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**THE STATE OF FLORIDA ANNEX FOR A
PANDEMIC OR WIDESPREAD DISEASE
OCCURRENCE**

To The State of Florida Comprehensive Emergency Management Plan

THE STATE OF FLORIDA ANNEX FOR A PANDEMIC OR WIDESPREAD DISEASE OCCURRENCE

(To The State Comprehensive Emergency Management Plan)

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Executive Summary

This document defines a statewide program for the State of Florida to prepare for, respond to, and recover from a pandemic or other widespread disease occurrence. It is a hazard specific annex to the Florida Comprehensive Emergency Management Plan (CEMP). This Annex governs the operational concepts, policies and plans to achieve these objectives. The procedures and actions defined in this Annex may be executed following the issuance of an executive order by the Governor in the event of a declared pandemic, but they are scalable to disease outbreak occurrences that do not rise to this level. The provisions of this annex can be scaled and adapted as a model for Florida County pandemic and response operations.

Specific actions that may be implemented to minimize morbidity and mortality during a pandemic are found in Appendix 2. These may be scaled as applicable to other widespread disease occurrences.

General roles and responsibilities of Florida's State Emergency Operations Center (SEOC) among 18 Emergency Support Functions (ESFs) are found in the CEMP. Chapter 4 of this annex lists additional roles and responsibilities that may be specific to a pandemic occurrence. Triggers for response to a pandemic are based on World Health Organization (WHO) Phases, US Federal Government Response Stages, and specific actions that may be directed by the Governor in consultation with the Florida Surgeon General.

Each state agency must develop Continuity of Operation (COOP) and Continuity of Government (COG) Plans that include response to a pandemic, staff training regarding plan content, and exercise the plans to assure the provisioning of essential services to Florida citizens. State agencies are also responsible for sustainment and support of critical infrastructure and key resources as defined in Chapter 3, Section XI.

References and Authorities

AUTHORITIES

Section 120.54, F.S.

State Agencies: Allows state agencies to adopt temporary emergency rules when immediate danger threatens public health, safety, or welfare without going through the normal rule making process.

Chapter 252, F.S.

Emergency Management Act. Section 381.003, F.S.

Governor/ Division of Emergency Management (DEM):

- Allows Governor to declare a state of emergency and initiate an Executive Order to temporarily expand authority or suspend existing requirements.
- Gives Governor and Division direction and control of emergency management.
- Allows Governor and Division to delegate authority to implement critical functions to protect the peace, health, safety, and property of the people of Florida.

Chapter 381, F.S. Section 381.0011, F.S.

Department of Health – Communicable Disease and Quarantine: Authorizes the Department of Health (DOH) to administer and enforce laws and rules relating to control of communicable disease.

- Authorizes the Department to declare, enforce, modify, and abolish quarantine of persons, animals, and premises.
- Authorizes the Department to specify the conditions and procedures for imposing and releasing a quarantine order.

Section 381.0012, F.S.

Department of Health – Enforcement Authority

- Authorizes the Department to maintain necessary legal action; request warrants for law enforcement assistance; and directs state and county attorney, law enforcement and city and county officials upon request to assist the Department to enforce the state health laws and rules adopted under Chapter 381, F.S.

Section 381.00315, F.S.

Department of Health – Public Health Emergencies and Advisories

- Authorizes the State Health Officer to declare public health emergencies and issue public health advisories.

Section 768.28, F.S.

State Agencies – Sovereign Immunity for State Officers and Employees

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

See Appendix 4 for an Assessment of Legal Authorities for the Association of State and Territorial Health Officials Social Distancing Law

REFERENCES

1. Florida Department of Health Emergency Operations Plan, Pandemic Influenza Annex, Version 11.2. This reference contains technical health and medical information for a pandemic response and is attached as Appendix 2 for convenience and as a cross-reference to response operations procedures contained in this Annex.
2. Florida Department of Health Emergency Operations Plan, Isolation and Quarantine Annex, 2004
3. National Strategy for Pandemic Influenza, Homeland Security Council, November 2005
4. Florida Incident Field Operations Guide 2006
5. Pandemic Influenza Preparedness, Response and Recovery: Guide for Critical Infrastructure and Key Resources, Department of Homeland Security, September 19, 2006
6. Florida State Emergency Response Team, Pandemic Influenza Planning Considerations, September 2006.
7. National Infrastructure Advisory Council, Prioritization of Critical Infrastructure for a Pandemic Outbreak in the United States, Working Group Final Report and Recommendations, January 2007
8. Public Health Communication Response Plan, Miami International Airport.
9. Risk Based Border Screening Program CDC Quarantine Station
10. Florida Department of Health Mass Fatality Plan
11. Palliative Care Plan
12. Division of Emergency Management COOP Guidance

Definitions

Antiviral Medication – medications for use in treating viral infections. Antivirals include Zanamivir and Oseltamivir (Common name Tamiflu).

Asynchronous or Asymmetric Disease Spread – the lack of a uniform pattern of new disease cases across a geographic region or during a parallel time period.

Asymptomatic – the period when an infected person may be capable of spreading a disease even though he or she is not experiencing symptoms.

Avian Influenza – influenza virus found in both wild and domestic birds.

Case-Based Containment – restrictions applied to individuals to reduce disease spread.

Community-Based Containment – restrictions placed on communities to reduce disease spread.

Cough Etiquette – infection control procedures that emphasize covering coughs in tissues or sleeves and frequent cleaning of hands.

Critical Infrastructure – systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such system and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.

Epidemiology – the study of disease sources, occurrence, transmission, and prevention.

Essential function – functions that are absolutely necessary to keep an [agency or] business operating during a pandemic, and are critical to survival and recovery.

First Wave – the initial outbreak of contagious disease in the population. This could last 4 to 8 weeks and be followed by 2 to 3 subsequent waves.

Florida Emergency Mortuary Operations Response System (FEMORS) – an organization that responds to and advises on mass fatality incidents using trained personnel from multiple state and local agencies. <http://www.femors.org/>.

