emergency Operations Center went to a Level 1 Activation, the RERAs were automatically operating under the command and control of the State. The current process for activating a RERA involves drafting a written request to the Regional Domestic Security Task Force (RDSTF) Health and Medical Co-Chair.

**Recommendations:** Discontinue the current request process, and utilize current logistics staffing procedures for activating and deploying RERAs.

**Observation 3.1.4:** Area of Improvement – Financial processes were unclear.

**References:**

1. ESF8 Standard Operating Procedure (SOP)
2. Florida Department of Health Financial Management and Recovery Standard Operating Guideline for Emergency Response.

**Analysis:** There was confusion regarding what could be purchased by whom, what costs would be reimbursed and how, and what sources would be funding the expenses related to the response to this incident. Although there was a declared State of

Emergency, the response to Tropical Storm Debby was not a federally declared disaster subject to the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act). The Department has to assume there will be no payment for ANY incident or event. However, expenditures can and should be tracked in the same manner for every incident or event, thereby leading to better fiscal management. Deployed staff members were not provided with clear guidance regarding how their deployment expenses would be covered.

The Florida Department of Health Financial Management and Recovery Standard Operating Guideline (SOG) for Emergency Response details the processes and responsibilities for financial management and recovery during FDOH emergency response activities. This includes state-level activities in support of an activation of the State Emergency Response Team (SERT), a public health emergency, or an activation of an incident management team in which FDOH is the lead response agency. This Standard Operating Guideline applies to emergency local, state or federal emergency responses.

Some of the staff selected for deployment did not have a Department issued purchasing card (P-card). Therefore, these staff members were required to place all deployment costs on a personal credit card. This means they may accrue interest on their purchases and may end up paying over/above the actual purchase price, due to the lapse in time between submitting their travel expenses for reimbursement and when they actually receive the reimbursement. This could be anywhere from two to six weeks.

**Recommendations:**

1. Conduct a review of the FDOH Financial Management and Recovery SOG for emergency response to determine if it sufficiently addresses the process for determining how non-declared emergency response will be funded.
2. Command and General Staff should be provided with an awareness-level training regarding financial management and recovery processes during FDOH emergency response.
3. If deployable staff members are not issued a P-card, alternative means to fund deployment costs need to be provided. It is unacceptable to ask a responder to personally pay for deployment and resulting credit card interest costs.
4. Deployment Guidelines should include information regarding how the staff member will be compensated for time worked and travel expenses incurred and the process for making purchases related to the response. Deployment Guidelines should be attached the deployment/activation orders.

**Observation 3.1.5:** Area of Improvement – Geographic Information Systems (GIS) maps provided to deployed staff were outdated and were not able to be updated in the field.

**References:** None

**Analysis:** GIS maps were outdated and were not able to be updated in the field. If data is updated in field (real time) by responders, there is less chance a detail could be lost in transcription from the note pad to the computer hours after the incident or event. Also having GIS data live in the vehicle can be helpful for future incidents or events. For example, queries could be run on trailer parks that flood and determine vulnerable

populations. The responders could go to these locations first, instead of driving up and down roads that had no flooding. The county health departments could also be connected with this live data so they could enter data (e.g., address with the complaint information) from calls they receive.

This issue is being addressed specifically for ESF-8 facilities and the use of an assessment taskforce located at a Forward Operating Base. Better relational communications by all assessment teams could lead to ingress/egress knowledge for all persons.

**Recommendations:**

1. Through the coordinated assessments task force at the FOB, explore methods that would allow GIS data to be transmitted and updated in the field with little or no resources.
2. Document in the ESF8 Assessment Standard Operating Procedure.

## **Capability 4: Public Health and Medical Services**

**Capability Summary:** The Public Health and Medical Services capability is defined as providing lifesaving medical treatment and avoiding additional disease and injury by providing targeted public health and medical support. This includes epidemiological surveillance and investigation, laboratory testing, mass prophylaxis, medical supplies management and distribution, and medical surge.

**Activity 4.1:** *Conduct assessments and determine the needs of the county health departments (CHDs)*

**Observation 4.1.1:** Area of Improvement – The process for reporting County Health Department facility closures was not clear.

**References:** None

**Analysis:** During this incident, ESF8 received reports of CHD closures from multiple sources. At times, information was reported through the Statewide Services Director, daily CHD conference calls, RERAs, and sometimes not at all. There were also instances when the county offices were closed, but the county health department remained open. This confusion prohibited ESF8 from having an accurate picture of the status of county health departments statewide.

**Recommendation:** Establish a coordinated process for collecting information regarding the status of county health departments during an incident or event. Work with the Statewide Services Director and Executive Staff to determine how notifications of CHD closures should be made.

**Activity 4.2:** *Determine the facility status for hospitals, nursing homes and assisted living facilities (ALFs) to validate overall preparedness.*

**Observation 4.2.1:** Area of Improvement – At the time of the response, all facility information listed in the Emergency Status System (ESS) was not updated and the system was therefore not an effective or accurate means for determining facility status.

**References:** None

**Analysis:** The Agency for Healthcare Administration (AHCA) requires the facilities under its regulation to use ESS, a web-based system for reporting and tracking health care facility status before, during and after an emergency. It was determined early on that the facility status data in ESS was incomplete and outdated. An IAP objective was documented to develop a plan to communicate with 100% of the healthcare facilities within one operational period (see IAP #5). To meet this objective, it was determined that phone calls would be made to determine or verify facility status.

ESF8 representatives were contacting assisted living facilities who did not report into ESS when the system was activated. Many of the facilities contacted did not receive the email sent by AHCA activating the ESS, while other apparently did not understand that the email was requesting them to report into ESS. If there was a better understanding by and notification of facilities, the number of necessary calls would have been greatly reduced. Several facility managers provided cell phone numbers for faster and emergency contact. Problems also included incorrect phone numbers, language barriers, and lack of details in the script.

