

APPENDIX VIII: ESF 8 – Health and Medical

Role	Agency
Primary Agency	Department of Health
Supporting Agencies	Agency for Health Care Administration (AHCA), Agency for Persons with Disabilities (APD), Department of Elder Affairs (DOEA), Department of Children and Families (DCF), Department of Agriculture and Consumer Services (FDACS), Department of Business and Professional Regulation (DBPR), Department of Environmental Protection (DEP), Department of Veterans' Affairs (DVA), State Fire Marshal, Medical Examiner Commission, Office of the Attorney General (AG), University of Florida Maples Center for Forensic Medicine, State University Laboratories, Florida Hospital Association (FHA), Florida Health Care Association (FHCA), Florida Assisted Living Association (FALA), Florida Senior Living Association, End-Stage Renal Disease Network (ESRD), Poison Information Center Network, Florida Association of Community Health Centers (FACHC), Florida Pharmacy Association, Florida Fire Chiefs Association, Florida Health Care Coalitions, Florida Cemetery Cremation and Funeral Association (FCCFA).

Introduction

Assumptions

The purpose of State Emergency Support Function 8 (ESF-8), Public Health and Medical Services, is to coordinate plans, procedures, and resources as a part of the State Emergency Response Team (SERT) to ensure Florida can meet a core set of operational missions:

- Support local assessment and identification of public health and medical needs in impacted counties.
- Coordinate and support stabilization of the public health and medical system in impacted counties.
- Support sheltering of persons with special needs.
- Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties
- Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions.
- Support monitoring, investigating, and controlling potential or known threats to public health from environmental sources.
- Develop, disseminate, and coordinate accurate and timely public health and medical information.
- Monitor need for and coordinate resources to support fatality management services.
- Monitor need for and coordinate resources to support disaster behavioral health services.
- Support responder safety and health needs.
- Provide public health and medical technical assistance and support.

Direction and Control

The DOH ECO is the delegated authority for the State Surgeon General/State Health Officer and performs the role of State ESF-8 lead. The State ESF-8 lead determines the appropriate and necessary State ESF-8 plans to activate for the response and assures they are implemented. The State ESF-8 lead establishes incident objectives for State ESF-8 that support the SERT's broader incident objectives.

The State ESF-8 ECO, through the State ESF-8 incident command structure, determines appropriate resources to meet mission needs. Each agency/organization retains administrative control over its resources deployed during the incident. State ESF-8 has operational control of deployed resources to make assignments.

Roles and Responsibilities

Organization

The primary and support agencies that comprise State ESF-8 have agency level responsibilities as a part of State ESF-8. Additionally, all primary and support agencies and organizations have common responsibilities which include:

- Identify, train, and activate qualified staff to support State ESF-8 activities in the State Emergency Operations Center (SEOC) and alternate locations.
- Provide status updates on public health and medical situations and report response actions to State ESF-8 for integration into overall situational awareness.
- Maintain agency level emergency plans and procedures.
- Coordinate deployment of personnel to the area of operations through State ESF-8 in the SEOC.
- Identify subject matter experts to serve as technical specialists during response.
- Disseminate public health and medical messaging to stakeholders.

Responsibilities

Primary Agency - Department of Health

- Serve as the lead agency for State ESF-8, which includes maintaining and operating a response structure, emergency plans and procedures, coordinating with support agencies to assure operational readiness and identifying and procuring resources to fulfill mission needs.
- Activate and deploy public health response teams and contracted response entities, as needed.
- Serve as the lead agency for biological and radiological incidents.
- Issue public health emergencies and public health advisories as appropriate to take actions necessary to protect public health (section 381.00315, F.S.).
- In consultation with subject matter experts, determine and implement public health response actions such as surveillance, delivery of medical countermeasures, and non-medical interventions.
- Support local SpNS operations.
- Coordinate and verify licensure of medical professionals.

Supporting Agencies

Agency	Responsibilities
Agency for Health Care Administration	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties. • Coordinate and support stabilization of the public health and medical system in impacted counties. • Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Agency for Persons with Disabilities	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties. • Coordinate and support stabilization of the public health and medical system in impacted counties. • Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties. • Support sheltering of persons with special needs. • Develop, disseminate, and coordinate accurate and timely public health and medical information.
Department of Elder Affairs	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties. • Coordinate and support stabilization of the public health and medical system in impacted counties. • Support sheltering of persons with special needs. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Department of Children and Families	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties. • Coordinate and support stabilization of the public health and medical system in impacted counties. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Monitor need for and coordinate resources to support disaster behavioral health services. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Department of Agriculture and Consumer Services	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties.

