Public Health Emergency Management Plan

To Support the State Comprehensive Emergency Management Plan

Version 2.0
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Maintained by the Florida Department of Health

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AUTHORITIES

Federal

Title 42, Code of Federal Regulations Part 70 Interstate Quarantine

Authorize the detention, isolation, quarantine, or conditional release of individuals, for the purpose of preventing the introduction, transmission, and spread of the communicable disease listed in an Executive Order.

Title 42, Code of Federal Regulations Part 71 Foreign Quarantine

Authorizes the Director of the Centers for Disease Control and Prevention to order the isolation, quarantine, or placement of a person under surveillance and may order disinfection or disinfestation, fumigation, as the Director considers necessary to prevent the introduction, transmission, or spread of the listed communicable diseases.

Public Law 109-148 Public Readiness and Emergency Preparedness Act (PREP Act) As Amended

Authorizes the Secretary of the Department of Health and Human Services to issue a declaration that provides immunity from liability (except for willful misconduct) for claims of loss caused, arising out of, related to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present or creditable risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures.

Title 42, Code of Federal Regulations Part 264 Regulations to Control Communicable Diseases

Authorizes the U.S. Surgeon General to make and enforce regulations to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one state to another.

Title 42, Code of Federal Regulations Part 265 Suspension of entries and imports from designated places to prevent spread of communicable diseases

Whenever the U.S. Surgeon General determines that by reason of the existence of any communicable disease in a foreign country there is serious danger of the introduction of such disease into the United States, and that this danger is so increased by the introduction of persons or property from such country that a suspension of the right to introduce such persons and property is required in the interest of the public health, the U.S. Surgeon General, in accordance with regulations approved by the President, shall have the power to prohibit, in whole or in part, the introduction of persons and property from such countries or places as the U.S. Surgeon General shall designate in order to avert such danger, and for such period of time as the U.S. Surgeon General may deem necessary for such purpose.

Pub. Law No. 109–417 Pandemic and All-Hazards Preparedness Act (PAHPA)

- Amends the Public Health Service Act and establishes the Assistant Secretary for Preparedness and Response as a new position with authority over the advanced development and acquisitions of medical countermeasures.

- Establishes the National Health Security Strategy to coordinate preparedness activities across agencies and organizations in order to reduce the social and economic cost of significant public health incidents.

Pub. Law No. 113–5 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA)

Amends the Public Health Service Act and provides the Assistant Secretary for Preparedness and Response with additional responsibilities and authorities to develop and implement the National Health Security Strategy.

Section 319, Public Health Service Act, Public Health Emergencies

Authorizes the Secretary of Health and Human Services to determine that a Public Health Emergency exists, if the Secretary determines a disease or disorder presents a Public Health Emergency or that a Public Health Emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists. If the Secretary issues this declaration, it would authorize the Secretary to take appropriate actions consistent with other authorities to respond to the emergency, temporarily suspend or modify certain legal requirements, and expand available funds in the Public Health Emergency Fund for the response.

Pub. Law 93-288 Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) As Amended

Provides authority for response and recovery assistance under the Federal Response Plan, which empowers the President to direct any federal agency to utilize its authorities and resources in support of state and local disaster assistance efforts.

State

Section 20.43(7)(b), Florida Statutes, Department of Health

Authorizes the purchase of items necessary to encourage patient compliance with disease prevention behaviors.

Section 120.54(4)(a), Florida Statutes, Administrative Procedures Act, Rulemaking, Emergency Rules

Provides that an agency may adopt any rule necessitated by an immediate danger after a finding that such an immediate danger to the public health, safety, or welfare requires emergency action.

Section 252.36, Florida Statutes, Emergency Management

A state of emergency shall be declared by Executive Order or proclamation of the Governor if she or he finds an emergency has occurred or that the occurrence or the threat thereof is imminent.

Section 381.0011, Florida Statutes, Duties and powers of the Department of Health

- Assess the public health status and needs of the state.
- Administer and enforce laws and rules related to sanitation, control of communicable diseases, illnesses, and hazards to health among humans and from animals to humans, and the general health of the people of the state.
- Coordinate with federal, state, and local officials for the prevention and suppression of communicable and other diseases, illnesses, injuries, and hazards to human health.

- Provide for a thorough investigation and study of incidence, cause, modes of propagation and transmission, and means of prevention, control, and cure of diseases, illnesses, and hazards to human health.
- Provide for the dissemination of information, to the public relative to the prevention, control, and cure of diseases, illnesses, and hazards to human health.
- Act as registrar of vital statistics.
- Manage and coordinate emergency preparedness and disaster response functions: investigate and control the spread of disease; ensure the safety of food and drugs; and provide surveillance and control of radiological, chemical, biological, and other environmental hazards.

Section 381.0012, Florida Statutes, Enforcement authority

It shall be the duty of every state and county attorney, sheriff, police officer, and other appropriate city and county official upon request to assist the department or any of its agents in enforcing the state health laws, rules, and orders adopted under this chapter.

Section 381.00315, Florida Statutes, Public health advisories; public health emergencies; isolation and quarantines

The State Health Officer is responsible for declaring public health emergencies, issuing public health advisories, and ordering isolation and quarantines. The Department of Health, in collaboration with specified entities, to develop a specified public health emergency plan; review and update the plan as necessary.

Section 403.861, Florida Statutes, Department of Health; public water supply duties and responsibilities; coordinating budget requests with department

Public health aspects of the state public water supply program require joint participation in the program by the Department of Health and its units and the Department of Environmental Protection.

Section 406.11, Florida Statutes, Examinations, investigations, and autopsies.

Requiring district medical examiners to certify deaths and to assist the State Health Officer with certain functions upon request.

Section 570.36, Florida Statutes, Division of Animal Industry; powers and duties

- Enforcing those provisions of chapter 585, and rules adopted pursuant thereto, relating to testing, supervising, controlling, and eradicating brucellosis and tuberculosis in livestock.
- Enforcing those provisions of chapter 585, and rules adopted pursuant thereto, relating to the control and eradication of dangerous transmissible diseases of livestock, including those caused by parasitic infestations such as screwworm and cattle fever tick.
- Operating and managing the animal disease diagnostic laboratory provided for in chapter 585.

Section 585.145, Florida Statutes, Control of animal diseases

Gives the Department of Agriculture and Consumer Services the authority to take such measures as may be necessary and proper for the control, suppression, eradication, and prevention of the spread of contagious, infectious, and communicable disease and to protect animals in the state. The Department shall also isolate or quarantine such animals as it shall find, or have reason to believe, to be infected with or exposed to any such disease.

Section 768.28, Florida Statutes, Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statutes of limitations; exclusions; indemnification; risk management programs

Protects state employees who administer immunizations as part of their official duties.