Health Alert Network – a nationwide system that communicates vital health information and the infrastructure that supports the dissemination of health information at the state and local levels. <http://www2a.cdc.gov/han/Index.asp>.

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, and encouragement of respiratory hygiene.

Interpandemic Phase – the period when no new virus subtypes are detected in humans; surveillance is used to assess seasonal disease burden. See Table 1.

Isolation – measures taken to segregate ill and contagious persons to prevent disease transmission to others.

Medical Surge – increased need for medical personnel in a catastrophic health event or pandemic.

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

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

Novel Virus – a new strain of virus with limited or no immunity and has potential to create a pandemic.

Occupational Health – a branch of medicine 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 (WHO) Region.

Pandemic Severity Index (PSI) – Centers for Disease Control and Prevention (CDC) case fatality ratio used to categorize the severity of a pandemic. Categories parallel hurricane severity categories 1 through 5.

Personal Protective Equipment (PPE) – items and materials designed to protect personnel from exposure to infectious disease. These items may include: disposable gloves, protective clothing, rubber or polyurethane boots, safety goggles, hand sanitizer, and particulate respirators. See Appendix 1, Enclosure 1 for OSHA workforce risk guidance.

Prophylaxis – measures taken to prevent disease. Primary prophylaxis is preventing the development of disease while secondary prophylaxis refers to a developed disease requiring measures to protect the patient's condition from worsening.

Quarantine – segregation of persons who are currently well but who have been exposed to an infectious disease.

Rapid Response and Containment – immediate measures (e.g., isolation and quarantine, treatment and prophylaxis) that are taken to control and contain disease spread.

Respiratory Protection – procedures and equipment that are used to protect personnel inhaling infectious particles (e.g., wearing respirators.)

Second Wave – a subsequent disease outbreak occurring after the first wave has diminished.

Sheltering in place – procedures that involves individuals isolating themselves within their homes.

Social distancing – steps taken to reduce face-to-face interactions throughout the community.

Strategic National Stockpile (SNS) – large quantities of medicines and medical supplies retained at the federal level for shipment to the local level in response to a public health emergency.

Surveillance – measures and procedures used to monitor and assess the progression of a disease outbreak.

Symptomatic – the stage of infection when a patient begins to show symptoms.

Tamiflu (Oseltamivir) – antiviral drug that is used for treatment and prophylaxis of both Influenza type A and type B. It inhibits new viruses from emerging from infected cells.

Transmission-based Precautions -- infection control procedures that are instituted in a hospital setting to prevent the spread of disease particles through the air usually from sneezing and coughing.

Type A Influenza Virus – the most virulent of the three types of viruses (A, B, and C) known to infect human beings. Type A viruses can cause severe symptoms and death. The most common Type A reservoir is aquatic birds. Other important hosts include most bird species and swine. Type A viruses are occasionally noted in horses, dogs, and aquatic mammals. Virus mutations may adapt it to other mammals as well.

Vaccines – preparations of live, killed, or attenuated (modified) microorganisms that can stimulate an immune response in the body to prevent future infection of a similar type.

Viral Shedding – the release of virus from a host.

Virulence – the inherent ability of an infectious agent to cause illness or disease.

Wave – periods during which community outbreaks occur across a country each lasting two to three months.

Widespread Disease Occurrence – a disease outbreak with sustained human to human transmission in only one WHO Region.

CHAPTER 1 – INTRODUCTION

I. General

This document is one of several hazard specific annexes to the State of Florida CEMP. It defines the State’s integrated program to prepare for, respond to, and recover from a pandemic or other widespread disease occurrence. An effective statewide response will require that:

- **Individuals** - actively participate in infection-control measures including hand-washing and guarding coughs and sneezes, staying home when ill, and actively cooperating in community containment instructions.
- **State and Local Governments** - prepare to implement rapid response containment and community containment measures to halt the spread of disease.
- **Private Sector** - develop continuity of operations plans to provide essential services during periods of sustained and significant absenteeism. Businesses should also integrate their planning into their communities' planning

II. Hazard Context



A pandemic is a disease epidemic that is characterized by sustained human to human transmission causing community outbreaks in more than one World Health Organization (WHO) Region.

The sustainment of a pandemic occurs because there is little to no immunity to a novel virus disease.

Figure 1. WHO Regions

WHO monitors potential pandemic diseases worldwide. WHO Pandemic Alert Phases 1-3 are defined as pre-pandemic phases characterized by monitoring and situation awareness. WHO Phase 4 *may* signal the beginning of a pandemic and is an important early indicator.

Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

Table 1. WHO Pandemic Alert Phases

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal re-assortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event is urged to consult with WHO to jointly assess the situation to implement a rapid pandemic containment operation if warranted. Phase 4 indicates a significant increase in risk of a pandemic but it does not necessarily mean that a pandemic is a forgone conclusion.

WHO Phase 5 is a strong indication that a pandemic may be imminent.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

WHO Phase 6 characterization defines a pandemic:

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way

A pandemic-occurrence will present a unique emergency with potential for a community, state, and national catastrophic disaster. It may evolve from avian or swine influenza with ESF17 in the lead role in containing the spread of the disease among wild birds, domestic poultry or swine with ESF 8 public health implications. It may erupt suddenly by a shift in influenza or other virus which makes transmission of the disease among humans swift and sustainable. In any case, unless it can be rapidly contained, an effective and comprehensive response to a pandemic will require unprecedented coordination and collaboration between a wide range of government and nongovernmental agencies.

A future pandemic in humans is considered a certainty by many in the scientific community. Influenza viruses caused three pandemics in the 20th century and a novel Type A influenza virus is the most likely source for another pandemic. There are other diseases, however, that could be the source of a pandemic. The procedures outlined in this Annex are applicable to a pandemic occurrence regardless of the source.

There may be widespread disease occurrences with low morbidity or mortality in other geographic regions that do not meet the WHO definition of a pandemic yet could be moderate to severe in Florida and surrounding states. The mortality rate for a pandemic virus may also be too low to trigger recommendations based on algorithms for high numbers of deaths.