	<ul style="list-style-type: none"> • Coordinate and support stabilization of the public health and medical system in impacted counties. • Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions. • Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Department of Business and Professional Regulation	<ul style="list-style-type: none"> • Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions. • Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin. • Support sheltering of persons with special needs. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Department of Environmental Protection	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties. • Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions. • Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin. • Develop, disseminate, and coordinate accurate and timely public health and medical information.
Department of Veterans Affairs	<ul style="list-style-type: none"> • Coordinate and support stabilization of the public health and medical system in impacted counties. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Office of the Attorney General	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties.
State Fire Marshal	<ul style="list-style-type: none"> • Coordinate and support stabilization of the public health and medical system in impacted counties. • Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.

Medical Examiner Commission (FDLE)	<ul style="list-style-type: none"> • Coordinate and support stabilization of the public health and medical system in impacted counties. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Monitor need for and coordinate resources to support fatality management services. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Univ. of FL, Maples Center for Forensic Medicine (FEMORS)	<ul style="list-style-type: none"> • Coordinate and support stabilization of the public health and medical system in impacted counties. • Monitor need for and coordinate resources to support fatality management services. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
State University Labs	<ul style="list-style-type: none"> • Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions. • Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Florida Hospital Association	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties. • Coordinate and support stabilization of the public health and medical system in impacted counties. • Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties. • Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions. • Support sheltering of persons with special needs. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Florida Health Care Association	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties. • Coordinate and support stabilization of the public health and medical system in impacted counties. • Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.

	<ul style="list-style-type: none"> • Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions. • Support sheltering of persons with special needs. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Florida Assisted Living Association	<ul style="list-style-type: none"> • Coordinate and support stabilization of the public health and medical system in impacted counties. • Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties. • Support sheltering of persons with special needs. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
End-Stage Renal Disease Network	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties. • Coordinate and support stabilization of the public health and medical system in impacted counties. • Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Poison Information Center Network	<ul style="list-style-type: none"> • Support local assessment and identification of public health and medical needs in impacted counties. • Coordinate and support stabilization of the public health and medical system in impacted counties. • Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions. • Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Monitor need for and coordinate resources to support disaster behavioral health services. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.

Florida Association of Community Health Centers	<ul style="list-style-type: none"> • Coordinate and support stabilization of the public health and medical system in impacted counties. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Florida Pharmacy Association	<ul style="list-style-type: none"> • Coordinate and support stabilization of the public health and medical system in impacted counties. • Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Support responder safety and health needs. • Provide public health and medical technical assistance and support.
Florida Health Care Coalitions	<ul style="list-style-type: none"> • Coordinate and support stabilization of the public health and medical system in impacted counties. • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Provide public health and medical technical assistance and support.
Florida Cemetery, Cremation, and Funeral Association	<ul style="list-style-type: none"> • Develop, disseminate, and coordinate accurate and timely public health and medical information. • Monitor need for and coordinate resources to support fatality management services. • Provide public health and medical technical assistance and support.

Concept of Operations

State ESF-8 will operate under the following principles in order to implement the core missions:

- Implement appropriate incident management structure using Incident Command System (ICS) principles to manage state-level public health and medical functions in support of the SERT.
- Ensure coordinated situational awareness at the local, state, and federal level.
- Identify public health and medical needs in impacted counties and procure, deploy, and direct the use of resources to meet these needs.

These principles serve as the general concept of operations for State ESF-8 and are further described in supporting plans and procedures.

In addition, State ESF-8 maintains a standard operating procedure (SOP) which describes the processes for implementation of this appendix and supports all State ESF-8 core missions.