REFERENCES

1. State of Florida Comprehensive Emergency Management Plan
2. Florida Natural Disease Outbreak and the Pandemic Influenza Management Response Plan, April 2008
3. Fatality Management Response Plan of the Florida Medical Examiners Commission, December 2020
4. Florida Department of Health, Alternate Care Site Standard Operating Procedure, April 2013
5. State of Florida Comprehensive Emergency Management Plan, Appendix VIII: ESF-8 Public Health and Medical Services, 2022
6. Florida Department of Health, Emergency Operations Plan, February 2019
7. Florida Department of Health, Emergency Operations Plan, Mass Prophylaxis and Treatment Annex, Version 6, October 2014
8. Florida Strategic National Stockpile Standard Operating Procedure, January 2015
9. Florida Department of Health, Biological Disease Outbreak Incident Response Playbook, February 2015
10. Florida Department of Health, Ebola Incident Response Playbook, February 2015
11. Florida Department of Health, Pandemic Influenza Incident Response Playbook, February 2015
12. Florida Department of Health, Florida Infectious Disease Transportation Network Plan, May 2016
13. Florida Department of Health, Zika Incident Response Playbook, 2017
14. Federal Emergency Management Agency Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plan, January 2017
15. The Interagency Agreement Between the Florida Department of Environmental Protection and the Department of Health regarding responsibilities for the biomedical waste program, October 1996
16. Florida Department of Health and Department of Environmental Protection Tracking of Precautionary Boil Water Notices During Hurricanes or Emergency Events, June 2019

GLOSSARY OF TERMS

Centers for Disease Control and Prevention Category A Bioterrorism Agent/Disease. High-priority agents including organisms that pose a risk to national security because they: can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruptions; and require special actions for public health preparedness. These agents/diseases include: anthrax; botulism; plague; smallpox; tularemia; and viral hemorrhagic fevers. Many of these agents/diseases are naturally occurring.

Centers for Disease Control and Prevention Select Agents. Biological agents and toxins that have been determined to have the potential to pose a severe threat to public health and safety, to animal and plant health, or to animal or plant products.

Consequence Management. Actions taken to maintain or restore essential services and manage and mitigate problems resulting from disasters and catastrophes, including natural, man-made, or terrorist incidents.

Contact Tracing. The identification and diagnosis of persons who may have come into contact with an infected person, especially in order to treat or quarantine them.

County Health Department (CHD). County health departments are cooperative state and local partnerships. Each county health department enters into an annual contract with their host Board of County Commissioners. The contract specifies the services to be provided and the revenues that fund the services. County health departments are supported by a variety of revenues including state funds, county funds, federal funds, fees, Medicaid, grants, and contracts. County health departments collectively fall under the leadership of the State Health Office.

Crisis Standards of Care. Guides for decision-making designed to achieve the best outcome for a group of patients rather than focusing on an individual patient.

Critical Infrastructure and Key Resources. The assets of the United States that are essential to the nation's security, public health and safety, economic vitality, and way of life (e.g., energy production and delivery).

Epidemiology. The study of disease sources, occurrence, transmission, and prevention.

Emergency Support Function (ESF). A grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property, and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

Emergency Use Authorization (EUA). The Food and Drug Administration may authorize unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by chemical, biological, radiological, and nuclear threat agents when certain criteria are met, including there are no adequate, approved, and available alternatives.

Florida Emergency Mortuary Operations Response System (FEMORS). A team of trained personnel from multiple state and local agencies that supports Medical Examiner Offices with victim identification, recovery, storage, and disposition of human remains, and record keeping during mass fatality incidents.

Incubation Period. The length of time between the point of exposure to an infectious agent and the point at which signs and symptoms of the disease appear.

Infection Control. Measures taken to prevent further infections and the spread of disease. These precautions include: separate waiting facilities, a pre-arranged triage mechanism, spatial separation, use of personal protective equipment, appropriate cleaning and disinfection, proper hand hygiene, use of standard and transmission-based precautions, encourage immunization of susceptible populations, and encouragement of respiratory hygiene.

Isolation. The separation and confinement of individuals known or suspected to be infectious or ill with a contagious disease in order to prevent them from transmitting the disease to others.

Laboratory Response Network (LRN). An integrated network of state and local public health, federal, military, and international laboratories that are equipped to respond to bioterrorism, chemical terrorism, and other public health emergencies.

Medical Countermeasure. Food and Drug Administration regulated products (biologics, drugs, devices) that may be used to diagnose, prevent, protect from, or treat conditions associated with chemical, biological, radiological, or nuclear threats, or emerging infectious diseases.

Medical Surge. Increased need for medical personnel in a catastrophic health incident or pandemic.

Morbidity. The measure or rate of disease occurrence - usually expressed as the number of disease cases per 100,000 populations.

Mortality. The measure or rate of death from a disease occurrence, usually expressed as percent of deaths among the number of cases.

Non-Pharmaceutical Intervention. Disease control measures that include isolation and quarantine, restrictions on movement and travel advisory/warning, social distancing, external decontamination, hygiene, and precautionary protective behaviors.

Novel Disease. A new type or strain of disease for which there is no or limited human immunity.

Occupational Health. A branch of public health concerned with protecting the safety, health, and welfare of people engaged in work or employment.

Pandemic. A disease epidemic characterized by sustained human-to-human transmission causing community outbreaks in more than one World Health Organization Region.

Personal Protective Equipment (PPE). Specialized clothing or equipment, worn for protection against infectious or harmful materials, chemical and radiological hazards. Items may include: protective garments, gloves, gowns, goggles, hand sanitizer, and/or equipment.

Public Health Advisory and Alerts. Any warning or report giving information to the public about a potential public health threat.

Public Health Emergency. Any occurrence or threat thereof, whether natural or man-made, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, radiological agents, biological toxins, cyber-attack, or situations involving mass casualties or natural disasters.

Public Health Reference Laboratories. Designated state and local laboratories that perform advanced diagnostics tests, not readily available in the private sector, to detect and confirm the presence of threat agents.

Quarantine. The restriction of activities of currently well people when there is reason to believe that they have been exposed to and are in the incubation period for an infectious disease.

Sheltering in Place. Procedures that involve individuals isolating themselves within their homes.

Social Distancing. Voluntary or mandatory steps taken to reduce close contact among people in a community.

Standard Precautions. These precautions are used for all patient care in health care settings. The precautions are based on a risk assessment and make use of common-sense practices and personal protective equipment use that protect health care providers from infection and prevent the spread of infection from patient to patient. These measures can include hand hygiene, respiratory etiquette, patient placement, cleaning, and disinfection.

Surveillance. The ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice. Surveillance is often used to detect disease outbreaks and to monitor and assess their progression.

Symptomatic. The stage of infection and disease progression when a patient begins to show sensations or changes in bodily function associated with a particular disease.

Transmission-based Precautions. Precautions used for patient care in health care settings. These precautions are the second tier of basic infection control and are to be used in addition to standard precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

Vaccine. A substance used to stimulate the immune system to recognize and respond to one or several diseases or conditions.

Zoonoses/Zoonosis/Zoonotic. A disease capable of being transmitted from infected animals to humans.

SECTION 1 – INTRODUCTION

I. General

This plan is applicable during any emergency, incident or disaster that impacts Florida's public health and medical system and will be implemented under the all-hazards framework of the State Comprehensive Emergency Management Plan. The scope of this plan is not limited by the nature of any specific hazard. This plan is designed to be applied with equal effectiveness against all public health and medical incidents, whether they are infectious or noninfectious, intentional, or unintentional. This plan will be implemented to help safeguard and restore the health and safety of communities affected by these incidents with due regard to the physical, behavioral, and cultural needs of the whole community.

The overarching objective of the Public Health Emergency Management Plan is to establish a framework for an integrated multi-agency response to a public health emergency by reducing disease morbidity and mortality and limiting economic and social disruption. The Florida Department of Health (FDOH), under the direction of the State Surgeon General, shall serve as the lead agency for public health emergency incident response and will coordinate local, state, and tribal activities in order to:

- Detect the incident through disease surveillance and/or environmental monitoring.
- Characterize and monitor the public health emergency to determine the most effective interventions.
- Identify and protect the population(s) at risk through pharmaceutical and non-pharmaceutical interventions.
- Determine the source of the public health emergency.
- Rapidly frame public health and medical, pharmaceutical, pre-hospital and law enforcement implications.
- Control and contain the spread of any identified disease.
- Augment public health and medical service surge capacity.
- Coordinate public messaging.
- Coordinate implementation of protective actions.