**Recommendations:**

1. Work with AHCA to increase facility compliancy for entering facility status data into the ESS.
2. Develop a process for conducting outreach to facilities to determine or verify facility status information. Include the following:
  - Ensuring corrected and emergency phone numbers reported during outreach get input into ESS.
  - Providing scripts in Spanish if no translator is available.
  - Providing information to facilities about how the questions being asked relate to ESS.
  - Utilizing our local and state ESF 8 partners, i.e. CHDs, AHCA, Florida Hospital Association (FHA), Florida Healthcare Association (FHCA), and the Agency for Persons with Disabilities (APD) to conduct coordinated outreach to healthcare facilities.
  - How far in advance facilities should be contacted when a storm is approaching.
3. Determine the role of the Attorney General's office in conducting outreach to healthcare facilities and ensure outreach is coordinated, so as to reduce the burden of inquiry on the facilities.
4. Assess operational readiness of State ESF8 to meet core missions prior to hurricane season.
  - Annually, during the month of March, work with AHCA to ensure all facility data listed in ESS is current and accurate.

**Activity 4.3:** *Monitor healthcare facility evacuations and re-entry.*

**Observation 4.3.1:** Strength – Healthcare facility evacuations and re-entry were monitored and documented in the daily situation reports.

**References:**

1. Tropical Storm Debby Situation Reports

**Analysis:** Information regarding healthcare facility evacuations was collected and reported in the daily situation reports, noting the name and type of facility, number of patients evacuated and the location to which the patients were moved. ESF8 was prepared to provide support to these facilities if needed.

**Recommendations:** None

## Capability 5: 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 5.1:** *Provide timely and accurate public health messaging.*

**Observation 5.1.1:** Strength – The Office of Communications provided timely information to DOH employees.

**References:** None

**Analysis:** At the onset of the response, the Office of Communications drafted and disseminated a DOH Bulletin for employees, which included information on storm safety, health risks, travel concerns, CHD closures, etc.

**Recommendations:** None

**Observation 5.1.2:** Strength – The ESF8 Information Management Unit provided support to County Health Departments.

**References:**

1. ESF8 Standard Operating Procedure (SOP)
2. Crisis and Emergency Risk Communications (CERC) Annex
3. DOH Intranet Crisis and Emergency Risk Communications (CERC) Portal

**Analysis:** The Information Management Unit (IMU) assisted Suwannee County Health Department with public health messaging and provided messaging for Emergency Alert System (EAS) dissemination in Suwannee County. As the incident progressed, the IMU

also assisted with responding to public information questions and distributing messaging products to news outlets.

**Recommendations:** None

**Observation 5.1.3:** Area of Improvement – An information line was provided to the public as a resource, but access to the line was only available during business hours.

**References:** CERC Annex (Guidelines to Create an Effective Call Center)

**Analysis:** DOH Environmental Health Indoor Air Program telephone number was disseminated as a resource for the public, but was only available during business hours –Monday-Friday 0800-1700. Depending on the nature of the incident/event and desire of the SERT, ESF8 needs to be able to stand up a public health hotline during an emergency to address health-related questions - 7 days a week.

**Recommendation:** Refine the process to quickly activate a FDOH/ESF8 specific information line that the public has access to as needed.

**Observation 5.1.4:** Area of Improvement – Some of the pre-scripted public health messages were out of date and could not easily be modified.

**References:** Crisis and Emergency Risk Communications (CERC) Portal – Pre-scripted messaging templates

**Analysis:** Although pre-scripted messaging templates were available, the templates were provided in portable document format (PDF) and could not easily be modified.

**Recommendations:**

1. Public health message templates must be up-to-date with current letterhead and have 'editable' versions ready for CHDs to fill in their contact info.
  - a. Office of Communications should have documents reviewed by subject matter experts annually, by April 1, to ensure they are ready for hurricane season.
  - b. Templates should be provided in a Word document format rather than PDF.
2. Consider development of a public service announcement (PSA) that would provide a warning for using "dry ice" in an enclosed space. Toxic levels of carbon dioxide can accumulate and the oxygen levels can be reduced in an enclosed space as dry ice sublimates (goes directly from a solid to a gaseous state).

**Activity 5.2:** *Continue to maintain situational awareness through media monitoring and rumor control.*

**Observation 5.2.1:** Strength – Media monitoring was conducted and rumors were reported for validation.

**References:** Crisis and Emergency Risk Communications (CERC) Annex (All-Hazards Media Monitoring Standard Operations Guidelines and All-Hazards Rumor Control Proposal Standard Operations Guidelines)

**Analysis:** The IMU monitored mainstream, online and social media for coverage of public health messaging. Rumor control was conducted. Proactive messaging regarding wastewater health risks, heat exhaustion, dehydration, and mosquitoes were promoted and posted via Twitter and Facebook.

**Recommendations:** None

## Capability 6: Environmental Response/Health and Safety

**Capability Summary:** The Environmental Response/Health and Safety capability is defined as ensuring the availability of guidance and resources to address all hazards. This includes environmental health, responder safety and health and WMD and hazardous materials response and decontamination.

**Activity 6.1:** *Coordinate with ESF10 (Environmental Protection) regarding immediate public and waste water issues.*

**Observation 6.1.1:** Strength – FDOH and the Department of Environmental Protection (DEP) worked together to provide data and information to the county health departments and the public.

**References:** None

**Analysis:** State ESF8 representatives coordinated with DEP to communicate response data and information to the CHDs. The agencies also worked together to monitor mosquito issues for protocol distribution and ensure distribution of water contamination messaging for public health safety. ESF8 worked with ESF10 to clarify and confirm requirements of wastewater utilities for signage and other actions to warn the public about wastewater discharges. The agencies ensured proper signage was posted in areas inundated with waste water.

The flooding caused contamination of recreational waters in the Gulf of Mexico. This impact came just one week prior to the opening of scalloping season. There was a concern for the unintentional ingestion of this contaminated water by people scalloping or swimming in the waters. There was initial confusion regarding which agency was responsible for testing these recreational waters.