The State ESF-8 core mission concept of operations is to:

1. Support local assessment and identification of public health and medical needs in impacted counties.
 - a. Coordinated assessments will be conducted to create a common operating picture of the anticipated or actual impact to public health and medical facilities and determine resource support needs and priorities. Assessments will be conducted both pre-and post-impact.
 - Pre-impact assessments will be conducted or coordinated to verify the status of in-patient licensed health care facilities within the projected impact area. A tiered facility assessment process will be used so that facilities least likely to self-report, or be locally contacted based on historical evidence, are contacted first.
 - Post-impact assessments will be conducted or coordinated to determine the status of health care facilities in the impact area. A tiered facility impact assessment will be used so that facilities with the most critical services are assessed first.
 - b. Local, state, and federal assessment efforts will be integrated, to the fullest extent possible, to reduce duplication, maximize response resources, and expedite response and recovery actions.
 - c. Initial assessments will not be regulatory in nature and should be focused on determining immediate needs of the facilities to continue their life saving missions. Follow-up visits may be required based on the initial findings.
2. Coordinate and support stabilization of the public health and medical system in impacted counties.
 - a. Support integrated medical surge operations by monitoring and assessing the health care system and providing support through augmentation of staff, supplies, pharmaceuticals, and equipment. The best course of action in the continuance of critical health and medical services will be to keep existing facilities open and operating utilizing facility personnel.
 - b. Ensure processes are in place and resources available for individuals to access, or to be transported to, appropriate facilities for diagnosis and treatment based on the patient's level of acuity.
 - c. Increased demand for health care services in an impacted area may require the establishment of temporary alternate care sites (ACS). ESF-8 support may include ACS facility identification, selection, and operational and logistical support.
 - d. Provide guidance regarding emergency waivers or variances of statutory or regulatory authorities for licensed medical professionals, health care facilities, and/or standards of care.
 - e. Coordinate requests for Emergency Management Assistance Compact (EMAC) and federal assistance for equipment, supplies, and personnel, including Disaster Medical Assistance Teams (DMATs). This may include identification of facilities suitable for DMATs and coordination for wrap-around services.
3. Support sheltering of persons with special needs.
 - a. Special Needs Shelters (SpNS) will be monitored and supported through augmentation of staff, supplies, and equipment.

- Coordinate statewide reporting on SpNS status, census of clients and caregivers, and staffing levels.
 - Facilitate the deployment of SpNS Teams maintained by the Department of Health (DOH).
 - Facilitate the deployment of single resource clinical and non-clinical staff for shelter needs.
 - Conduct contingency planning for SpNS surge, evacuation, and re-location.
 - In coordination with local ESF-8, procure and deploy pharmaceuticals, medical supplies, and equipment for use in shelters when local resources are exhausted.
 - Coordinate the deployment of SpNS Discharge Planning Teams maintained by the DOEA.
 - If catastrophic circumstances warrant, coordinate with state and federal authorities to implement and staff state managed shelters.
 - Assist local jurisdictions in coordinating transportation for SpNS clients to needed locations such as shelters or long-term care facilities.
 - Assist local jurisdictions with investigation and medical management of reported disease outbreaks in shelters.
 - Support safe SpNS operations through rapid assessments of environmental public health conditions.
- b. State ESF-8 may support, as requested, the augmentation of medical personnel, supplies and equipment to meet the health and medical needs of individuals in general population shelters when local resources are exhausted.
4. Monitor and coordinate resources to support care and movement of persons with special needs in impacted counties.
- a. Individuals will be supported in their communities by reconstituting needed critical support services and reducing the need to move large groups of individuals out of the area. ESF-8 will support impacted jurisdictions with medical staff, equipment, supplies, pharmaceuticals, and temporary medical facilities to maintain continuity of patient care. This includes providing recommendations for critical resources including those in limited supply, as outlined in the ESF-8 SOP.
- b. Evacuation increases the health risks to patients; therefore, patients will only be evacuated when their risk of adverse health outcomes (by staying in place) is greater than the risk involved in being moved. Evacuated patients will be kept as close to their point of origin as possible.
- c. Patients will be evacuated to appropriate facilities based on capability/capacity, the patients' acuity, and required medical treatment/interventions. State ESF-8 will monitor statewide hospital bed census/availability and is prepared to support the local jurisdiction by facilitating patient movement coordination and placement.
- d. Transportation methods for patients will be selected based on individual patient acuity, level of monitoring required during transport, and distance to be traveled to mitigate the risk of adverse health outcomes.