This Annex is adaptable for responding to less than pandemic events that could still be and require at least partial SERT activation. Not all actions or provisions stated in this Annex may apply to disease occurrences that do not meet a pandemic definition. The science and epidemiology describing the unfolding disease occurrence will determine the priority and level of response action.

III. Purpose and Scope

The objectives of this annex during the course of a pandemic or other widespread disease occurrences are to (1) ensure Continuity of Operations for State Agencies and Continuity of State Government (2) protect Florida citizens by reducing disease morbidity and mortality and limiting economic and social disruption, and (3) maintain critical infrastructure and key resources during a pandemic.

IV. Planning Assumptions

In accordance with Department of Health and Human Services (DHHS) guidance, Florida is planning for a severe pandemic similar to the 1918 occurrence, as compared to moderate pandemics that occurred in 1957 and 1968. These severe pandemic planning assumptions may not apply either in intensity or relevance in a widespread disease occurrence.

- Susceptibility to a pandemic virus will be universal.
- Efficient and sustained person-to-person transmission is an indicator of an imminent pandemic.
- Risk groups for severe and fatal infection cannot be predicted with certainty. Illness rates are traditionally highest among school aged children (about 40%) and decline with age.
- Initially, on average, infected people will transmit infection to approximately 1.5 to 2 other people. This is known as the reproductive value.
- Among working adults, an average of 20% will become ill during a community outbreak.
- In a pandemic, 35% of the general population will become ill; of those who become ill, 75% will seek outpatient medical care. This equates to 25% of the total population.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus and availability of effective treatment. Estimates differ about ten-fold between more and less severe scenarios. This Annex is predicated on a severe pandemic scenario with a 10% hospitalization rate and a 2% case fatality rate.
- Some people will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- will shed the virus and can transmit infection for up to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Those with full-blown symptoms will be most infectious.
- Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted. In an affected community, a pandemic wave will last about six to eight weeks.
- The standard language in the draft Governor's Executive Order, stated in Appendix 4, provides significant authority to state agencies to take extraordinary measures to respond to a pandemic. Also see Appendix 4 for further discussion of legal aspects of executive orders.
- During a pandemic there will be a need to articulate the specific actions/authorities/regulatory/policy or legal issues pursuant to the authority provided under the Executive Order. The articulation of these issues should be inclusive of a thorough analysis of primary and alternative recommendations. For additional planning assumptions see Appendix 2.

CHAPTER 2 – THE RESPONSE ORGANIZATION

I. General

This chapter describes the operational concepts and organization to be used in the management of a response to a pandemic impacting the State of Florida. Traditional support systems may remain intact during a widespread disease occurrence, but because of the widespread nature of pandemic, traditional roles such as Federal Agency support, Emergency Mutual Aid Compacts (EMAC) among states and local mutual aid agreements may not be available. Non-traditional partners and new support roles may be required.

II. Local Response

Case definition for disease agents in a pandemic or widespread disease occurrence Individual disease cases will begin to be observed in the inter-pandemic phase through the pandemic phase although a pandemic may not be the final declaration (See Tables 2 and 3.). Individual or small cluster case-based containment interventions will be implemented at the local level during the course of the pandemic or widespread disease occurrence for as long as feasible. When case-based containment is overwhelmed or becomes ineffective due to the rapid and sustained disease transmission community-based control and mitigation interventions will be implemented. When vaccine becomes available, vaccination strategies will be implemented at the local level.

Consistent with local plans and procedures and the characteristics of the event, the responding jurisdiction's emergency operations center will be activated. Through the local emergency operations center, additional local resources and capabilities can be made available to the Unified Command by activation of the jurisdictions emergency management plan, as well as specialized procedures for disease control and other related plans. Guidelines for these procedures are found in Reference 4.

Florida counties bordering Alabama and Georgia counties should also coordinate the development of pandemic response plans with their counterparts. These plans should leverage the capacity for mutual aid, reduce redundant work that wastes scarce human resources and time as the threat advances, and ensure consistent public messaging and communications.

III. State and Regional Response

Based on this annex and the characteristics of the event, the SEOC will be activated to a level consistent with supporting local response and coordinating the federal response within Florida. During the active pandemic phase in Florida the SEOC is expected to be activated to levels appropriate to meet the needs of the infrastructure and community. As activation levels are elevated, the State Emergency Response Team (SERT) will be responsible for coordination of multiple local responses and application of state assets to support the local response. State resources mobilized through these actions would be then available to the local Unified Command.

Depending on the event and complexity of the response, the SERT may activate Incident Management Teams, Multi-agency Coordination Centers (MACC) and/or forward State

Emergency Response Teams to more effectively use limited staff and allocated scarce resources to the local response system.

By its very nature, a pandemic will impact not just Florida but all states. The Florida SERT will coordinate plans, policies, and procedures that will be used to respond during a pandemic with their counterparts Alabama and Georgia. The State of Florida also participates in regional planning with other states in FEMA Region IV.

IV. Federal Response

Federal agencies will support state response efforts by:

- Monitoring and reporting of state disease surveillance
- Providing available resources to assist with community containment
- Prioritizing allocation of antiviral medications and vaccine.
- Distributing the countermeasures in accordance with the Strategic National Stockpile plan (SNS).
- Establishing relationships with State ESF counterparts

CHAPTER 3 – CONCEPT OF OPERATIONS

I. General

This chapter describes key actions that will be used to alter the course of a pandemic and reduce its impact on the State of Florida. WHO is responsible for global disease surveillance, for the purpose of this Annex, viruses that could lead to a pandemic. WHO has designated six pandemic alert phases based on disease progression and capacity for human transmission. (See Table 1.)

The US Government (USG) has established six response stages that begin in WHO Phase 3. The Centers for Disease Control and Prevention (CDC) have established pandemic intervals that correspond to the epidemiology progression of a disease. Table 2 relates WHO Phases, US Government Stages, and CDC Pandemic Intervals.