Water and wastewater utility companies have agreements with the State through DEP. These agreements contain requirements for them to post signage to warn the public about potential contamination of water. DEP is responsible for testing waters for environmental monitoring purposes. DOH will test the water for investigatory purposes related to human illness.

**Recommendations:** None

**Observation 6.1.2:** Strength – Environmental Health support was provided to the county health departments.

**References:** None

**Analysis:** Environmental health professionals were deployed to Suwannee and Wakulla counties to support the CHDs with the public health response to the flooding. Many people came to the Disaster Response Center (DRC) seeking well test kits. Although messaging was consistently promoted through news releases and social media, most people were not aware that it was necessary to boil well water. Water testing kits were provided to the CHDs to support this need.

The Federal Emergency Management Agency (FEMA) typically provides reimbursement for well repair or replacement due to storm damage. Well sampling or testing fees are not typically eligible for reimbursement. During this response, the county health departments waived the cost of the sampling that the environmental health specialists conducted and the laboratory testing.

**Recommendations:**

1. Determine how costs for private well testing will be covered.
  - a. Determine if FEMA personal assistance covers the cost of private well disinfection when a well driller is required.
2. Continue to coordinate with the DOH Office of Communications and Information Management Unit for provision of information related to boil water messaging. Messaging is available via the DOH Crisis and Emergency Risk Communications (CERC) Portal.

## Capability 7: Mass Care Services

**Capability Summary:** The Mass Care Services capability is defined as providing life-sustaining services to the affected population primarily through hydration, feeding and sheltering. ESF8 is responsible for managing special needs shelters and assisting ESF6 with special needs patients that report to general shelters.

**Activity 7.1:** *Coordinate with ESF6 (Mass Care) regarding the sheltering of vulnerable populations and special needs shelters (SpNS).*

**Observation 7.1.1:** Area of Improvement – SpNS census data was not reported consistently.

**References:**

1. Florida’s Comprehensive Emergency Management Plan (CEMP), Appendix 8, Public Health and Medical (ESF8)
2. ESF8 Standard Operating Procedure (SOP)
3. Technical Assistance Guideline, Special Needs Shelters Planning
4. Guidelines for completion of Shelter Data Forms:
5. SpNS Daily Census Report

**Analysis:** Regional Special Needs Consultants (RSpNC) are responsible for collecting shelter census data from the local ESF8 upon the opening of the SpNS and twice daily until the shelter is closed. The RSpNC are required to submit twice daily reports to the designated State ESF8 SpNS Technical Specialist. The designated report times are 10:00 AM and 10:00 PM.

Not all RSpNC’s reported data as required during Tropical Storm Debby. In addition, the schedule set for reported census data did not mirror the SERT reporting timeframes or the daily CHD calls. SpNS census data was being reported during all of these briefings/meetings and was not always current or accurate.

The Florida Red Cross uses the National Red Cross National Shelter System (NSS) to report general population shelter census. ESF6 has access to this system and uses it to determine overall general population census data. Not all shelters and Red Cross units report electronically. Direct phone verification remains the only way to verify actual shelter counts.

**Recommendations:**

1. Review and update the process for reporting SpNS census data.
2. Ensure SpNS technical specialists are trained in their assigned roles and are aware of the following:
  - a. Points of contact in each region for acquiring census information (RSpNC)
  - b. How the data should be reported
  - c. Reporting schedule

**Observation 7.1.2:** Area of Improvement – “Dual populations” of Functional Needs Support Services (FNSS)/SpNS designations caused confusion among DOH shelter staff.

**References:**

1. FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters

**Analysis:** Co-locating general, functional and special needs clients with different equipment created dissent among shelter clients. Staff members servicing Functional Needs Shelters versus Special Needs Shelters have different skill sets and designations to handle populations with different needs. Local jurisdictions have struggled to

implement FEMA FNSS "guidance" and the actual operations have been well documented along the entire Eastern Seaboard from the Hurricane Irene response to the present. The guidance appears problematic in that it does not account for local citizen choices regarding sheltering decisions, how shelter residents perceive "medical" personnel, and obtaining nurses to perform the tasks associated with the new designation.

Ultimately, the sheltering configuration is a local decision.

### **Recommendations:**

1. Continue to work with the Division of Emergency Management (DEM) to provide guidance to local emergency management agencies and CHDs regarding the requirement for all shelters to be Americans with Disabilities (ADA) compliant.
  - a. Evaluate the dynamics of "dual populations" FNSS/SpNS.
  - b. Consider keeping SpNSs that are separate from the general and functional needs clients in order to better address their special equipment and supply needs.

## **Capability 8: 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 8.1:** Identify potential threats and hazards and conduct advanced planning to address the potential consequences.

**Observation 8.1.1:** Strength – Advanced planning was conducted for to assess the consequences of the flooding. Planning focused on reviewing river data, flood stage projections, planning considerations, and forecasting public health concerns and potential Gulf contamination.

**References:** None

**Analysis:** ESF8 monitored the ongoing flooding and associated impacts to public health and health care facilities. This included monitoring access to mail delivery prescription drugs in Suwannee County. This advanced planning identified the need for water testing in scallop beds to monitor for potential contamination. A flood recession and expansion analysis was also conducted.

**Recommendations:** None

## **Capability 9: 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 9.1:** *Gather/analyze incident information and disseminate to key stakeholder to create a common operating picture.*

**Observation 9.1.1:** Strength – Situation reports were developed and disseminated as scheduled.

**Reference:** Tropical Storm Debby Daily Situation Reports

**Analysis:** Daily reports were consistent and helpful. Staff reported that it would be helpful to have a web-based central storage location for incident information. This would expand access to this information to those not involved in the response.

**Recommendations:**

1. Create a webpage/portal for internal DOH staff to view incident information.
2. Develop State Incident Reporting Requirements to include a standard reporting schedule and required information elements.
  - a. Disseminate the State Incident Reporting Requirements to the CHDs.

## **Capability 10: Fatality Management Services**

**Activity 10.1:** *Support county operations for retrieval, storage and identification of human remains from flooded cemeteries.*

**Observation 10.1.1:** Area of Improvement – There is no documented process for handling retrieval, storage and identification of human remains from flooded cemeteries.