- e. Patients evacuated as a part of state missions will be tracked throughout the patient movement process from their point of origin to their final destination, including return home as required. State ESF-8 is prepared to facilitate the return transport of patients to their originating medical facility, a step-down facility, or their residence.
 - f. Patient care, movement, and stabilization support is not limited to the impacted community, and may include the extended community, and any host communities.
 - g. If necessary, coordinate requests under EMAC and federal assistance for equipment, supplies, and personnel including:
 - Federal Emergency Management Agency (FEMA) Region IV States Unified Planning Coalition patient movement support (State Medical Response Teams, ambulance buses, ground and air ambulances, available bed space, and staff augmentation).
 - DMATs, including wrap-around services.
 - National Disaster Medical System (NDMS) support for patient movement and/or definitive care.
 - FEMA National Ambulance Contract.
 - U.S. Department of Health and Human Services (HHS) Service Access Teams (SAT) and Joint Patient Assessment and Tracking (JPATS) Strike Teams.
 - Department of Defense (DOD) Disaster Aeromedical Staging Facility (DASF).
5. Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions.
- a. Disease control functions will be implemented to protect residents and visitors, thereby reducing disease morbidity and mortality, and limiting economic and social disruption. These functions will include coordinated surveillance, outbreak investigations, epidemiological analysis, and appropriate laboratory testing.
 - Analyze, detect, assess, or predict potential or known threats and impacts to human health.
 - Provide continuous monitoring and analysis of sentinel systems for epidemics.
 - Detect and identify agents responsible for food and waterborne disease and emerging infectious disease outbreaks.
 - Provide emergency public health laboratory services to county health departments (CHD) and other official agencies, physicians, hospitals, and private laboratories.
 - Analyze incidence, prevalence, or other frequencies of illness occurring in state or regional populations to guide public health or responder actions.
 - Maintain and assess a uniform system for notification of reportable diseases or threats.
 - Sustain, monitor, and assess bioterrorism early event detection systems (e.g., syndromic surveillance and disease registries).
 - Detect and identify a range of threat organisms and toxins that could be used as biological weapons.

- Train sentinel laboratory staff from hospitals and commercial laboratories in the techniques to perform rule-out testing for potential bioterrorism agents and to properly package and safely ship referred specimens to the Laboratory Response Network (LRN) reference laboratory.
 - Identify chemical metabolites in clinical specimens in case of terrorist attack.
 - Organize and coordinate monitoring and surveillance activities for state health care monitoring systems, which include mortality, hospital discharge, and emergency department data.
 - Ensure appropriate mitigation, prophylaxis, and treatment of at-risk populations for diseases of public health significance.
 - Provide standard operations and response guidance for investigations, interventions, or communications of public health incidents and biological disasters.
 - Coordinate with Federal Laboratories to identify drug resistant organisms as needed.
 - Coordinate with other state agencies to ensure appropriate response, investigation, and mitigation of public health incidents.
- b. Medical countermeasures and non-medical interventions will be implemented to stop or slow the spread of communicable diseases.
- Support pharmaceutical services provided by CHDs, and public and private partners including pharmaceutical repackaging, dispensing and the purchase and distribution of medication and other pharmaceuticals.
 - Provide supplies for clinical provisions and pharmaceutical needs.
 - Recover or direct the disposal of unused pharmaceuticals.
 - Maintain, monitor, and allocate state pharmaceutical caches to applicable entities for prophylaxis or treatment.
 - Coordinate statewide policy decisions on the distribution of pharmaceuticals and medication by region to priority groups as designated by federal or state subject matter experts.
 - Monitor medication coverage when such pharmaceuticals are available.
 - Oversee distribution and return of medication pursuant to federal or state guidance.
 - Maintain appropriate distribution data that may be needed for patient tracking and other studies or reports.
 - Request, receive, and distribute the external resources from the Administration for Strategic Preparedness and Response's (ASPR's) Strategic National Stockpile (SNS), when an incident requiring distribution of pharmaceuticals and/or medical supplies exceeds local and state resources, regardless of the precipitating cause. Coordinate statewide policy decisions regarding the implementation of non-pharmaceutical interventions (NPIs) during an incident.