II. Hazard Context

Florida's population demographics, climate, and role as an international tourist destination increase the state's vulnerability to the impacts of public health emergencies—whether natural or manmade. Incidents involving chemical, radiological, nuclear, or explosive agents generally allow for ready detection, investigation, and containment. Other incidents, such as biological incidents, tend to be less transparent and more difficult to contain. As a result, a large-scale biological incident would pose a significant threat to public health, critical infrastructure, and state and local economies.

Biological agents may elude early detection, compromising the ability of public health professionals to understand the scope and magnitude of an emerging disease outbreak. This inability to detect a biological agent early may allow infection to spread unabated through the population and increases the likelihood of catastrophic consequences.

Examples of public health threats that may result in the activation of this plan include:

- Emergence of an infectious disease of high consequence.
- Introduction of an infectious disease agent of high consequence into the state.
- Established person-to-person transmission of a novel influenza virus or another emerging disease to which there is no existing human immunity.
- Dispersal of a Bioterrorism Agent as part of a bioterrorism act.
- Local (autochthonous) transmission of an imported vector-borne disease.
- Large-scale intentional or natural contamination of water supplies or the pharmaceutical supply chain.
- Large-scale environmental health incidents.
- Extensive food-borne illness incidents.
- Nuclear incidents or large-scale releases of radioactive materials.
- Large-scale hazardous material releases.
- Mass population surges.

III. Purpose

The purpose of the plan is to describe the actions used to mitigate against, prepare for, respond to, and recover from public health emergency incidents requiring state, interstate, and/or federal support.

This plan is intended to address public health emergency incidents that exceed or are predicted to exceed the response capability and/or resources of local jurisdiction(s) and/or the state. The information contained in this plan is not cause-specific with regard to public health emergency incidents. As with other incidents, the focus of the response to a public health emergency incident would be on consequence management and threat mitigation.

While the plan is intended to support the state response to any public health emergency incident, it may not be all-inclusive as new threats can continue to surface. As such, additional response activities may be required that are not detailed in the plan. However, the plan has sufficient flexibility to allow for easy adaptation to new and evolving public health threats.

IV. Scope

The scope of incidents addressed in this plan can be identified as any incident that exceeds or overwhelms the capabilities or resources of one or more responding local agencies. As incident complexity and scale increases, incident coordination would transition to a lead agency, such as FDOH. Coordination and communication with the State Emergency Response Team (SERT) will be continuous during the response to ensure situational awareness statewide.

As incident complexity and scale further expands, the SERT would be activated to effectively coordinate the multijurisdictional resources that might be utilized. As local/state/private resources are overwhelmed, federal agencies would then increase their operational responsibility.

V. Situation Overview, Planning Assumptions, and Critical Considerations

As the lead agency, FDOH is responsible for the establishment of a preparedness and response framework to address public health threats of various scopes and magnitudes ranging from isolated to widespread. The State Surgeon General is responsible for declaring public health emergencies, issuing public health advisories, and ordering isolation and quarantine actions.

A. Situation Overview

Public health emergencies that require the activation of this plan may arise from a variety of public health threats that must be analyzed individually to adequately support preparedness, response, and recovery activities. Given the dynamic nature of public health incidents, FDOH—in collaboration with the Executive Office of the Governor and the Florida Division of Emergency Management (FDEM)—will establish the threshold for initiating a state-level response on a case-by-case basis.

The scale and timing of state response actions corresponds with the attributes of the public health emergency and the predicted scope and magnitude of the incident and is not tied to any pre-determined response triggers. Response decisions are ultimately driven by situational awareness and an assessment of potential public health impacts.

Public Health Emergency Characteristics

1. Naturally-occurring Disease Outbreaks
    a. Emerging: Caused by newly identified species or strains of disease-causing agents for which there may be no human immunity.
    b. Reemerging: Caused by a disease-causing agent that was previously controlled or eradicated but has been reintroduced.
    c. Communicable: Transmissible from person-to-person via contact, respiration, and/or ingestion of disease-causing agent.
    d. Non-communicable: Cannot be transmitted from person-to-person.
    e. Vector-borne: Transmitted through a disease vector (animal or arthropod) such as an insect (i.e., mosquito, flea).

2. Man-made Incidents
    a. Terrorist-related: Intentional use or release of Chemical, Biological, Radiological, Nuclear, or Explosive (CBRNE) agents, or cyber-attack to achieve a political, religious, or ideological goal.
    b. Non-terrorist related: Unintentional dissemination of a biological or chemical agent such as the accidental contamination of the food or water supply, or other environmental health incidents.

3. Severity
    A categorization of the overall impact of a disease outbreak, particularly during pandemics. Severity levels are specific to the disease and are assessed by examining the illness's association with infection or number of infections resulting in hospitalization or death. These factors combined are used to guide decisions about actions to implement at a given time during an outbreak. All disease agents do not have established severity levels.

4. Response and Medical Prophylaxis Options
    a. Response options may include:
        - Enhanced (active) surveillance; disease investigation; boil water notices; vector or animal control measures; stop sale and recall of medicines or products.
    b. Medical prophylaxis options may include:
        - Medical countermeasures to include pre- and post-exposure vaccinations and antibiotics, or medical treatments to radioactive materials exposure.
    c. Non-Pharmaceutical Intervention options may include:
        - Personal protective measures such as use of personal protective equipment, and increased hygiene.
        - Environmental measures such as increased sanitation.
        - Social distancing measures such as facility closure, imposition of travel advisories and restrictions; isolation; and quarantine.

B. Planning Assumptions

1. Public health emergencies caused by naturally-occurring disease outbreaks
    a. Public health surveillance systems may take days or weeks to detect a pattern that indicates a biological incident has occurred.
    b. Reports of suspected and/or confirmed cases involving the threat agent may come from multiple sources.
    c. Initial public health actions may need to be taken in the absence of complete information.
    d. The type of biological agent, mode of transmission, degree of infectivity, timeliness of detection, and availability of public health interventions to mitigate disease spread will determine the effectiveness of response actions.
    e. Supplies of medical countermeasures may be inadequate to support mass prophylaxis for exposed populations.
    f. Emergency provisions will allow for the dispensing of eligible medical countermeasures without the need for individual prescriptions.
    g. Executive Order(s) and/or public health emergency declaration(s) will provide additional authority, as necessary to support the response (e.g., temporary suspension of pharmaceutical laws).
    h. No single entity will possess all of the authority, expertise, and/or resources to respond unilaterally.
    i. Federal assistance may not be available or severely limited during multi-state outbreaks.
    j. Response actions will require significant coordination with the private sector.
    k. A contagious disease incident may include waves of secondary and tertiary infections within the original outbreak area and beyond. Disease transmission (i.e. epidemic curve) may vary depending on the source of the agent and how it is transmitted (including animal reservoirs).
    l. Disease transmission may also have relevance to blood product safety.
    m. Disease outbreak waves may present challenges in planning for these incidents in a linear, phased fashion. Waves of infections and recurrence demonstrate how different levels of impacts on the country are possible and

how strictly aligning response to planning phases can be challenging (as experienced during the COVID-19 response).