**References:** None

**Analysis:** The flooding associated with Tropical Storm Debby caused caskets to become unearthed. ESF8 assisted the county health departments with this issue by creating public health messages about the floating caskets, and identifying responsible agency for referrals. The need for Florida Emergency Mortuary Operations Response System (FEMORS) was evaluated and deemed unnecessary in this circumstance.

**Recommendations:**

1. Document a process for handing unearthed caskets.
  - a. Develop a contingency plan to be disseminated to the local emergency management agencies outlining the following:
    - i. Unearthed caskets and the collection of their contents are not a public health issue, but the situation does create psychological difficulty for the community. Caskets should be moved to a non-visible and secure location until they can be re-interred.
    - ii. Re-interring the caskets is a responsibility of the local Medical Examiner and mortuary community and not FEMORS.
    - iii. Determine what eventuality (if any) would require the activation of FEMORS.

## SECTION 4: CONCLUSION

The response to Tropical Storm Debby presented many areas in which staff could benefit from additional training.

In November 2012, the Bureau of Preparedness and Response instituted a mandatory “First Friday Training” to be held the first Friday of every month. The training has been designed to meet the following ICS Core Competencies which have been adopted by State ESF8 as the standard for response roles.

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

These sessions include both awareness and technical level training and include ESF8 Section and Unit level breakout sessions to address position specific training.

First Friday Training’s have proved to be an effective forum for addressing necessary training and conducting workshops to improve ESF8 processes. Many of the corrective actions listed in the following Improvement Plan will be integrated into First Friday Training Sessions, as this has proved to be a very effective means to communicate information to ESF8 staff. Corrective actions shaded in blue will be addressed in the awareness level training and those shaded in green will be addressed in the technical level training/workshops.

ESF8 will continue to use lessons learned in exercises and real world responses to improve processes and practices.

## 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 Debby. These recommendations draw on the recommendations made in the After Action Report.

Corrective Actions shaded will be addressed during the Bureau of Preparedness and Response First Friday Training Sessions. Actions shaded in blue will be addressed in the Awareness Level Training and actions shaded in green will be addressed in the Technical Level Training/Workshops.

Capability	Observation	Recommendation	Corrective Action Description	Capability Element	Primary Resp Agency	Agency POC	Due Date
Operational Coordination	<b>Observation 1.1.1:</b> Area of Improvement – Staffing missions were not filled in a timely manner.	<b>Recommendation 1.1.1:</b> Update the Emergency Duty Policy to be clear about response expectations for all FDOH staff. This policy should include consequences for refusing to report for duty.  Once approved, ensure all BPR staff members are aware of general staffing and activation expectations and all Divisions understand the expectations for approving staff to participate in emergency duty.	<b>Corrective Action 1.1.1.a:</b> Finalize and obtain approval for the updated Emergency Duty Policy.	Process / Planning	BPR ESF8 Unit	Samantha Cooksey-Strickland	March 31, 2013
			<b>Corrective Action 1.1.1.b:</b> Present the updated policy at a mandatory BPR First Friday Training.	Training	BPR Training and Exercise Unit	David Harding	May 3, 2013
			<b>Corrective Action 1.1.1.c:</b> Work with the Division Director to ensure the policy is reviewed at a Senior Management Team Meeting.	Process / Training	BPR ESF8 Unit	Mike McHargue	May3, 2013
Operational Coordination	<b>Observation 1.1.2:</b> Area of Improvement – An unclear understanding of chain of command and delegated authority caused confusion, frustration and dual reporting.	<b>Recommendation 1.1.2:</b> When activating staff as part of an IMT, process and expectations should be clearly defined. These expectations should be provided in the activation orders and Staffing points of contact are responsible for	<b>Corrective Action 1.1.2.a:</b> During a BPR First Friday Training Workshop, review current activation order templates and ESF8 Staffing Request Checklist to ensure inclusion of:	Process / Planning	BPR Responder Management, Logistics, and Training and	John Delorio, Bobby Bailey, and David Harding	March 29, 2013

		<p>briefing activated personnel regarding these expectations.</p> <p>Activated staff are responsible for sharing these expectations with their day-to-day supervisors when obtaining approval to participate.</p> <p>Day-to-day Supervisors are responsible for providing back-fill for day-to-day responsibilities for activated staff.</p>	<ul style="list-style-type: none"> <li>• Period of activation</li> <li>• Employee's supervisor (under activation)</li> <li>• Reporting requirements</li> </ul> <p><b>Link task to Corrective Action 2.1.2.b. and RNC Corrective Action 1.2.3.a.</b> - which also address updating activation orders.</p>		Exercise Units		
			<p><b>Corrective Action 1.1.2.b:</b> Review current responsibilities with staffing points of contact to ensure they are reviewing expectations with staff during the recruitment and identification phase and encouraging staff to communicate this information to their supervisors when requesting approval to participate.</p>	<b>Process / Training</b>	BPR Responder Management Unit and BPR Logistics Unit	John Delorio and Bobby Bailey	May 31, 2013
			<p><b>Corrective Action 1.1.2.c.</b> – Remind staff, during mandatory BPR First Friday Training (Awareness Level), that they should work with their supervisors to identify how their day-to-day responsibilities will be handled while they are activated for response.</p>	<b>Process / Training</b>	BPR Training and Exercise Unit	David Harding	May 3, 2013