- Through the authority of the State Health Officer, issue isolation and quarantine recommendations, as outlined by section 381.00315 F.S.
 - Provide statewide guidance for implementing and enforcing isolation (i.e., restriction of movement of ill persons) and quarantine (i.e., restriction, testing, treatment, destruction of infected or contaminated animals, medication, closure of premises and disinfection).
 - Provide statewide guidance on restriction of movement and provision of travel advisories/warnings.
 - Provide statewide recommendations for external decontamination procedures.
 - Provide coordinated statewide information to the public regarding NPIs.
6. Support monitoring, investigating, and controlling potential or known threats to public health from environmental sources. See sections 381.01 F.S., 386.02 F.S., 386.03 F.S., 386.041 F.S., and 386.051 F.S.
- a. Ensure safe drinking water.
 - Monitor and publish the status of public water systems and boil water notices.
 - Support local water sampling.
 - Provide technical assistance and subject matter expertise to local, state, and federal response partners.
 - Monitor state laboratory capacity to accept and analyze water samples and provide guidance as requested.
 - Support the implementation of surge plans and facilitate resource requests to ensure continued access to safe drinking water.
 - b. Prevent foodborne illness.
 - Review and monitor surveillance data.
 - Coordinate with regulatory agencies and provide guidance on food and environmental sample collection and lab submission.
 - Provide technical guidance to support local assessments that identify food safety risks in the environment and food supply.
 - Assist in reporting and disseminating information on suspected or confirmed food and waterborne illness.
 - c. Prevent public health impacts from animals and vectors.
 - Provide guidance on safety and response measures related to wild or displaced animals, vectors, and standing water management.
 - Support coordination between local and regional vector control agencies.
 - Collaborate with state and local-level Epidemiology to monitor surveillance data for vector-borne disease risks and share findings with governments and stakeholders.
 - Participate in analysis and decision-making at the local, state, and federal levels regarding emergency pesticide applications for vector control.

- d. Prevent exposure to sanitary nuisances by ensuring access to basic sanitation services.
 - Provide technical assistance to local jurisdictions investigating sanitary nuisance complaints.
 - Support the assessment and coordination of essential sanitation services.
- e. Prevent, identify, and mitigate impacts of environmental hazard exposures.
 - Provide technical guidance for investigating chemical hazards and environmental toxin exposures, including potential public health risks.
 - Coordinate with response partners to ensure proper mitigation, cleanup, and disposal of environmental hazards.
 - Collaborate with state and local Epidemiology to guide healthcare providers on diagnosis, treatment, and reporting of environmentally linked illnesses.
 - Support local partners in the response to biomedical waste incidents, including ensuring proper labeling, handling, storage, and cleanup of potentially infectious materials.
 - Provide technical information on safe handling practices to prevent unnecessary or accidental hazard exposure.
- f. Respond to all radiological/nuclear incidents and emergencies by controlling exposure and assessing health hazards including unexpected radiation releases from nuclear power plants, transportation accidents, weapons of mass destruction, lost or stolen radioactive material, and contamination of a facility or the environment. A radiological/nuclear incident will require an immediate coordinated response by local, state, and federal response entities including the Department of Energy, Nuclear Regulatory Commission (NRC), Environmental Protection Agency (EPA), Department of Homeland Security (DHS), and ESFs 8, 6 (Mass Care), 10 (Hazardous Materials), 17 (Animal and Agriculture).
 - Provide technical consultation and support to the SERT.
 - Provide situational assessment and analysis.
 - Recommend protective actions (e.g., evacuation, shelter-in-place, etc.).
 - Determine levels of radiation released, health hazards, and the need for decontamination.
 - Recommend actions to protect the public from the ingestion of radioactive contaminated food or water (e.g., embargo and/or disposal of contaminated food or animals, shut down of surface water intakes for public water supply systems, curtailment of hunting or fishing, etc.).
 - Conduct field assessment and monitoring.
 - Conduct monitoring activities and coordinate with county emergency management agencies to obtain additional dosimetry equipment for emergency responders.
 - Collect and test environmental samples (e.g., air, water, soil, and food) and provide laboratory analysis. The collected samples will be analyzed at the Health Physics Laboratory in Orlando and/or the Mobile Emergency Radiological Lab (MERL).