2. Man-made incidents
    a. A public health emergency will occur with little or no warning.
    b. Individuals presenting symptoms of disease or illness may be the first indication of a bioterrorism incident if it is carried out covertly.
    c. Environmental surveillance systems (e.g., BioWatch) may detect the presence of a Category A Bioterrorism Agent in the environment and trigger a response.
    d. Medical equipment, supplies, and/or pharmaceuticals may not be available from the private sector, or state and federal stockpiles within 12 hours of a request.
    e. The response to an actual or threatened incident will involve law enforcement and investigative activities as an integrated element.
    f. In the case of a biological attack, there may be multiple sites where the attack occurs.
    g. An act of terrorism, particularly an act directed against a large population center will have major consequences that can quickly exceed current capabilities and capacities.
    h. A biological attack involving a contagious agent may require quarantine activities to contain the disease outbreak.

3. Foodborne disease or illness
    a. Illness that results from consuming contaminated food.
    b. Parasites, viruses, bacteria, or chemical or natural toxins may contaminate food and cause foodborne illness.
    c. Foodborne illness may develop by natural causes, during food preparation and production, or after a disaster as power loss may lead to unsafe temperatures being maintained in refrigerated foods.
    d. Foodborne illness outbreaks are incidents in which two or more people have the same disease, have similar symptoms, or excrete the same pathogen and there is a time, place, and/or personal association among the people who consumed a common food item.
    e. Foodborne illness can create impacts on water contamination and disposal options for bio-hazardous waste.
    f. Foodborne illness can create impacts upon animals with regards to disease control (coordinate with ESF-17).

4. Severe weather
    a. A major incident will likely have significant impacts on public health and health care systems.
    b. Severe weather incidents include hurricanes and tropical storms, flooding, storm surge, thunderstorms, lightning, hailstorms, tornadoes, windstorms, wildfires, extreme temperatures, and severe winter storms.
    c. Additional implications generated by severe weather include: large-scale fires due to drought, air quality issues, sewer failure, mass population surge, communications failure, power failure, hazardous material incidents, mass casualty incidents, fixed-facility radiological incidents, civil disorder, and infrastructure damage or failure (dam failure, road and bridge damage).

5. Situational Awareness
    a. Full information about public health emergencies or threats may not be immediately available and may take hours (e.g., pathogen identification), or days (e.g., lethality, susceptibility to countermeasures) to unfold.
    b. Situational awareness will largely depend on the type of agent or threat and its characteristics. Decisions will need to be made without complete information.

6. Disproportionate impacts
    a. First responders and health care providers may be disproportionately impacted depending on the agent and the nature of the event.

7. Significant resource shortfalls
    a. The size, scope, and/or complexity of a public health emergency incident may overwhelm existing state, and local, and federal capabilities and resources, causing significant strain on the whole community.

8. Healthcare response
    a. Individual practitioners, healthcare organizations, healthcare coalitions, and nongovernmental organizations (NGOs) will all be an integral part of a large-scale public health emergency response.

9. Medical Counter Measure (MCM) development and production
    a. For pathogens with no pre-established MCM, development and production of MCMs would occur as quickly as possible but may take considerable time.

10. Long-term recovery
    a. The impacts of a public health emergency incident can cascade nationally, even for a localized event. Recovery of impacted populations and environments may take many years.

C. Critical Considerations

1. Coordinating structures
    a. In the case of a suspected or actual biological, chemical, cyber, or radiological terrorist threat, close coordination between the public health and counterterrorism community will be required throughout the incident.
    b. Public Health, emergency management, and law enforcement stakeholders will require close collaboration on the ground at the incident level, all the way through the national multi-agency coordination centers.
    c. Incident response will require coordination among state, local, tribal and territorial (SLTT) governments, NGOs, and the private sector.

2. Decision coordination
    a. Interdependent decisions of mission areas should be coordinated to avoid unintended consequences. Interdependent decisions include, but are not limited to: pre-positioning of MCM, security of points of entry or enhanced screening, public messaging, operations to resolve the threat, etc.

3. Legal and Policy Decisions
    a. During a response where federal or SLTT authorities conflict or intersect, critical legal and policy decisions will be required (such as movement restrictions, civil order, etc.).

4. Public Information
    a. Despite the initial lack of availability of incident information, the public will still demand authoritative and knowledgeable information in a developing public health emergency situation.

5. Complex medical and health information
    a. Communications must synthesize complex medical and health information to promote public confidence and compliance with guidance.
    b. Information from federal, SLTT, and private sector partners will be necessary to develop a full understanding of risks, identify appropriate response actions, and provide accurate risk communications.

6. Resistant pathogens
    a. There is the potential for pathogens to be resistant to MCM, limiting the availability of prophylaxis and treatment options.

7. Immunity of populations
    a. There will be limited, if any, immunity in the population to novel emerging infections.

8. Limited MCM
    a. Available but limited MCM may fall short of the required demand due to a variety of factors (e.g., geographical variance in the severity of the incident, logistical issues, disruption to pharmaceutical production).

9. Medical countermeasures dispensing
    a. SLTT entities may lack the capability to immediately provide MCM and PPE and may require assistance, which may include federal options.

10. Public Safety
    a. State and local authorities must consider public safety and security during implementation of response and recovery measures (e.g., security at MCM dispensing areas and of health care and public health critical infrastructure).

11. New therapies
    a. Unique therapeutic and unapproved or novel therapies and diagnostic tests may be used after appropriate regulatory authorization (i.e., Emergency Use Authorization).

12. Contact tracing
    a. Individuals or populations who have traveled to other states or countries since exposure may complicate and slow the contact tracing process.
    b. In extensive disease outbreaks, contact tracing efforts can be overwhelmed and ineffective if not adequately staffed.

13. Surveillance testing
    a. Ongoing systemic collection, analysis, and interpretation of public health-related data is essential to the planning, implementation, and evaluation of public health emergency response actions.
    b. Surveillance testing is crucial to monitor community- or population-level outbreaks of disease, or to characterize the incidence and prevalence of disease.

14. Waste management
    a. Public health emergencies caused by pathogens, or chemical or radiological agents can have a disproportionate impact on hazardous waste processing and disposal.
    b. Management of large quantities of hazardous waste can prove challenging and further drain resources.

15. Responder exposure
    a. Responders may be placed at risk if not adequately trained and protected. For example, they may be exposed to individuals with contagious illness.
    b. Alternatively, they could become contaminated with an intentionally disseminated agent before its presence is detected.

16. Fatality management
    a. Fatality management resources will likely be strained by both naturally occurring and intentional incidents.
    b. Regular processing mechanisms are likely to be overwhelmed due to large numbers of human remains, which are possibly hazardous due to the presence of biological causative agent(s).
    c. Evidence from human remains might have to be recovered and preserved as part of the ongoing law enforcement investigations.

17. Behavioral health impacts
    a. Public concern with exposure to disease causing agents and illness causing agents, without demonstration of illness, and the desire for preventive prophylaxis will all amplify the demand for medical and behavioral health resources.
    b. Due to the characteristics of public health emergencies, behavioral health impacts should be anticipated; negative perception of individuals, families, communities, ethnic/racial groups, or even certain professions that may become associated with the public health emergency via media and other reports is a significant concern.

18. Non-Pharmaceutical Interventions (NPI)
    a. NPIs (e.g., social distancing, quarantine, travel restrictions, school closures) may have unintended consequences and require judicial implementation.
    b. Considerations include civil rights and civil liberties, financial impacts, implementation challenges, consistent applications, and effectiveness.