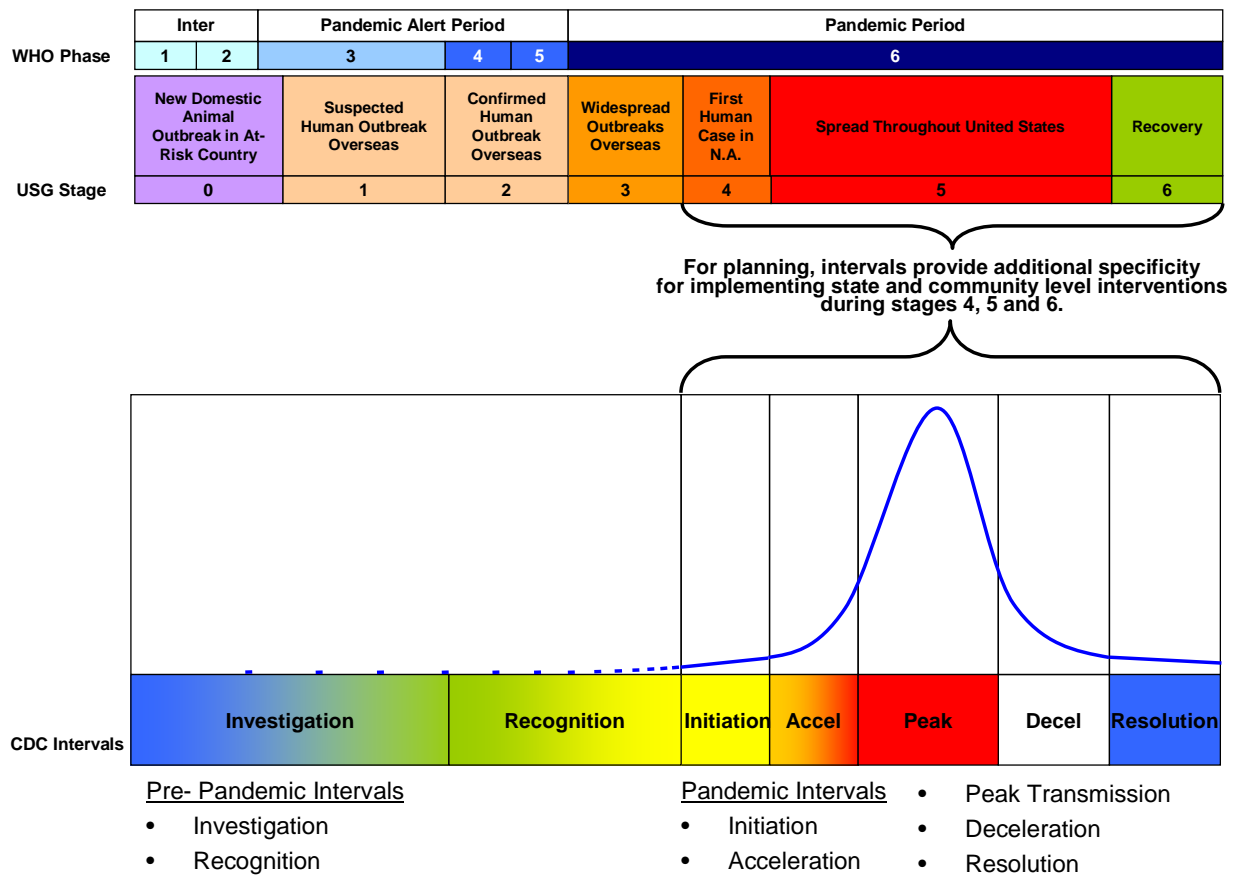


Table 2. Comparison WHO Pan Flu Phases, USG Stages, and CDC pandemic intervals

The USG may choose to not implement pandemic stages during a widespread disease occurrence that is not a defined by WHO as a pandemic.

II. Alert

The Emergency Management System will be alerted to detections of novel virus identified through animal and human surveillance systems. This will occur during WHO Phases 1, 2, and 3. The incidence of human cases overseas may be the trigger event for USG Stage 1. This is the Pre-pandemic Interval for Investigation and Recognition. The Department of Agriculture and Consumer Services (DACS), the Florida Fish and Wildlife Conservation Commission (FWCC) and the Florida Department of Health (DOH) are responsible for domestic bird and swine, wild bird, and human disease surveillance, respectively. Each agency is responsible to alert the State Warning Point of any validated aberration of the surveillance systems.

III. Notification

Notification of a pandemic phase change will be received through national and international channels. When a phase change notification is received, CDC will notify all state departments of health through the use of the Health Alert Network (HAN). The Department of Health will notify stakeholders through established notification venues including the Epidemiology Communication (EpiCom) system, Florida Department of Health Emergency Notification System (FDENS) and the State Warning Point. For more information on notification procedures for a suspected or confirmed novel virus, see Appendix 2.

IV. State Emergency Operations Center Activation

Increases in levels of SEOC activation will be considered based upon one or more of these triggers (See also Table 2 below): Increases in SEOC activation levels are not automatic.

Level 3: Monitoring

Risk of human disease from a novel and potentially pandemic virus in Florida is low -- WHO Phases 3 and 4, USG Government Stages 0-2, and Pre-pandemic Interval for Investigation and Recognition:

- A novel transmissible virus has been detected in wild birds, poultry, or swine outside the US
- No or limited human-to-human transmission
- Positive test for a novel transmissible virus in wild birds, poultry, or swine in Western Hemisphere or Hawaii
- Positive test for a novel transmissible virus in wild birds, poultry, or swine in continental United States but outside Florida or an adjacent state.

Level 2: Partial Activation -- Response Phase -- WHO Phase 5, USG Stages 2 and 3, and Pandemic Interval – Initiation

Risk of human disease from a potential pandemic virus in Florida has increased:

- Sustained human-to-human transmission of a novel virus outside the US
- Positive test for a novel transmissible virus in wild birds, poultry, or swine in Florida or an adjacent state

Level 1: Full Activation -- Response Phase -- WHO Phase 6, USG Stages 4-6, pandemic interval acceleration through peak transmission through deceleration.