- Provide to CHDs relevant treatment advice and guidance for physicians at medical facilities or community reception centers for testing and medical treatment of individuals exposed to radiation or contaminated with radioactive material.
 - Assist in coordinating the availability of national and private capabilities for clinical specimen testing.
 - Provide instructions for specimen collection, packaging, and shipment.
 - Provide recommendations for the distribution of radiological countermeasures, including potassium iodide.
 - Assist in the processing of contaminated response personnel by providing technical assistance, experienced staff, and equipment (monitors).
 - Support local population monitoring (contamination screening), decontamination activities, and long-term monitoring (establishment of an exposure registry) of the health of the affected population by providing guidance and augmenting staff, supplies, equipment, and pharmaceuticals.
 - Support efforts to collect and store contaminated tools, clothing, equipment, and other material that cannot be decontaminated for later disposition by providing guidance and coordinating the availability of national and private capabilities for disposal.
 - Provide guidance for the safe and appropriate handling of deceased victims who may be contaminated with radioactive material.
- g. When appropriate, environmental response actions will be coordinated with local, state, and federal response partners and in concert with existing agency plans.
 - h. Coordinate with ESFs 10, 11, and 17 to provide guidance on food, water, and animal issues.
7. Develop, disseminate, and coordinate accurate and timely public health and medical information.
 - a. Provide staff and resources to support the state's emergency and risk communications response. Public information released by ESF-8 will be done in coordination with ESF-14 and established joint information systems.
 - b. Gather, validate, and analyze incident specific public health and medical information.
 - c. Provide effective public health messaging tools and resources for emergency response.
 - d. Communication to internal and external stakeholders will be prioritized to minimize adverse health impacts and to maintain the public's confidence in the public health and medical system.
 - e. Essential communication will be provided for each target audience through various mediums (i.e., email, news release, inter/intranet, social media, hotlines, etc.).
 - Provide government officials and policy makers immediate notification of significant incident changes, regular situational updates that go beyond news reports, and advance notice of sensitive public health information.

- Provide health care providers/facilities clear and current testing and treatment protocols, reporting requirements, protective measures for staff and clients, and a method for seeking additional professional medical management information.
 - Provide DOH personnel regular situation updates, reporting requirements, and guidance for communications with local stakeholders and continuity of operations activities.
 - Provide emergency response partners regular situational briefings, including public information and rumors, responder safety and health recommendations, occupation specific information, and recommendations related to the hazard.
 - Provide media organizations regular incident briefings, news releases, and contact information. Provide public (including vulnerable population groups) timely, accurate protective action recommendations, situational updates, and a method to obtain additional information.
 - Provide additional community partners (including, but not limited to: private industry, small business owners, ESF-15, ESF-18, non-governmental organizations, etc.) regular incident briefings and information related to the effective management of their businesses/organizations and ground-truth rumors that may impact them.
8. Monitor the need for, and coordinate resources to, support fatality management services.
- a. State fatality management resources will augment the district medical examiner capabilities by providing additional staff, equipment, and morgue capacity to address surge.
- Assist in initial scene evaluation, recovery of human remains, collection of missing person information, victim identification, records management, and disposition of human remains.
 - Establish supplemental or temporary morgues with ancillary equipment and staffing of various forensic teams within the morgue (i.e., pathology, personal effects, evidence collection, radiology, finger- print, odontology, anthropology, DNA collection, and embalming).
 - Provide guidance regarding special processing complications such as protection from chemical exposure of responders and decontamination of recovered remains prior to transportation to a temporary morgue site.
 - Assist district medical examiners in determining fatality management needs of an incident through an assessment.
 - Establish or assist with victim information center operations at a site removed from both the disaster site and the morgue.
 - Establish or assist with records management and computer networking for managing data generated about missing persons and remains processed.
9. Monitor need for and coordinate resources to support disaster behavioral health services.
- a. Coordinate disaster behavioral health services to mitigate the adverse effects of disaster-related psychological trauma for survivors and responders.

- Analyze situational awareness information to identify and forecast behavioral health impacts on the community utilizing established indicators.
- Coordinate a network of behavioral health experts to advise on the behavioral health aspects of incident response.
- Assist in the development of contingency plans to address potential behavioral health impacts in the counties.
- At the request of local jurisdictions, conduct assessments in impacted communities to identify behavioral health needs for the public and responders.
- Based on assessments, assist local communities in developing plans to address local behavioral health needs for the public and responders.
- Augment local behavioral health capabilities by deploying behavioral health providers to the communities to provide targeted services for the public and responders.
- Transition short-term behavioral health response to the Department of Children and Families for long-term mental health services as needed during the recovery phase.
- Provide guidance to community partners regarding referral to assure mental health patients maintain the appropriate continuum of care.
- Provide public information regarding psychological first aid that is culturally appropriate and accessible to the whole community.