19. Travel restrictions
    a. Both federal and state authorities permit public health actions (e.g., travel restrictions) in specific situations.

b. In accordance with international health regulations, response to public health incidents should minimize impact on travel and trade.

20. Resource competition
    a. Resources will likely be limited during a public health emergency.
    b. Competition between various governmental levels and the private sector can be anticipated and should be coordinated to promote the most judicious distribution of resources.

21. Technology systems
    a. Standing up systems to handle large volumes of data for internal and external communication and data management.

SECTION 2 – THE RESPONSE ORGANIZATION

I. General

This section describes how response operations are organized across jurisdictions to address a significant public health emergency incident. A significant public health emergency incident is any incident involving a public health threat that requires an immediate, coordinated local and state response to prevent or reduce increases in morbidity and mortality due to disease, or serious injury or death due to other agents. While many traditional support systems may remain intact during such an incident, local, interstate, and federal mutual aid resources may be strained due to the magnitude of the incident. Private sector resources may be leveraged to increase response capability.

II. Local Response

The following activities should be considered at the local level to respond to a significant public health incident:

- Activate Emergency Operations Centers and/or Incident Management Teams (IMT) in accordance with plans and procedures.
- Local emergency management offices and county health departments begin active planning and coordination of response actions.
- Disseminate key public health and risk mitigation messages to the public and local stakeholders.
- Conduct enhanced surveillance to detect disease agents in the environment and/or at-risk populations.
- Coordinate laboratory testing for samples.
- Collect and report data on cases and case clusters following standard case definitions for disease agents.
- Implement non-pharmaceutical interventions to help contain disease.
- Provide access to medical countermeasures in accordance with mass prophylaxis plans.
- Monitor and be prepared to implement guidance on non-pharmaceutical interventions at the direction of the State Surgeon General.
- Request additional resources and capabilities using established channels.

III. State Response

The following activities may be conducted at the state level to respond to a significant public health incident:

- Establish a Public Health Policy Group to ensure coordinated crisis decision making occurs. At a minimum this policy group should include the State Surgeon General, Chief of Staff, Deputy Secretaries, General Counsel, State Epidemiologist, CHD Liaisons, and other FDOH personnel as needed to address the public health incident.
- Establish a communication flow for sharing policy decisions with response personnel. As needed, personnel from other state agencies, such as ESF-8 partner agencies, may be included in the Public Health Policy Group.
- Convene an incident-specific group of subject matter experts (SME) to support the incident response. The SME group would advise the Public Health Policy Group, the ESF-8 IMT, and the SERT as needed.
- Implement enhanced epidemiologic and surveillance activities to define cases, identify at-risk populations, and determine sources of infection.
- Provide laboratory testing capability for the identification, confirmation, characterization, and determination of drug susceptibility of biological agents.
- Provide technical assistance in environmental health and/or conduct environmental sampling to support disease and illness surveillance and other epidemiological activities.
- Identify exposure pathways to support the development and implementation of infection control protocols for disease agents.
- Provide guidance on identification, diagnosis, and clinical management of human cases.
- Coordinate patient movement to Regional Treatment Center(s) or isolation chambers for individuals with highly-infectious diseases.
- Provide guidance on the use of medical countermeasures.
- Distribute medical countermeasures as required or directed.
- Develop and disseminate effective infection control practice recommendations for communities and health care settings.
- Coordinate with blood banks to ensure a safe and adequate blood supply.
- Provide guidance on non-pharmaceutical interventions to assist with the containment and control of disease agents.
- Provide technical assistance to local jurisdictions to support public health response activities, including technical assistance related to identifying and mitigating health equity concerns during the response.
- Disseminate key public health and risk mitigation messages to the public and government stakeholders.
- Coordinate plans, policies, and procedures that will be used to respond during an incident with Federal Emergency Management Agency Region IV counterparts.

SECTION 3 – ASSESSMENT OF PUBLIC HEALTH CAPABILITIES

I. General

During a large-scale, long-term public health emergency, such as the COVID-19 pandemic, existing capabilities and system capacities will be severely tested. Many capabilities and systems may be overwhelmed, and some may fail. These capabilities and systems will need to have extra support or be enhanced, or new processes will need to be rapidly developed to support the expanded demand for data management, response resources, and personnel.

During the short term, the response to public health emergencies will utilize existing systems, personnel, and physical resources for response actions which are typically redirected from on-going programs to support these efforts. Therefore, as the response to a public health emergency continues, these ongoing programs are likely to suffer.

During a protracted large-scale public health response, the capabilities listed below may need to be enhanced and expanded to meet the demand of a public health emergency.

II. Public Health Capabilities

A. Information Systems

1. FDOH currently employs multiple systems to monitor public health and environmental health. These systems include bio-surveillance, disease reporting, and immunization databases. Through routine environmental monitoring and surveillance, and sampling of facilities and conditions, information is gathered about factors that may contribute to the occurrence or transmission of disease.

2. Existing reporting and data management systems may need extra support (such as data entry for Florida SHOTS immunization records, or increased support to on-board reporting laboratories in the Merlin reportable disease data repository). New systems may need to be developed for the effective management and sharing of public health data (such as the Healthy Together mobile application developed to deliver individual test results from community-based COVID-19 testing).

B. Physical Plant

1. Every Florida county has at least one building or structure to house its county health department (CHD) which is dedicated for public health activities. Several CHDs have multiple buildings for public health service delivery. These services include activities such as infectious disease prevention and control, acute care and preventative services, environmental health, and behavioral health services.

2. FDOH Central Office currently maintains warehousing space dedicated for public health emergency preparedness and response as well as ongoing programs. Several CHDs also maintain warehouse space to support ongoing programs and preparedness and response activities.

3. The FDOH Bureau of Public Health Laboratories maintains three facilities in Florida located in Jacksonville, Tampa, and Miami. The specimen processing capacity of these labs was expanded by securing additional diagnostic machinery to support the COVID-19 response.

4. The CHDs have pre-identified locations for response uses such as PODs (Points of Dispensing). These PODs will be activated in case of an emergency related to a biological attack or disease outbreak requiring mass dispensing of medical countermeasures.

5. Leverage community partners to utilize existing community spaces such as community centers, parks, parking areas, and sporting venues to support response activities such as community-based testing and vaccination.

6. Utilize private partnerships to stand up and support large-scale response activities such as mass testing sites, vaccination sites and therapeutic delivery sites.

C. Commodities

1. FDOH maintains preparedness medical and mass care supplies to support response efforts, and therapeutics and pharmaceuticals to support ongoing programs as well as prepare for potential short term response needs. These supplies vary from year to year based upon projected needs, required inventory levels or suggested preparedness standards, funding, and other factors.

2. During protracted large-scale public health emergencies (such as the COVID-19 pandemic) competition for commodities may be intense. The state should utilize a single ordering point to coordinate resources, materials, and procurement across partnering agencies and different levels of government to minimize the internal competition for resources.

D. Human Resources

1. Existing FDOH hiring processes typically take several weeks to recruit, screen, hire, and onboard employees. During a protracted large-scale public health emergency, a large demand for additional personnel services can be expected. Expedited processes for the rapid onboarding of other personnel services and private contractors will be needed.

2. To support the COVID-19 Pandemic response effort, FDOH Human Resources developed expedited recruitment and separation processes for Other Personnel Services (OPS) positions and an expedited Contractor Onboarding Process. These hiring processes would be adapted as needed to support the personnel needs of a public health emergency.