Risk of human disease from a pandemic virus in Florida remains high:

- Widespread and sustained wild bird, poultry or swine novel virus cases in Florida
- Efficient and sustained human-to-human virus transmission in the US
- Diagnosed human case(s) of sustained human-to-human virus transmission virus in Florida or adjacent states

Level 3: Monitoring – Recovery Phase WHO Level 6, US Government Stage 6, and Pandemic Interval Resolution:

Risk of human disease from novel virus in Florida is low:

- Levels of new virus cases returning to normal
- Staff levels and absenteeism are returning to normal
- Infrastructure and services are being restored across Florida

Relationships of preparedness, response and recovery operations to potential SEOC activation levels, WHO Pandemic Phases, USG Stages, and CDC Pandemic Intervals are shown in Table 3 below:

Operations	WHO Phases	US Gov't Stages	Pandemic Intervals	SEOC Activation Levels
Preparedness	Pandemic Alert (3, 4)	(0-2)	Investigation Recognition	3
Response	Pandemic Alert (5)	2 and 3	Initiation	2
Response	Pandemic (6)	4-5	Acceleration thru Deceleration	1
Recovery	Pandemic (6)	6	Resolution	3

Table 3 WHO Phases, USG Stages, Pandemic Intervals, and SEOC Activation Levels

For a more detailed explanation of WHO phases and USG Stages relationships to operations see Appendix 2.

V. Deactivation

Deactivation of the State’s response and demobilization of deployed State personnel will be at the direction of the SERT after coordination with the local jurisdictions, and in concert with federal guidelines and direction. 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.

VI. Command and Coordination

Command and coordination will be accomplished in accordance with the Florida CEMP, existing structures, and other requirements.

VII. Communications

During a pandemic, or other widespread disease occurrence, risk communications will be coordinated through ESF 14. A Joint Information System (JIS) will be established. The JIS will be made up of representatives from the Office of Communications from each participating agency. The SERT will activate the Florida Emergency Information Line (FEIL). ESF 8 will be the lead for providing technical health and medical information related to the pandemic.

VIII. Continuity of Operations Plan (COOP)

Each agency shall include pandemic specific considerations in their respective COOP. Agency COOP elements must include at a minimum:

- Enforcement of infection control protocols in the workplace, including options for working offsite while ill, systems to reduce infection transmission, worker education; and encouragement of workers to remain home if ill to prevent disease spread (See Appendices 1 and 3);
- Internal surveillance protocols to monitor the health of workers and business stakeholders and to keep SEOC informed;
- Pandemic specific continuity operations plans to maintain delivery of essential goods and services despite significant and sustained worker absenteeism;
- Monitoring pandemic threat levels for trigger point changes that will affect the agency;
- Coordinating with government and community stakeholder to share planning, preparedness, response and recovery information; and
- Establishing partnerships with other agencies and stakeholders to provide mutual support and maintenance of essential services during a pandemic.

See Appendix 1, COOP/COG for additional planning considerations and requirements.

IX. Reduction of Morbidity and Mortality

A. Disease Control

Effectively reducing morbidity and mortality from a pandemic requires implementation of disease control interventions designed to:

- Prevent those who are ill from infecting others.
- Prevent those infected or exposed from becoming ill,
- Prevent those not infected from becoming infected.

These disease control objectives will be achieved through implementation of epidemiology surveillance, laboratory surveillance and diagnostics, rapid response and containment (RRC) strategies, community-based control and mitigation interventions, distribution of antiviral medication and vaccines, and implementation of infection control and occupational health strategies. Uniform application of control measures is vital. Specific actions required to achieve disease control objectives are found in Appendix 2.

Epidemiology Surveillance

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

- ESF 17 is responsible for supporting the surveillance of disease in wild and domestic birds and swine.
- ESF 8 is responsible for supporting the surveillance of disease in human populations.
- While ESFs 8 and 17 have separate surveillance responsibilities, preparation of SERT SitReps will require coordination of both.
- Specific human disease surveillance objectives across the WHO Phases and USG Stages of the pandemic are outlined in Appendix 2. See Pandemic Protocols.

Laboratory Surveillance and Diagnostics

The purpose of laboratory surveillance and diagnostics are to (1) rapidly detect and identify novel virus strains; (2) monitor circulating virus strain types; (3) monitor respiratory disease etiology across geographic location in the state and (4) provide laboratory guidance to health care providers.

- ESF8 is responsible for supporting human laboratory surveillance and diagnostics during an event.
- ESF 17 is responsible for supporting the laboratory testing required of animal populations to measure disease propagation potential.
- Detailed information is found in Appendix 2. See Laboratory Surveillance and Diagnostics.

Rapid Response and Containment (RRC)

The purpose of RRC measures is to interrupt and prevent local human-to-human transmission of the novel virus agent as part of a larger strategy to attempt to delay a full-scale pandemic.

RRC measures target individual cases or small clusters of cases. Containment measures include: isolation of cases, monitoring and/or quarantine of contacts; delivery of antiviral treatment to cases and contacts.

During the RRC phase, depending on the observed morbidity and mortality of the novel virus, initial isolation and quarantine of individual cases and small clusters of contacts measures may be mandatory. These strategies will be implemented at the local level during the course of the pandemic or other widespread disease occurrence for as long as is feasible until there is evidence of rapid and sustained transmission outside of containment areas. The spread of disease throughout Florida may be asynchronous. Some counties with few cases and may continue to employ RRC while others with many cases are moving toward community containment and mitigation measures.

RCC may begin at a Florida Port of Entry. State and affected county resources will support the Centers of Disease Control and Prevention, Miami Quarantine Station as needed and

requested through the State Watch Office. See Reference 8. Also see Appendix 4 for further discussion of legal aspects of quarantine.

ESF 8 is responsible for recommending RRC strategies. Detailed information is found in Appendix 2. See Rapid Response and Containment.