Operational Coordination	<p><b>Observation 1.1.3:</b> Area of Improvement – Activation and deployment recruitments and notifications were not consistent. SERVFL, Florida’s responder management system, was ineffective for recruiting and activating staff.</p>	<p><b>Recommendation 1.1.3.a:</b> If SERVFL is the designated system for recruiting and activating staff, department policy should require all eligible staff to register and maintain current information in the system.</p>	<p><b>Corrective Action 1.1.3.a:</b> During a BPR First Friday Training Workshop, develop a policy outlining the requirements of staff to register and keep their information current in the designated responder management system. Link this policy to the Emergency Duty Policy.</p>	<p><b>Process</b></p>	<p>BPR Responder Management and Training and Exercise Units</p>	<p>John Delorio, and David Harding</p>	<p>May 31, 2013</p>
		<p><b>Recommendation 1.1.3.b:</b> Procedures/guidelines for using SERVFL should be developed to include: requirements for registration, maintaining current contact info, responding to system requests, recruiting, activation, etc.</p>	<p><b>Corrective Action 1.1.3.b:</b> During a BPR First Friday Training Workshop, develop Procedures/guidelines for using the designated responder management system and incorporate the guidelines as component of the ESF8 SOP.</p>	<p><b>Process / Planning</b></p>	<p>BPR Logistics, Responder Management, and Training and Exercise Units</p>	<p>Bobby Bailey, John Delorio, and David Harding</p>	<p>May 31, 2013</p>
		<p><b>Recommendation 1.1.3.c:</b> The Logistics Section should ensure that staffing mission requests contain relevant information that the Logistics Staffing Unit can provide to the Division Points of Contacts when recruiting staff.</p> <ul style="list-style-type: none"> <li>At a minimum, a description of the mission, knowledge, skills or abilities required to meet the mission requirements, duty location, anticipated dates of</li> </ul>	<p><b>Corrective Action 1.1.3.c:</b> During a BPR First Friday Training Workshop, review the information that the ESF8 Logistics Section will provide the Logistics Staffing Unit with, when requesting that they fill staffing missions. Remind the staff that technical specialists can be resources for mission refinement and identifying appropriate staffing resources.</p>	<p><b>Process / Training</b></p>	<p>BPR Logistics, Responder Management, and Training and Exercise Units</p>	<p>Bobby Bailey, John Delorio, and David Harding</p>	<p>May 31, 2013</p>

		activation, and how the staff member will be compensated for time worked and travel expenses incurred.					
Operational Communications	<b>Observation 2.1.1:</b> Strength – Activated and deployed staff had sufficient means for both voice and data communications.	<b>Recommendation 2.1.1:</b> ESF8 staff relied too heavily on emails (passive requests) for soliciting staff status/information. If information is needed quickly, emails should be followed-up with a phone call.	<b>Corrective Action 2.1.1:</b> Incorporate this information into a mandatory BPR First Friday Training.	<b>Training</b>	BPR Training and Exercise Unit	David Harding	May 3, 2013
	<b>Observation 2.1.2:</b> Area of Improvement – Some Unit Leads were not able to locate the section mailbox information.	<b>Recommendation 2.1.2.a:</b> Ensure updated contact information is located at the ESF8 desks at the EOC. Information should include: ESF8 Section mailbox addresses and directions on how to access the information being sent to the mailboxes.	<b>Corrective Action 2.1.2.a:</b> During a BPR First Friday Training Workshop, conduct an assessment of the materials located in the ESF8 breakout room. Ensure up-to-date contact information and directions on how to access the ESF8 Section mailboxes are available.	<b>Planning</b>	BPR Logistics and Training and Exercise Units	Bobby Bailey and David Harding	April 30, 2013
		<b>Recommendation 2.1.2.b:</b> When staff members are activated, provide key contact information (ESF8 Section mailboxes) in the standard activation order.	<b>Corrective Action 2.1.2.b:</b> During a BPR First Friday Workshop, update the current activation order template to include a listing of the ESF8 Section Mailboxes  <b>Link task to Corrective Action 1.1.2.a.-</b> which also addresses updating activation orders.	<b>Process / Planning</b>	BPR Responder Management, Logistics, and Training and Exercise Units	John Delorio, Bobby Bailey, and David Harding	March 29, 2013

Operational Communications	<b>Observation 2.1.3:</b> Area of Improvement – Conference call/reporting schedules posed some difficulty in communicating with the county health departments (CHDs).	<b>Recommendation 2.1.3:</b> Develop State Incident Reporting Requirements to include a standard reporting schedule and required information elements.	<b>Corrective Action 2.1.3:</b> Develop and disseminate, to the CHDs, State Incident Reporting Requirements <b>Link to Corrective Action 9.1.1.b and 2013-2014 EOC Capability Project Plan: County ESF8 Operational Support Resources Deliverable</b>	<b>Process / Planning</b>	BPR ESF8 Unit	Tom Belcuore	July 30, 2013
	<b>Observation 2.1.4:</b> Area of Improvement - ESF8 Video Conferencing equipment capabilities remain outdated.	<b>Recommendation 2.1.4:</b> Upgrade or replace current video-conferencing equipment.	<b>Corrective Action 2.1.4:</b> Identify sources to fund an upgrade video-conferencing equipment.	<b>Equipment</b>	BPR Logistics Unit	Bobby Bailey	July 1, 2013
Public and Private Resources and Services	<b>Observation 3.1.1:</b> Strength – State ESF8 supported county health departments by providing resources as requested.	<b>Recommendation 3.1.1a:</b> Provide County ESF8 staff with training regarding the relationship between state ESF8 and local ESF 8, expectations of county health departments, including reporting requirements; mission management (to include how to use EM Constellation, Florida's web-based emergency management information and mission management platform and how to draft a mission request.)	<b>Corrective Action 3.1.1.a:</b> Develop and deliver training for Local ESF8 Staff  <b>Note: Task is bring incorporated into the MYTEP</b>	<b>Training</b>	BPR ESF8 Unit	Samantha Cooksey-Strickland, Sara Bourdeau, Tom Belcuore	March 30, 2014
			<b>Corrective Action 3.1.1.b:</b> Incorporate this information into a mandatory BPR First Friday Training.	<b>Training</b>	BPR Training and Exercise Unit	David Harding	May 3, 2013