SECTION 4 – CONCEPT OF OPERATIONS

I. General

The State of Florida Comprehensive Emergency Management Plan (CEMP) establishes eleven core missions for a state-level public health and medical response. These missions define the state-level role in supporting local public health and medical response efforts. Each core mission is supported with additional plans and procedures that describe the operations components of these missions during an incident.

A. Concept of Operations

1. Assessment of Threat
    a. Public health emergencies may arise from a variety of sources. Through situational awareness, FDOH assesses the potential of a public health emergency to develop into an incident that requires a statewide response.
    b. The FDOH Bureau of Public Health Laboratories is part of a network of specialized laboratories that are used to identify and confirm agents causing disease outbreaks including those agents that require focused attention at the local, state, national, or international level.
    c. The FDOH Bureau of Epidemiology and CHD epidemiology programs primarily use passive surveillance systems to detect disease outbreaks by monitoring increases in reportable diseases from vital statistics, health care providers, hospital emergency department data, laboratories, and environmental surveillance. Toxic exposure reports from poison control centers are monitored for the occurrence of chemical agents.
    d. Passive public health surveillance allows for continuous monitoring for clusters of human illness, including food and waterborne disease.
    e. Factors that may indicate individually or collectively that a disease outbreak or biological incident requires activation of the FDOH ESF-8 IMT or the SERT include:
        i. Large number of cases relative to data on spatial and temporal disease trends for a given area.
        ii. Atypical temporal or unseasonal clusters of a disease (e.g., illness resembling mosquito borne disease during winter).
        iii. Atypical geographic spread of a disease based on established disease agent characteristics.
        iv. High rate of disease morbidity and mortality resulting in a significant number of hospitalizations and/or deaths.
        v. Unexplained mode of transmission based on established disease agent attributes.
        vi. Widespread distribution of a biological agent that is persistent in the environment (e.g. wide area anthrax dispersal).
        vii. Short incubation period and/or high rates of secondary transmission, creating the potential for a rapid increase in the number of cases.
        viii. A completely novel disease or a known disease with highly unusual characteristics or presentations.

f. Epidemiologists from FDOH are responsible for providing necessary situational awareness by:
    i. Assessing all outbreaks that come to their attention.
    ii. Transitioning from passive to active surveillance, as necessary, to determine the extent of the outbreak.
    iii. Notifying appropriate officials of suspicious outbreaks.
    iv. Seeking consultation and assistance, as necessary, to characterize an outbreak.
g. Contact tracing investigations will be directed locally with support from state epidemiology subject matter experts.
h. Sample collection may involve a variety of methods depending on the source of the outbreak to include:
    i. Human biological samples (e.g., blood, urine, etc.) may be collected by epidemiology staff.
    ii. Environmental samples of Bioterrorism Agents may be collected by local hazard materials teams trained in proper sample collection procedures.
    iii. All environmental samples submitted for testing following a bioterrorism incident must follow chain of custody procedures to maintain the integrity of any potential law enforcement investigation.
i. The state Laboratory Response Network (LRN) public health reference laboratories will be used to fulfill state needs for rapid testing and characterization of biological threat agents as well as emerging infectious disease agents. In a suspected bioterrorism incident, laboratory testing is coordinated with state and federal law enforcement, in addition to LRN members.
j. A key component of this process is the establishment and maintenance of the law enforcement chain of custody and transport arrangements. Prior to transporting a specimen to an LRN laboratory, a basic field screening will be performed by responders on-scene to rule out radiation, oxidizers, flammability, corrosives, explosives, and volatile organic compounds.
k. Any potential biological agent, disease outbreak, or suspected bioterrorism act affecting or involving humans will be brought to the immediate attention of the State Surgeon General by the State Epidemiologist. The State Epidemiologist will be notified by the State Food and Waterborne Disease Coordinator if food or water is potentially involved, toxicology experts if a biologic toxin is suspected, and the State Public Health Veterinarian if a zoonotic or arthropod-borne disease is suspected.
l. When a waterborne illness is suspected, it is critical that information be shared between jurisdictions early in the process to reduce exposure and prevent secondary cases, as well as to eliminate the source of the outbreak as quickly as possible. Bureau of Environmental Health notification procedures for waterborne emergencies should be followed.
m. LRN laboratories will provide the results of their testing and analysis of suspected bioterrorism samples to the entity that submitted the sample and to all public officials with a need to know.
n. Instances of disease that raise the “index of suspicion” for terrorist or criminal involvement, as determined by the State Epidemiologist, State Public Health Veterinarian, Bureau of Epidemiology and/or Bureau of

Environmental Health, are reported to the State Watch Office and the Florida Fusion Center.

B. Unique Prevention and Protection Activities

1. Upon activation, the primary objectives of FDOH are to identify populations that have been exposed to a biological, chemical, or radiological agent, are at risk for becoming exposed, and that are disproportionately vulnerable to the effects of the agent(s).
2. Additional investigative tasks such as identifying the route of exposure and mode of transmission for the agent(s) will need to be conducted in order to determine effective public health interventions.
3. If a county is faced with a significant outbreak related to waterborne illness, the CHD will decide if it is appropriate to activate an IMT and request potential assistance from the appropriate FDOH Central Office staff.

II. Deactivation

Deactivation of the state's response and demobilization of deployed personnel will be at the direction of the FDOH and the SERT after coordination with the local jurisdictions. Deactivation of specific assets, operations, or facilities may be initiated as conditions warrant.

A partial deactivation may occur after the first wave while maintaining surveillance activities for the occurrence of a second wave of disease or subsequent secondary attack or infection.

III. Command and Coordination

Command and coordination will be accomplished in accordance with the State Comprehensive Emergency Management Plan, existing structures, and other requirements with the State Surgeon General serving as the Incident Commander.

IV. Communications

A. Intra-Agency

Designated spokespersons for public information during a public health emergency incident are the State Surgeon General and the Director of the FDOH Office of Communications.

B. Inter-Agency

1. The FDOH Office of Communications, with the technical assistance of subject matter experts in their respective agencies, will establish and maintain public confidence through timely implementation of a public messaging campaign.
2. The FDOH Office of Communications will participate in a Joint Information Center operation and will coordinate its public messages with all domestic media outlets and CHDs, as appropriate.
3. The Joint Information Center will establish guidelines for formulating appropriate messages and disseminating information to elected officials, health care professionals, responders, the public, high-risk populations, vulnerable populations, and people whose first language is not English.

4. If any agency or government entity becomes aware of an overt threat involving biological agents or indications of unnatural disease, the Department of Justice (DOJ) must be notified. The agency or entity alerts the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI), and those agencies notify DOJ.
5. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits covered entities to disclose protected health information for public health purposes without prior authorization during a public health emergency or significant incident.

V. Reduction of Morbidity and Mortality

A. Disease Control

Effectively reducing morbidity and mortality from biological, chemical, or radiological agents requires implementation of control interventions designed to:

1. Prevent those who are ill from infecting or exposing others.
2. Prevent those infected or exposed from becoming ill.
3. Prevent those not infected or ill from becoming infected or ill.

These control objectives will be achieved through implementation of epidemiology surveillance, laboratory surveillance and diagnostics, rapid response and containment strategies, community-based control and mitigation interventions, distribution and dispensing of medical countermeasures, and implementation of infection or exposure control and occupational health strategies.