Community Containment and Mitigation Interventions

When RRC strategies are overwhelmed or ineffective and vaccine is not yet available, community-based interventions will be necessary to reduce the potential for persons who are shedding virus from infecting others and protecting those who may be exposed.

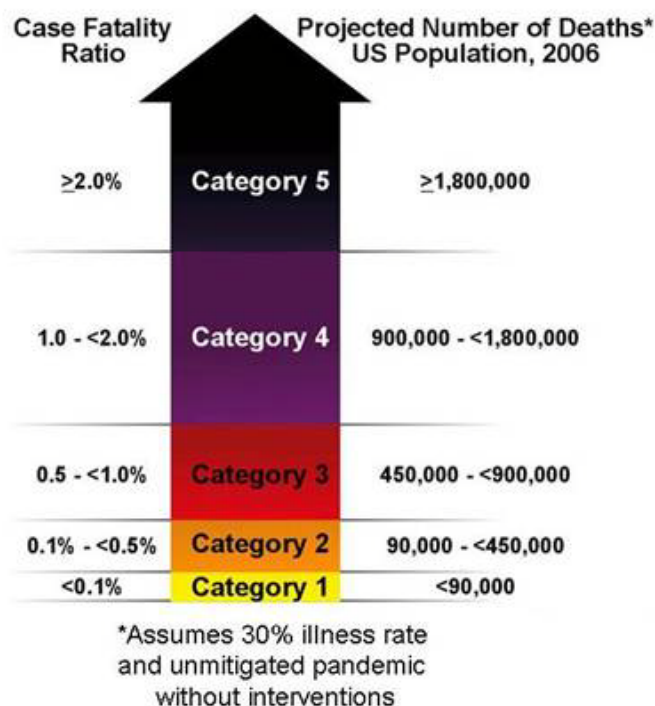


Figure 2. CDC Pandemic Severity Index

Upon WHO declaration of Phase 6, CDC uses the Pandemic Severity Index (PSI) based on a case fatality ratio as the critical driver for categorizing the severity of a pandemic.

The index is designed to estimate the severity of a pandemic on a population level to allow better forecasting of the impact of a pandemic and to enable recommendations to be made on the use of community containment and mitigation interventions.

The categories of pandemic severity parallel the system for assigning the severity of hurricanes for response planning.

Table 4 lists CDC recommendations for community containment and mitigation interventions based on the PSI level being experienced. These recommendations are a useful guide for planning and directing containment and mitigation actions both in a declared pandemic and in other widespread disease occurrences.

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
Voluntary quarantine of household members in homes with ill persons†† (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Table 4. Pandemic Severity Index Recommendations

Community containment actions may include distribution of pharmaceuticals and non-pharmaceutical interventions.

Pharmaceutical interventions include prioritization and delivery of antiviral medications. Distribution of antiviral medications will be limited and targeted.

Non-pharmaceutical interventions include: voluntary isolation of cases, quarantine of contacts, reduction of community-wide interactions (social distancing), and the closing of events, schools, and other facilities. ESF 8 is responsible for recommending and supporting community containment measures and implementation based on PSI guidance and local situation considerations.

Initial implementation of community containment recommendations at PSI 2 and 3 will occur at the local level. Local school superintendents and boards have authority to dismiss students and close schools for limited periods of time. There are many consequences to closing schools. Appendix 5 has a decision support tool to assist local authorities in making this decision.

At PSI 4 and 5, these decisions may be implemented by Governor executive order.

Additional information is found in Appendix 2. See Community-Based Control and Mitigation Interventions. Also see Appendix 4 for further discussion of legal aspects of community containment and mitigation intervention.

Antiviral and Vaccine Use and Distribution

Pharmaceutical interventions are dependent on the timing and availability of antiviral medication and vaccine and their effective distribution. Due to high potential for limited supply of antiviral medication and an anticipated four to six month delay in vaccine production and distribution, Florida will establish priorities for use of pharmaceuticals based on recommendations from DHHS, CDC, and the Advisory Committee on Immunization Practices (ACIP).

The Florida Surgeon General will direct the distribution of pharmaceuticals based on federal agency recommendations within the Florida context taking into account factors unique to Florida, direction from the Governor, the supply of antiviral medications and vaccines, and the epidemiologic situation.

Pharmaceutical distribution procedures, found in Appendix 2, include guidelines for ordering, receiving, staging, storing, distributing, inventory reporting, return, and recovery. Antiviral medications and vaccine received from national sources will be distributed in accordance with state and local Strategic National Stockpile plans. ESFs 16 and 13 support may be needed to secure receiving and distribution sites.

- ESF8 is responsible for supporting the allocation and distribution of pharmaceuticals in accordance with priorities established by the Florida Surgeon General.
- Detailed information is found in Appendix 2. See Vaccine and Antiviral Medication Distribution and Use.

Infection Control and Occupational Safety

The purpose of infection control procedures and occupational safety during a pandemic is: (1) protecting the health of responders; (2) minimize the spread of disease and (3) maintain an effective workforce that can serve the health care needs of the community.

- Infection control and occupational health procedures include: basic hygiene practices and appropriate use of personal protective equipment (PPE).
- Agencies are responsible for procuring PPE for their staff. During the course of a pandemic, there will be a surge in the use of PPE and potentially diminished availability from stockpiles and vendors.
- Agencies are responsible for ensuring that their staff are properly trained in fitting and wearing PPE.
- Detailed information is found in Appendices 1 and 2 and OSHA guidance at: www.osha.gov/Publications/influenza_pandemic.html

B. Medical Surge for Patient Care

During a pandemic, there will be a significant surge in demand on the healthcare system. This will stress community medical support systems. It will be necessary for hospitals to maximize bed capacity by implementing surge plans. Use of alternative medical treatment sites may be required.

DOH has developed materials to educate citizens regarding self care for uncomplicated viral disease symptoms. ESF 14 will have the lead in communicating and encouraging self care and voluntary isolation and quarantine. ESF 8 has the lead for supporting resolution of disaster behavioral health issues.