Public and Private Resources and Services	<p><b>Observation 3.1.2:</b> Area of Improvement – Mission requirements for deployed resources were not clear. Deployed resources were at times under-utilized and used to perform tasks outside the scope of their assigned mission.</p>	<p><b>Recommendation 3.1.2.a:</b> ESF8 must ensure specialized resources are used for designated missions in order to maintain priority for and availability of such resources. To preserve and properly assign limited or critical specialized resources, the ESF8 Logistics Section (Mission Unit) should ensure that mission assignments are clear, concise, complete, accurate and appropriate. The Logistics Staffing Unit is responsible for recruiting appropriate resources to support the mission and ensuring that deployed personnel resources understand the assigned mission and other details of the assignment through the issuance of written Deployment Orders. Deployed personnel should report to the State ESF 8 Resource Unit if they are being assigned to tasks that are not part of their original assigned mission.</p>	<p><b>Corrective Action 3.1.2.a:</b> Review this information during a BPR First Friday Training Workshop</p>	<p><b>Training</b></p>	<p>BPR Logistics and Training and Exercise Units</p>	<p>Bobby Bailey and David Harding</p>	<p>April 5, 2013</p>
	<p><b>Recommendation 3.1.2.b:</b> Develop <i>Deployment Guidelines</i> for deployed staff, to be included as an attachment to the ESF8 SOP. This document should be included in the existing Deployment Guide</p>	<p><b>Corrective Action 3.1.2.b:</b> Develop Deployment Guidelines and present during a BPR First Friday Training Session.</p>	<p><b>Process / Planning</b></p>	<p>BPR Responder Management Unit</p>	<p>John Delorio</p>	<p>June 5, 2013</p>	

		which currently includes the following forms: Deployment Considerations, Pre-Deployment Assessment, Immunization Information Sheet and Deployment Information Sheet. The Deployment Guidelines form should be attached to deployment orders to ensure deployed staff members understand their mission and related expectations.					
	<b>Observation 3.1.3:</b> Area of Improvement – The process for activating Regional Emergency Response Advisors (RERAs) was unclear.	<b>Recommendation 3.1.3:</b> Discontinue the current request process, and utilize current logistics staffing procedures for activating and deploying RERAs.	<b>Corrective Action 3.1.3:</b> Notify Regional Co-Chairs and the RERAs of the new process for activating RERAs as part of a response.	<b>Process</b>	BPR ESF8 Unit	Mike McHargue	March 29, 2013
Public and Private Resources and Services	<b>Observation 3.1.4:</b> Area of Improvement – Financial processes were unclear.	<b>Recommendation 3.1.4.a:</b> Review existing financial processes and address deficiencies.	<b>Corrective Action 3.1.4.a:</b> During a BPR First Friday Technical Workshop, conduct a review of the FDOH Financial Management and Recovery SOG for emergency response to determine if it sufficiently addresses the process for determining how non-declared emergency response will be funded. Update as necessary.	<b>Process / Planning</b>	BPR Administrative Logistics Unit, and Training and Exercise Unit	Jennifer Coulter, Bobby Bailey, and David Harding	April 5, 2013
		<b>Recommendation 3.1.4.b:</b> Provide staff training regarding financial	<b>Corrective Action 3.1.4.b:</b> During BPR First Friday Training,	<b>Training</b>	BPR Administrative and	Jennifer Coulter and	April 5, 2013

		processes for both declared and non-declared incidents/events.	provide an awareness-level training regarding financial management and recovery processes during FDOH emergency response.		Training and Exercise Units	David Harding	
		<b>Recommendation 3.1.4.c:</b> If deployable staff are not issued a P-card, alternative means to fund deployment costs need to be provided. It is unacceptable to ask a responder to personally pay for deployment costs.	<b>Corrective Action 3.1.4.c:</b> Establish a mechanism for covering costs for responders who have not been issued P-cards.	<b>Process / Planning</b>	BPR Administrative Unit	Jennifer Coulter	May 31, 2013
		<b>Recommendation 3.1.4.d:</b> Update Deployment Guidelines to include information about how responders are compensated for their time, travel and other expenses.  Deployment Guidelines should be attached to the deployment/activation orders.	<b>Corrective Action 3.1.4.d:</b> Deployment Guidelines should include information regarding how the staff member will be compensated for time worked and travel expenses incurred and the process for making purchases related to the response.  <b>Note: This task is also related to Recommendation 3.1.2.b:</b>	<b>Process / Planning</b>	BPR Responder Management Unit	John Delorio	June 5, 2013
Public and Private Resources and Services	<b>Observation 3.1.5:</b> Area of Improvement – Geographic Information Systems (GIS) maps provided to deployed staff were outdated and were not able to be updated in the field.	<b>Recommendation 3.1.5:</b> This issue is being addressed specifically for ESF-8 facilities and the use of an assessment taskforce located at a Forward Operating Base. Better relational communications by all assessment teams could lead to ingress/egress	<b>Corrective Action 3.1.5.a.</b> - Through the coordinated assessments task force at the FOB, explore methods that would allow GIS data to be transmitted and updated in the field with little or no resources.	<b>Process / Planning</b>	BPR ESF8 Unit	Tom Belcuore	July 30, 2013

		knowledge for all persons.					
			<b>Corrective Action 3.1.5.b.</b> - Document in the ESF8 Assessment SOP.	<b>Process / Planning</b>	BPR ESF8 Unit	Tom Belcuore	July 30, 2013
Public Health and Medical Services	<b>Observation 4.1.1:</b> Area of Improvement – The process for reporting County Health Department facility closures was not clear.	<b>Recommendation 4.1.1:</b> Establish a coordinated process for collecting information regarding the status of county health department facilities during an incident/event.	<b>Corrective Action 4.1.1.a:</b> Work with the Statewide Services Director and Executive Staff to determine how notifications of CHD closures should be made.	<b>Process / Planning</b>	BPR ESF8 Unit	Mike McHargue	March 29, 2013
			<b>Corrective Action 4.1.1.b:</b> Provide an update to staff at the BPR First Friday Training.	<b>Training</b>	BPR ESF8 and Training and Exercise Units	Mike McHargue and David Harding	April 5, 2013
Public Health and Medical Services	<b>Observation 4.2.1:</b> Area of Improvement – At the time of the response, all facility information listed in the Emergency Status System (ESS) was not updated and the system was therefore not an effective or accurate means for determining facility status.	<b>Recommendation 4.2.1.a:</b> Work with the Agency for Healthcare Administration (AHCA) to increase facility compliancy for entering facility status data into the ESS.	<b>Corrective Action 4.2.1.a:</b> Work with the Agency for Healthcare Administration (AHCA) to increase facility compliancy for entering facility status data into the ESS.  <b>Link to RNC Corrective Action 4.3.2.c</b>	<b>Process</b>	BPR Med Surge Unit	Kay Croy	June 30, 2013
			<b>Recommendation 4.2.1.b:</b> Develop a process for conducting outreach to facilities to determine or verify facility status information.	<b>Corrective Action 4.2.1.b:</b> Finalize a process for conducting outreach to healthcare facilities during response to include:  • Ensuring corrected	<b>Process / Planning</b>	BPR Med Surge Unit	Kay Croy