Surveillance
Generally, the purpose of surveillance is to collect data that will describe the characteristics of disease in human populations and define the temporal and geographic distribution to support disease control. Surveillance data will be integrated into Incident Action Plans and Situation Reports (SitReps) to support the overall response.

1. The Department of Agriculture and Consumer Services (DOACS) is responsible for supporting the surveillance of disease in domestic animals.
2. FDOH is responsible for supporting the surveillance of disease in human populations.

B. Medical Surge for Patient Care

During a public health emergency or biological incident, there may be a significant surge in demand on the health care system. This increased demand could stress community medical support systems and result in a shortage of health care personnel. It may be necessary for hospitals to maximize bed capacity by implementing surge plans. Use of alternate care sites may also be required. To address the demand for additional health care personnel, consideration may be given to reinstating licensure for retired medical professionals and utilizing volunteers. Strategies to meet the increased demand for medical services will be implemented using established medical surge protocols and procedures, including crisis standards of care when necessary.

The increased demand on the health care system can result in significant shortages of needed medical supplies and equipment. Strategies to meet the increased demand for medical equipment, supplies and pharmaceuticals will be implemented using established medical logistics protocol and procedures.

The Joint Information Center under the direction of ESF-14 will develop and disseminate materials to educate citizens regarding self-care for uncomplicated disease or illness symptoms.

C. End of Life Care

Palliative care will be required to provide comfort and minimize the physical and psychological suffering of those whose lives may be shortened as a result of a public health emergency or incident such as an epidemic. Palliative care may be provided by numerous providers and entities in the health care system and at various locations.

D. Management of Fatalities and Animal Dispositions

FDOH, in coordination with the Medical Examiners Commission, will provide guidance to Medical Examiner's district offices to assist in managing the anticipated increase in the number of deaths. In the event of a mass fatality incident, the Florida Mass Fatality Plan may be activated, to include FEMORS. There may be conditions that result in the destruction or depopulation of domestic animals. Animal dispositions and methods are coordinated by DOACS and the Department of Environmental Protection.

E. Law Enforcement, Public Safety, and Security

FDLE is responsible for the command, control, and coordination of all state and local law enforcement personnel and equipment to support security missions, enforcement of quarantine orders, and to ensure the safety of quarantined individuals during a public health emergency or a biological incident. FDLE also establishes procedures for the use of the Florida National Guard in support of the overall law enforcement mission.

During a public health emergency or a biological incident, it will be essential for law enforcement agencies to maintain public safety and order. Areas where civil disturbances could occur include health care facilities, POD locations, and food distribution sites. Law enforcement presence may be required to secure isolation and quarantine facilities in order to control disease spread, which will temporarily divert these resources from traditional duties. Law enforcement agencies may also be limited by staffing shortages, requiring additional law enforcement resources.

SECTION 5 – ROLES AND RESPONSIBILITIES

I. General

ESF roles and responsibilities during SERT activations are found in the ESF Annexes to the State CEMP. Because of the potential widespread nature of a public health emergency, such as an epidemic, non-traditional responses from agencies and unusual ESF response roles may be required. Potential ESF roles and responsibilities in the context of an epidemic are summarized below.

- **Preparedness Activities:** Participate in epidemic preparedness activities as directed by the SERT or the Division of Emergency Management. Encourage agency staff to learn and practice basic hygiene to reduce disease spread. Establish a communications plan to update staff on pandemic stages and required actions. Appoint rumor control staff to monitor and respond to profession-specific rumors in coordination with ESF-14.

- **Response Plans:** Integrate epidemic considerations into existing agency response plans.

- **Key Indicators:** Identify data points and triggers during the epidemic monitoring phase that will provide an indication of effectiveness of response actions. During response, monitor key indicators using data to prepare Incident Action Plans and evaluate the effectiveness of the response.

- **Infection Control:** Develop agency infection control protocols based on guidelines provided by FDOH to mitigate disease transmission and spread.

- **Legal Issues and Executive Orders:** Be prepared to take actions as dictated in executive orders and make specific recommendations on rule variances.

- **Non-pharmaceutical Interventions:** Be prepared to implement direction on NPIs such as isolation, quarantine, social distancing, and closing of schools or businesses.

- **Quarantine, Sheltering in Place and Social Distancing:** Monitor and be prepared to implement FDOH direction on isolation, quarantine, and social distancing.

The SERT will take the following precautions when there is widespread human transmission of any biological agent:

- Implement enhanced access control procedures and internal infection control procedures as recommended by the State Surgeon General.
- Implement internal surveillance protocols to monitor the health of government employees.
- Implement Continuity of Operations Plans (COOP) to maintain delivery of essential goods and services.
- Monitor threat levels for trigger point changes that will affect the SERT.

Specific ESF roles and responsibilities for a public health emergency are outlined in the following section.

II. Emergency Support Function Responsibilities

ESF-1 Transportation

Preparedness

1. In coordination with ESF-8, develop protocols and instructions for responding to sick or ill passengers on public conveyances.

Response

1. In coordination with ESF-8, assess the need for periodic sanitizing or decontamination of local public conveyances.
2. In coordination with ESFs 8 and 16, issue transportation travel advisories as needed to discourage or limit non-essential travel into or out of affected regions.
3. In coordination with ESF-16, implement travel restrictions for non-essential movement of personnel and goods as directed through executive order.
4. In coordination with ESF-8, make available updated policies and procedures necessary for cleaning or sanitizing transportation systems.
5. In coordination with ESF-8, provide special instructions, guidance, and training to essential employees who must travel to regions that have experienced a public health emergency; focusing on worker safety, health monitoring and personal protective equipment use.
6. In coordination with ESF-8, issue instructions to transportation workers on the detection and disposition of symptomatic passengers on public conveyances.
7. In coordination with ESFs 8 and 14, issue public service announcements and public safety educational campaign materials, via posters, brochures, websites, or other media regarding how to reduce the spread of contagions and contaminants while riding public transportation systems.

Recovery

1. Reassess travel restrictions for non-essential movement of persons.
2. Integrate best practices and lessons learned during any previous public health emergency across all transportation modes and update plans to reflect lessons learned.
3. Sanitize and decontaminate workplaces as needed before resuming normal operations.

ESF-4 Firefighting

Response

1. Determine whether fire rescue resources will be needed to deliver/administer appropriate medical countermeasures.
2. Determine need for fire rescue resources to assist with transport of human remains.

ESF-6 Mass Care

Preparedness

1. In coordination with ESF-8, identify and disseminate recommendations for the closure and subsequent reopening of schools.
2. In coordination with ESF-8, create plans that identify the criteria and trigger points for removing potentially infectious persons from congregate shelters and schools.

Response

1. Coordinate with ESF-8 and 10 to obtain situational awareness of the public health and environmental threats to sheltering and Mass Care operations.
2. In coordination with ESF-8, provide guidance regarding the criteria and trigger points for removing potentially infectious or contaminated persons from congregate shelters and schools.

Recovery

1. In cooperation with ESF-8, provide guidance and support regarding the reopening of schools.

ESF-7 Resource Management

Preparedness

1. In coordination with SERT Logistics and ESF-8, identify potential facilities for use as quarantine centers and alternate care sites.
2. Provide information regarding state policies on sick and administrative leave.

ESF-8 Public Health and Medical Services

Preparedness

1. Identify key incident indicators to monitor implementation of disease control strategies and status of the health care delivery system.
2. Develop recommendations for stockpiling of medical supplies, equipment, personal protective equipment, and pharmaceuticals.
3. Coordinate with ESF-16 regarding current isolation and quarantine guidance.
4. Coordinate with ESF-10 regarding potential damage to drinking water and wastewater treatment and distribution systems.