10. Support responder safety and health needs.

- a. Provide tactical support to personnel that deploy under ESF-8.
 - Provide incident specific responder safety and health guidance and protective measures (personal protective equipment, countermeasures, etc.).
 - Monitor the health and wellness of ESF-8 responders during deployments, including subsequent follow-up as required.
 - Ensure a process is in place for public health and medical responders to receive medical care should an injury occur in the field.
- b. Support the SERT by providing incident-based health and safety information/considerations for dissemination to other responding entities.
 - Provide recommendations for safety messaging, personal protective equipment, and medical countermeasures to SERT responder safety personnel based on the incident.
 - Advise the SERT on the public health and medical implications of response strategies.
 - Serve as technical specialists for specific questions during an incident.

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

- a. Establish and operate a state-level incident management structure to execute the public health and medical functions of the state response including developing, verifying, and maintaining statewide situational awareness and resource management.
 - Integrate public health and medical subject matter experts into response efforts as technical specialists.

- Establish and operate a Medical Advisory Group to provide recommendations on response actions with significant public health and/or health care implications.
- Medical Advisory Group will review all assets deemed critical by the State Incident Management Team to provide recommendations for distribution, utilization, and allocation.
- b. Declare statewide Public Health Emergencies and issue Emergency Orders as necessitated by an incident.
- c. Through the authority of the State Health Officer, declare Public Health Emergencies to ensure legal capability to implement or enforce response actions.
- d. Facilitate resolution of policy or legal aspects of response (e.g., waiver of rules, Executive Orders) to meet the needs of the response.
- e. Represent public health and medical interests on the State Assistance Team.
- f. Provide public health and medical logistical resources and support.
- g. Assist the public health and medical system with seeking reimbursement for eligible expenses when appropriate.
 - Seek appropriate funding source for public health and medical incident expenditures.
 - Provide a mechanism (e.g., establishing financial codes) to track and report statewide public health and medical expenditures toward the response.

Preparedness

- Develop integrated plans and procedures among local, state, interstate, and federal partners to carry out the core missions of State ESF-8 during a response.
- Conduct and participate in trainings and exercises to validate, test, and improve plans and procedures.
- Administer public health and medical preparedness funding to build statewide response capabilities.
- Identify, develop, acquire, stage, and train the necessary resources to implement plans and procedures.
- Coordinate with the State Watch Office and the Florida Fusion Center to detect, prevent, and prepare for incidents and events impacting the state.

Response

- Implement plans and procedures to support the local public health and medical system.
- Activate and deploy personnel, supplies, and equipment to support local needs. State ESF-8 has primary and support agencies that maintain the following resources to support incident response and can procure additional resources as necessary for the response:
 - **Epidemiology Strike Teams** – At full capability this team can conduct surveillance and investigation efforts in a defined geographic area. Teams perform activities related to disease surveillance, outbreak investigation, quarantine and isolation, data analysis, and phlebotomy.
 - **Environmental Public Health Strike Teams** – These teams support local response efforts by conducting a wide range of environmental public health activities. Each team includes a supervisory-level position (strike team leader) to coordinate with the local incident management structure. Key support areas include food safety, water safety, onsite sewage treatment and

disposal, indoor air quality, vector control, zoonotic disease surveillance, and critical EPH facility/infrastructure assessments.