			<p>and emergency phone numbers reported during outreach get input into ESS.</p> <ul style="list-style-type: none"> <li>• Providing scripts in Spanish if no translator is available.</li> <li>• Providing information to facilities about how the questions being asked relate to ESS.</li> <li>• Utilizing our local and state ESF 8 partners to conduct coordinated outreach to healthcare facilities.</li> <li>• How far in advance facilities should be contacted when a storm is approaching.</li> <li>• Determine the role of the Attorney General's office in conducting outreach to healthcare facilities and ensure outreach is coordinated as to reduce the burden of inquiry on the facilities.</li> </ul>				
		<p><b>Recommendation 4.2.1.c:</b> Assess operational readiness of State ESF8 to</p>	<p><b>Corrective Action 4.2.1.c:</b> During the month of March, work with AHCA to ensure all</p>	<p><b>Planning / Systems</b></p>	<p>BPR Med Surge Unit</p>	<p>Kay Croy</p>	<p>March 29, 2013</p>

		meet core missions prior to hurricane season.	facility data listed in ESS is current and accurate.				
Public Information and Warning	<b>Observation 5.1.3:</b> Area of Improvement – An information line was provided to the public as a resource, but access to the line was only available during business hours.	<b>Recommendation 5.1.3:</b> Refine the process for activating a FDOH/ESF8 information line, specific to public health that the public has access to as needed.	<b>Corrective Action 5.1.3:</b> Establish a workgroup to document a protocol to include content development, staffing requirements, customer service satisfaction element, decision matrix for utilization and protocols for transferring DOH lines to the FL Poison Control Center if appropriate.  <b>Link to Corrective Action 1.3.4 in the Meningitis AAR.</b>	<b>Planning / Process</b>	BPR Logistics Unit, Office of Communications, and Division of IT	Bobby Bailey and Ann Rowe-McMullen	March 29, 2013
	<b>Observation 5.1.4:</b> Area of Improvement – Some of the pre-scripted public health messages were out of date and could not be easily edited.	<b>Recommendation 5.1.4:</b> Public health message templates must be up-to-date with current letterhead and have 'editable' versions ready for CHDs to fill in their contact info.	<b>Corrective Action 5.1.4.a:</b> Office of Communications will work with subject matter experts to ensure all existing messaging is up-to-date.	<b>Planning</b>	DOH Office of Communication	Ann Rowe-McMullen	March 29, 2013
			<b>Corrective Action 5.1.4.b:</b> Templates should be provided in a Word document format rather than PDF.	<b>Planning</b>	DOH Office of Communication	Ann Rowe-McMullen	March 29, 2013
			<b>Corrective Action 5.1.4.c:</b> Develop a PSA that would provide a warning for using "dry ice" in an enclosed space.	<b>Planning</b>	DOH Office of Communication	Ann Rowe-McMullen	May 31, 2013

Environmental Response / Health and Safety	<b>Observation 6.1.2:</b> Strength – Environmental Health support was provided to the county health departments.	<b>Recommendation 6.1.2:</b> Determine how costs for private well testing will be covered.	<b>Corrective Action 6.1.2.b:</b> Determine if FEMA personal assistance covers the cost of private well disinfection when a well driller is required.	<b>Process / Planning</b>	BPR Administrative Unit	Jennifer Coulter	May 31, 2013
Mass Care Services	<b>Observation 7.1.1:</b> Area of Improvement – Operational readiness gaps were identified when coordinating with ESF6 regarding the sheltering of vulnerable populations and those with special needs.	<b>Recommendation 7.1.1:</b> Area of Improvement – SpNS census data was not reported consistently.	<b>Corrective Action 7.1.1.a:</b> Review and update the process for reporting SpNS census data.	<b>Process / Planning</b>	BPR Community Resilience Unit	Bonnie Gaughn-Bailey and Michelle Sheffield	May 31, 2013
			<b>Corrective Action 7.1.1.b:</b> Ensure SpNS technical specialists are trained in their assigned roles and are aware of the following: <ul style="list-style-type: none"> <li>• Points of contact in each region for acquiring census information (RSpNC)</li> <li>• How the data should be reported</li> <li>• Reporting schedule</li> </ul>	<b>Training</b>	BPR Community Resilience Unit	Bonnie Gaughn-Bailey and Michelle Sheffield	May 31, 2013
Mass Care Services	<b>Observation 7.1.2:</b> Area of Improvement – “Dual populations” of Functional Needs Support Services (FNSS)/SpNS designations caused confusion among DOH shelter staff.	<b>Recommendation 7.1.2:</b> Continue to work with the Division of Emergency Management (DEM) to provide guidance to local emergency management agencies and CHDs regarding the requirement for all shelters to be Americans with Disabilities (ADA) compliant.	<b>Corrective Action 7.1.2:</b> Develop and guidance which: <ul style="list-style-type: none"> <li>• Evaluates the dynamics of “dual populations” FNSS/SpNS.</li> <li>• Considers keeping SpNSs that are separate from the general and functional needs clients in order to</li> </ul>	<b>Planning</b>	BPR Community Resilience Unit	Bonnie Gaughn-Bailey and Michelle Sheffield	May 31, 2013