The increased demand on the health care system can result in significant shortages of needed medical supplies and equipment. Efforts will be made to secure and stockpile these commodities prior to the event. Vendors are being identified to support equipment and supply needs.

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 the pandemic. See Reference 10

D. Management of Fatalities and Unattended Deaths

The Florida Emergency Mortuary Operations Response System (FEMORS) will serve as a subject matter expert to ESF 8 and 16 regarding storage, identification, retrieval and disposition of fatalities.

In a pandemic, management of mass fatalities will require direction and guidance on:

- assigning cause of death for unattended deaths,
- identifying remains of people who die unattended,
- managing disposal of large numbers of remains,
- assuring safety of attendants and setting policy about transport of remains, and
- encouraging COOP planning by funeral directors.

Given the anticipated increase in the number of deaths associated with pandemic, hospitals and health care facilities working with State and local officials and medical examiners will assess current capacity for refrigeration of deceased persons, develop mass fatality plans, identify temporary morgue sites, and determine the scope and volume of supplies needed to handle an increased number of deceased persons. See Reference 9

X. Limitation of Economic and Social Disruption

Fear, social distancing, and spot shortages of goods may cause a sharp and extended reduction in consumer spending and an unprecedented national economic disruption. Shortages of and disruption to basic commodities and municipal infrastructure will cause localized security challenges for communities.

A. Private Sector Business Continuity of Operations

Limiting the economic and social impacts of a pandemic require private sector businesses to prepare for extreme long-term, catastrophic contingencies. Reference 5 provides business planners with guidelines for enhancing existing business continuity plans. ESF 18 has the lead role for providing guidance to the business and industrial communities. See Chapter 4.

B. Transportation of Essential Supplies

Sustaining essential transportation services during a pandemic will be critical to keeping communities functioning and emergency supplies and resources flowing. High rates of absenteeism could affect the delivery of food, equipment, supplies and commodities at all levels of the economy.

ESF 1 has the lead role for tracking and managing transportation resources. See Chapter 4

C. Law Enforcement, Public Safety and Security

During a pandemic, it will be essential to maintain public safety services and public order. Civil disturbance and breakdown in public order are possible throughout the community including at health care facilities, points of dispensing, and at food distribution sites. RRC interventions may require law enforcement agencies to secure isolation and-quarantine facilities which will temporarily divert resources from traditional duties. Law enforcement services may also be limited by staffing shortages. ESF 16 has the lead role for security, public safety and law enforcement. See Chapter 4

XI. Maintenance of Critical Infrastructure and Key Resources

A. Critical Infrastructure and Key Resources

Florida's Critical Infrastructure and Key Resources (CI/KR) consist of assets, systems, networks and functions that are necessary to provide vital services. Protection of CI/KR during a pandemic is essential.

The 17 National CI/KR categories are listed below, identifying the ESF responsible for the identification, risk assessment, prioritization and implementation of protective action programs for the CI/KR functions.

Critical Infrastructure

- Food and Agriculture – ESF 11
- State Monuments and Icons – ESF 3
- Banking and Finance – ESF 18
- Chemical and Hazardous Materials – ESF 10
- Defense and Industrial Base – ESF 13, 16
- Water – ESF 3
- Public Health and Health Care System – ESF 8
- Energy – ESF 12
- Emergency Services – ESFs 4, 9 and 16
- Information Technology – ESFs 5 and 7
- Telecommunications – ESF 2
- Postal and Shipping – ESF 1
- Transportation – ESF 1

Key Resources

CHAPTER 4 – ROLES AND RESPONSIBILITIES

General ESF roles and responsibilities during SEOC activations are found in the CEMP. Because of the widespread nature of a pandemic, non-traditional agencies and unusual ESF response roles may be required. Potential ESF roles and responsibilities in the context of a pandemic are summarized below. Internal planning requirements for ESFs and agencies are found in Appendix 1.

- Continuity of Operations Plans. Integrate pandemic considerations into existing COOP. Develop internal procedures for monitoring affect of absences and need to implement COOP mitigation actions to ensure sufficiency of staff to perform critical actions.
- Preparedness Activities. Participate in pandemic preparedness activities as directed by the Division Emergency Management. Encourage agency staff to learn and practice basic hygiene to reduce disease spread. (See Appendix 1.)
- 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 pandemic considerations into existing agency response plans.
- Personnel Management: Review and implement Department of Emergency Management, Division of Human Resource Management guidelines related to compensation, leave usage, insurance and employee disaster behavioral health assistance. See Appendix 3.
- Key Event Indicators. Identify key event indicators for critical infrastructure and key resources during the pandemic monitoring phase. During response, monitor key event indicators using data to prepare IAP's and evaluate effectiveness of response.
- Infection Control. Develop agency infection control protocols based on guidelines provided by the DOH to mitigate disease transmission and spread. See Appendices 1 and 2.
- Legal Issues and Executive Orders. Be prepared to take actions as dictated in Executive Orders and make specific recommendations on rule variances.
- Quarantine, Sheltering in Place and Social Distancing. Monitor and be prepared to implement DOH direction on isolation, quarantine and social distancing. Also see Appendix 4 for further discussion of legal aspects of quarantine and social distancing interventions.

The SEOC will take the following precautions when there is widespread human transmission of the novel strain of virus:

- Implement enhanced access control procedures and internal infection control procedures as recommended by the Florida Surgeon General.
- Implement internal surveillance protocols to monitor the health of workers;

- Implement COOP to maintain delivery of essential goods and services; and
- Monitor pandemic threat levels for trigger point changes that will affect the SEOC. See Table 1.

Specific ESF roles and responsibilities are outlined in the sections that follow.

Preparedness is accomplished during SEOC Activation Level 3 which equates to WHO Pandemic Levels 3 and 4 and USG Pandemic Stages 0-2.

Response is accomplished during SEOC Activation Levels 2 and 1. See Table 2 for cross-referencing SEOC Activation Levels with WHO Pandemic Phases and USG Pandemic Stages.

Recovery is accomplished during SEOC Activation Level 3, WHO Pandemic Phases 1 and 2 and USG Pandemic Stage 0.