- **Special Needs Shelter (SpNS) Teams** – A team that can perform a variety of management, operations, and patient care functions for a special needs shelter. Teams are configured in multiple packages to best meet the needs of the shelter.
- **Behavioral Health Intervention Providers** – Through the Department of Children and Families (DCF) and the Agency for Persons with Disabilities (APD) as appropriate, single resource providers or ad hoc teams skilled in psychological first aid, spiritual care, critical incident stress management, pediatric disaster behavioral health, school crisis intervention and mental health can be deployed. These teams are available for identified behavioral health needs.
- **Fatality Management Teams** – Provide initial scene response and evaluation, processing the scene, temporary morgue operations and administration. These teams perform various roles within the morgue (e.g., pathologist, anthropologist, odontologist, radiologist, fingerprint specialist, DNA analyst, funeral director, and others), victim identification, disposition of human remains (i.e., embalming/casketing), personal effects and evidence collection.
- **Medical Assistance Teams** – Clinical personnel capable of providing patient care in a variety of settings including hospital augmentation, field based medical care, patient transportation support and patient triage. Teams are configured in multiple packaged to best meet the needs of the mission.
- **Ambulance Strike Teams (ASTs)** – Provide emergency medical services (EMS) including patient triage and transport. These teams can be built from the existing ground ambulance units, air ambulances, and trained ambulance strike team leaders across the state. Deployment of ground ambulances is coordinated with ESFs 4/9, the Florida Ambulance Association, and the Florida Association of Critical Care Transport Specialists.
- **Infectious Disease Transportation Network** – Highly trained EMS teams able to transport a single patient with a highly infectious disease by ground to a facility able to provide a higher level of more specialized care (i.e. regional treatment center) or to an airfield for air transport. Teams are mobilized through the Florida Fire Chiefs' Association in coordination with the DOH.
- **Radiological Emergency Response Teams** – Radiation Control inspectors are located in the following geographic areas: Jacksonville, Tampa, Orlando, Miami, Ft. Lauderdale, Lantana, Pensacola, Ft. Myers, and Tallahassee. Polk County also has a radiation control program. Each inspector has an emergency kit that contains equipment appropriate to manage a radiological response.
- **Multi-agency SpNS Discharge Planning Team** – Representatives of multiple agencies called upon to assist local areas that are severely impacted by a disaster that require the use of SpNS. Teams shall provide assistance to local emergency management agencies with the continued operation or closure of shelters, as well as with the discharge of SpNS clients back to their pre-disaster place of residence if safe or to alternate facilities if necessary.
- **County augmentation teams for ESF-8 and CHDs** – Personnel experienced in senior level operations of a CHD or local ESF-8 function to replace or augment staff in the impacted county for relief during the incident response.

- **Receive, Stage, and Store (RSS) Management Team** – Logistical personnel assigned to receive custody of Strategic National Stockpile assets. The RSS receives, stages, stores, and distributes pharmaceuticals, medical supplies, and equipment to the affected area.
- **Western Shelter Gatekeeper** – Mobile, 50-bed units that can be used as shelters, alternate medical treatment sites, or triage centers.
- **Chempack chemical antidote caches** – 108 chemical nerve agent antidote containers prepositioned (forward placed) in 66 designated locations to include hospitals, EMS stations, and warehouse facilities.
- **Medical Supplies and Equipment Caches** – A broad range of medical supplies and equipment including pharmaceuticals, ventilators, and medical supplies strategically placed across the state.

Recovery

- Support local communities with the restoration of public health and medical infrastructure and assure the continuum of care.
- Support local Environmental Public Health, Epidemiology, and SpNS missions through the deployment of additional resources and responders.
- Conduct follow-up health care facility assessments as needed based on initial or subsequent findings.
- Continue to develop, disseminate, and coordinate accurate and timely public health and medical information.
- Support long term monitoring of the health status of populations and responders.
- Support efforts to re-establish primary care systems in local communities and assure medical providers are operating in environments in which they can legally bill for services.
- Seek financial reimbursement from appropriate reimbursing party.
- Support health and medical components of essential service centers or recovery centers.

Mitigation

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

Finance and Administration

Financial Management

Each agency and organization within State ESF-8 is responsible for costs associated with preparedness, response, recovery, and mitigation activities and must individually seek reimbursement following activations. Expenses for personnel and materials must be documented in the SERT's mission management software, WebEOC, as part of an approved mission assignment.

Agencies and organizations are responsible for individual costs associated with missions assigned to their agency (e.g., deployments of personnel).

All State ESF-8 agencies and associations should maintain financial records according to agency plans, including information regarding:

Salaries

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

Travel

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

Equipment and Supplies

Provide a detailed description of the equipment and supplies used in an incident response. Provide details as to the type of equipment and supplies used, where the equipment and supplies were used, number of hours each piece of equipment has been used, the number of hours per day each piece of equipment was used, and the type of work performed.

Authorities and References

- Chapter 252, F.S., Emergency Management
- Chapter 381, F.S., Public Health
- Chapter 386, F.S., Sanitary Nuisances
- Chapter 393, F.S., Developmental Disabilities
- Chapter 394, F.S., Mental Health
- Chapter 395, F.S., Hospital Licensing and Regulation
- Chapter 401, F.S., Medical Telecommunications and Transportation
- Chapter 406, F.S., Medical Examiners
- Chapter 408, F.S., Health Care Administration
- Chapter 943, F.S., Department of Law Enforcement