			better address their special equip needs/supplies.				
Situational Assessment	<b>Observation 9.1.1:</b> Strength – Situation reports were developed and disseminated as scheduled.	<b>Recommendation 9.1.1.a:</b> Create a webpage/portal for internal DOH staff to view incident information.	<b>Corrective Action 9.1.1.a:</b> Develop and test the implementation of an Electronic Incident Display Board to serve as a real-time display of incident information for the State ESF8 IMT.	<b>Process / System</b>	BPR ESF8 Unit	Samantha Cooksey-Strickland	March 29, 2013
		1. Develop State Incident Reporting Requirements to include a standard reporting schedule and required information elements. 2. Disseminate the State Incident Reporting Requirements to the CHDs	<b>Corrective Action 9.1.1.b:</b> Develop and disseminate, to the CHDs, State Incident Reporting Requirements <b>Link to Corrective Action 2.1.3 and 2013-2014 EOC Capability Project Plan: County ESF8 Operational Support Resources Deliverable</b>	<b>Process / Planning</b>	BPR ESF8 Unit	Tom Belcuore	July 30, 2013
Fatality Management Services	<b>Observation 10.1.1:</b> Area of Improvement – There is no documented process for the handling the retrieval, storage and identification of human remains from flooded cemeteries.	<b>Recommendation 10.1.1:</b> Document a process for handing unearthed caskets.	<b>Corrective Action 10.1.1:</b> Develop a contingency plan to be disseminated the local emergency management agencies outlining the following: <ul style="list-style-type: none"> <li>• Uneathed caskets are not a public health issue, but the situation does create a psychological difficulty for the community. Caskets should be moved to a non-visible and secure location until they can be re-</li> </ul>	<b>Process / Planning</b>	BPR ESF8 Unit	Samantha Cooksey-Strickland	Mar 29, 2013

			<p>interred.</p> <ul style="list-style-type: none"> <li>• Re-entering the caskets is a responsibility of the funeral home community and not FEMORS.</li> <li>• What eventuality (if any) would require the activation of FEMORS.</li> </ul>				
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## APPENDIX B: ACRONYMS

Acronym	Meaning
ADA	Americans with Disabilities
AHCA	Agency for Healthcare Administration
APD	Agency for Persons with Disabilities
ARC	American Red Cross
ASPR	Assistant Secretary for Preparedness and Response
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
DPC	Disaster Preparedness Coordinators
DRC	Disaster Response Center
ECO	Emergency Coordinating Officer
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPHP	Bureau of Public Health Pharmacy
ESF	Emergency Support Function
ESF4	Firefighting
ESF8	Public Health and Medical
ESF9	Search and Rescue
ESF10	Environmental Protection
ESF14	Public Information
ESF16	Law Enforcement
ESS	Emergency Status System
FDOH	Florida Department of Health
FEIL	Florida Emergency Information Line
FEMA	Federal Emergency Management Agency
FEMORS	Florida Emergency Mortuary Operations Response System
FHA	Florida Hospital Association
FNSS	Functional Needs Support Services
FWC	Florida Fish and Wildlife Conservation Commission
IAP	Incident Action Plan
ICS	Incident Command System
IT	Information Technology
IMT	Incident Management Team
IMU	Information Management Unit

Acronym	Meaning
NIMS	National Incident Management System
NSS	National Shelter System
PDF	Portable Document Format
PSA	Public Service Announcement
RDSTF	Regional Domestic Security Task Force
RERA	Regional Emergency Response Advisor
RSpNC	Regional Special Needs Shelter Consultant
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team
SERVFL	State Emergency Responders and Volunteers of Florida
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
SpNS	Special Needs Shelters

## APPENDIX C: DEFINITIONS

Term	Meaning
Crisis and Emergency Risk Communications (CERC) Portal	The Crisis & Emergency Risk Communications Portal is intended to enhance DOH's ability to be prepared for and respond to the public's need for timely public health messaging and information. This intranet-based site provides the most up-to-date communication tools for use by DOH communications professionals to aid the public and public health partners. <a href="http://dohiws/Divisions/DEMO/CommsCERC/commhome.html">http://dohiws/Divisions/DEMO/CommsCERC/commhome.html</a>
EM Constellation	EM Constellation is a web-based platform adopted by the State of Florida as an information management solution for emergency management. The platform allows county, state, federal and mutual aid entities to use the same operating environment when responding to and recovering from an emergency.
Emergency Status System (ESS)	The system that the Agency for Healthcare Administration (AHCA) requires hospitals to use to report bed status during emergencies.
Florida Emergency Operations Response System (FEMORS)	FEMORS was created to serve the needs of Medical Examiners in their mission to bring dignity and professionalism to caring for the deceased. The FEMORS task force duties may include: Initial Scene Response and Evaluation, Processing the Scene, Temporary Morgue Operations and Administration, and the roles of various forensic units within the morgue (e.g., pathologist, anthropologist, odontologist, radiologist, fingerprint specialist, DNA analyst, funeral director, and others), Victim Identification, Disposition of Human Remains (Embalming/casketing), Personal Effects, and Evidence Collection.
Regional Domestic Security Task Force (RDSTF)	Pursuant to Section 943.0312, Florida Statutes, Florida created seven RDSTFs. The RDSTFs are the foundation of the state's domestic security structure. Each RDSTF consists of local, multi-disciplinary representatives who collectively support preparing for, preventing, protecting against and recovering from a terrorism event.
Regional Emergency Response Advisor (RERA)	A core group of Health Department personnel who would be trained in exotic specialties and would be available 24 hours a day for a wide range of response needs <ul style="list-style-type: none"> <li>• Technical Advisors &amp; Notification</li> <li>• <u>Inter</u>-agency &amp; <u>Intra</u>-agency field coordinators</li> <li>• Post-disaster Field Coordination</li> <li>• Post-disaster Field Intelligence Collection</li> <li>• HazMat Incident Response &amp; Consultation</li> </ul>