Response

1. Collaborate with the SERT, and the Executive Office of the Governor on implementation of executive orders, the proclamation of public health emergencies, or states of emergency.
2. Evaluate the need for medical countermeasures.
3. Request medical countermeasures, if necessary.
4. Deploy Receipt, Stage, Store Teams as needed.
5. Distribute medical countermeasures as needed.
6. Provide daily status of medical countermeasures dispensed, distributed and available.
7. Conduct surveillance and investigation of confirmed and suspected cases and/or contacts and disease patterns.

8. Provide guidance to CHDs on sample collection for biological, chemical, or radiological testing.
9. Evaluate laboratory surge capabilities.
10. Coordinate with ESF-17 to provide or receive guidance on impacts to animals or any zoonotic concerns.
11. Determine investigative capabilities.
12. Coordinate with ESF-16 to implement and support isolation and quarantine, as necessary.
13. Activate FEMORS, as necessary.
14. Provide guidance to medical providers regarding treatment and management of patients.
15. Coordinate with blood banks to ensure a safe and adequate blood supply.
16. Disseminate public health information regarding infection control practices and personnel protection measures.
17. Coordinate with ESF-10 to track precautionary boil water notices (BWN) issued for public water systems; post information to FDOH BWN web page.

Recovery

1. Develop and implement a monitoring system to determine the status of public health and safety issues.
2. Track individuals who received medical countermeasures.
3. Track absent or ill health care workers' return to the workforce.
4. Demobilize medical countermeasure operations.
5. Demobilize FEMORS.

ESF-9 Search and Rescue

Preparedness

1. Review and evaluate search and rescue procedures that would be applicable during a public health emergency.

Response

1. Determine whether fire rescue resources will be needed to deliver/administer medical countermeasures.
2. Assist in the retrieval of deceased from residences in coordination with ESFs 8, 16 and FEMORS.

ESF-10 Environmental Protection

Preparedness

1. Coordinate with ESF-17 on the development of educational materials regarding the handling and disposal of animal carcasses, if applicable.
2. Coordinate with ESF-8 to identify contractors to handle a surge in biomedical waste.
3. Review agency plans for biological, chemical, or radiological response standards.

Response

1. Coordinate with ESF-17 on the use of incinerators for the disposal of animal carcasses and the identification of alternative burial sites.
2. Coordinate with ESF-8 on the cleanup of improper biomedical waste disposal sites.

3. Coordinate messaging regarding solid waste management, wastewater spills, and boil water notices.

Recovery

1. Monitor animal carcass disposal sites in conjunction with ESFs 8 and 17.

ESF-11 Food and Water

Response

1. Coordinate the provisioning of food to isolation, quarantine and alternate care sites in coordination with ESFs 6 and 8.

ESF-12 Energy

Preparedness

1. Coordinate with petroleum partners and ESF-8 regarding recommendations on medical countermeasures.

ESF-13 Military Support

Preparedness

1. Ensure development and coordination of National Guard biological, chemical, or radiological response plans with other SERT ESFs and agencies and U.S. Northern Command.
2. Identify alternate sites for assembly and deployment.
3. Identify deployed personnel with increased risk for exposure, contamination, or infection.
4. Monitor the health status of personnel, including those at home stations, assembly, and deployment bases, and those returning from areas where known contagions or contaminants are prevalent.

Response

1. Support distribution of medical countermeasures and other materiel as requested.
2. Assist with medical support personnel, if requested.

Recovery

1. Prepare for possible secondary spread or re-introduction.

ESF-14 External Affairs- Public Information

Preparedness

1. Develop messages that enlist public participation and support in the control efforts that contribute to a more rapid resolution of the emergency (e.g. hygiene, check on neighbors, social distancing, etc.).
2. Develop pre-recorded communications and messages to be distributed at the appropriate phase of the incident.
3. Develop pre-planned messages in coordination with ESF-17 regarding animal industry issues and food consumption.

ESF-15 Volunteers and Donations

Preparedness

1. Educate non-governmental organizations on the public health emergency.
2. Identify organizations that can share information with their members and partners to promote biological, chemical, or radiological agent preparedness and knowledge to the general public.
3. Assess the capability of volunteer units to respond to a public health emergency incident.

Response

1. Support the use of non-medical staff at health care facilities.

ESF-16 Law Enforcement and Security

Preparedness

1. Develop security plans to support the receipt, distribution, and dispensing of medical countermeasures.
2. Emphasize law enforcement officer and family incident preparedness planning.
3. Review plans for mass fatalities and security implications with medical examiners and health care facilities.
4. Identify security issues or patterns of unlawful conduct specifically related to a biological incident within the US.
5. Review legal authorities applicable to a public health emergency.
6. Review possible movement and restrictive actions that would assist with the prevention of the spread of contagions or contaminants.
7. Prepare to implement isolation measures and other containment strategies to limit the introductions of contagions or contaminants into correctional facilities as necessary.
8. Identify immuno-compromised and at risk inmates and staff in correctional facilities.
9. Evaluate alternative schooling methods for juveniles in correctional facilities.
10. Educate staff and inmates on preventative strategies and proper infection control procedures.
11. Identify correctional facilities and institutions with infirmaries.
12. Identify areas for temporary and/or long-term morgue sites at correctional facilities.

Response

1. Activate the Florida Mutual Aid Plan as needed to provide security for medical countermeasures and other materiel, points of distribution, health care facilities, quarantine sites, mortuaries, and ensure the safety of quarantined individuals.
2. Coordinate closed POD agreements between CHDs and local law enforcement agencies.
3. Enforce restrictive measures and orders as needed.
4. Determine the health care priority of terminally ill, at risk or immuno-compromised inmate populations.
5. Implement isolation measures and other containment strategies to limit infection in correctional facilities.
6. Monitor the number and location of fatalities in correctional facilities.

Recovery

1. Reduce proportionately the deployed personnel in accordance with the Florida Mutual Aid Plan.
2. Determine continued need for ongoing security missions.

ESF-17 Animal and Agriculture Issues

Response

1. Through the State Agricultural Response Team, provide guidance, set priorities, and provide resources as needed to address the public health emergency.

ESF-18 Business, Industry, and Economic Stabilization

Preparedness

1. Provide education and training to the business community, local and regional organization and staff regarding a public health emergency.
2. Identify essential functions necessary to keep business operating during a public health emergency.
3. Review the parameters of the Florida Small Business Emergency Bridge Loan Program for possible changes to meet the business community's needs in the course of and aftermath of a public health emergency incident.

Response

1. Monitor the production of essential goods and services throughout a public health emergency and communicate supply chain concerns to ESF-8 and SERT Leadership.
2. Distribute state and federal guidance to the business community.
3. Distribute state and federal guidance regarding risk factors to the business community.
4. Coordinate with ESFs 5 and 14 to disseminate incident response information.

Recovery

1. Coordinate with ESFs 5, 14, and 18 to provide and disseminate information around economic assessments of impacted communities and private sector recovery processes that are relevant to the incident.

ESF-19 Fuels

Preparedness

1. Coordinate with petroleum partners and ESF-8 regarding recommendations on medical countermeasures.

ESF-20 Cybersecurity

Preparedness

1. Provide consultation and support to the SERT and State Emergency Operations Center for cybersecurity incident monitoring and response.