ESF 1 – Transportation

Primary Agency: Department of Transportation

Support Agencies: Florida Wing of the Civil Air Patrol, the Water Management Districts, Department of Management Services, Department of Environmental Protection, Department of Corrections, Florida Department of Law Enforcement, Department of Highway Safety and Motor Vehicles, Department of Military Affairs, Department of Community Affairs, and Division of Emergency Management.

ESF 1 coordinates the resources (human, technical, equipment, facility, materials and supplies) of member agencies to support emergency transportation needs during an emergency/disaster situation.

Preparedness

- Monitor statewide transportation system status.
- Monitor delivery methods ability to function.
- Monitor the capacity of transportation fuel sources and supplies.
- Assess feasibility of travel restrictions for non-essential movement of persons.
- Develop plans for providing maintenance of traffic, barriers, cones, variable message board, etc.
- Determine the need for closing rest areas and plazas along transportation corridors in coordination with ESF 16.
- Identify priority transportation needs for severe staff shortage situations that threaten to curtail all or most transportation.
- In coordination with ESF 7, initiate Memoranda of Agreement or Emergency Compacts with neighboring jurisdictions, key suppliers, temporary help services, privately owned transportation resources, or similar entities to assure continuity of essential services.
- In coordination with ESF 8, develop protocols and instructions for responding to sick passengers on local public conveyances.
- Develop contingency plans for assisting counties in maintaining damaged roadways.
- Identify the availability of mobile variable message boards and access to permanent variable message boards for potential need to deploy.

Response

- Monitor and ensure continuity of essential cargo and delivery methods ability to continue functioning.
- Communicate with transportation authorities in neighboring jurisdictions, key stakeholders, SERT, ESF 16, ESF 13, FEMA Region IV and any other officials to activate plans or procedures regarding the transportation modes.
- Review and implement procedures related to potential surges or declines in transportation modes and essential cargo services to reduce the potential for disruption of these services.
- Consult with DOT Freight Analysis Framework to determine availability of alternative transportation routes as needed.
- In coordination with ESF 8, assess the need for periodic sanitizing of local public conveyances.

- Provide mobile and permanent variable message boards to give the public updated information along travel corridors.
- In coordination with ESFs 8 and 16, issue transportation travel advisories as needed to discourage or limit non-essential travel to affected regions during an outbreak.
- In coordination with ESFs 8 and 16, assess feasibility of travel restrictions for non-essential movement of persons.
- As directed through executive order, implement travel restrictions for non-essential movement of people as needed.
- Provide maintenance of traffic, barriers, cones, variable message board, etc.
- Close rest areas and plazas along transportation corridors in coordination with ESF 16 as required.
- Assist counties in maintaining damaged roadways as required.
- Closely monitor statewide transportation system status.
- Maintain communication with Georgia and Alabama counterparts, key Florida stakeholders, ESFs 8, 13, 16 to assess requirements to activate alternative transportation methods and routes.
- Review and implement procedures related to potential surges or declines in transportation modes and essential cargo services and ensure there is no disruption of these services.
- Submit request for waivers to appropriate authorities if necessary.
- Review essential transportation services, functions and to ensure they continue during a pandemic.
- In coordination with ESF 8, make available updated policies and procedures necessary for cleaning or sanitizing transportation systems.
- Communicate with Federal Operations Centers in accordance with the National Response Framework and ESF 1 to provide transportation specific information during a pandemic.
- In coordination with ESF 8 and provisions of Annex 1, Enclosure 1, provide special instructions , guidance, and training to essential or unique employees who must travel to regions that have experienced severe outbreak; focusing on worker safety , health monitoring and PPE use.
- In coordination with ESF 8, issue instructions to transportation workers on the detection and disposition of symptomatic passengers on public conveyances.
- In coordination with ESFs 8 and 14, issue and display pandemic alert levels and advisories to the general public on how to safely ride public transportation during a pandemic such as: wear of facemask, covering coughs and sneezes, frequent hand-washing etc.
- In coordination with ESF 8, issue public service announcements and public safety educational campaign materials, via posters, brochures, websites, or other media regarding how to reduce the spread of virus while riding public transportation systems.

Recovery

- Monitor and report statewide transportation system status.
- Demobilize variable message boards as recovery progresses.
- Identify permanent staffing shortages, begin recruitment of new staff.
- Monitor the return of transportation fuel sources and supplies, and continue to respond to spot shortages.
- Reassess travel restrictions for non-essential movement of persons.

- Reopen rest areas and plazas along transportation corridors as the emergency diminishes.
- Reprioritize transportation needs as the emergency diminishes.
- Return maintenance responsibilities to local counties as they re-establish normal operations.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Notify all employees to return to normal operations.
- Integrate best practices and lessons learned during the previous pandemic wave across all transportation modes, issue and after action report, and update plans to reflect lessons learned.
- Sanitize workplaces as needed before resuming normal operations.
- Prepare for the possibility of another pandemic wave by re-stocking DOT supplies, issuing direction for sanitizing conveyances, reviewing and addressing deficiencies noted during the first wave.

ESF 2 – Communications

Primary Agency: Department of Management Services, Enterprise Information Technology Services

Support Agencies: Department of Agriculture and Consumer Services, Department of Law Enforcement, Department of Community Affairs, Department of Military Affairs, Public Service Commission, Florida Civil Air Patrol, Amateur Radio Emergency Services.

ESF 2 will coordinate communications assets (both equipment and services) that may be available from a variety of sources (i.e., State agencies, volunteer groups, county agencies, the telecommunications industry, federal government agencies, and the United States Military) before, during or after the activation of the SEOC.

Preparedness

- Monitor statewide communication systems status.
- Identify bandwidth capacity and estimated increased utilization.
- Identify surge capacity options, equipment needs and determine geographic area equipment will be used.
- Monitor the capacity of communication systems.
- Identify priority communication needs for severe staff shortage situations that threaten to curtail all or most communication services.
- Identify Local Exchange Carrier (LEC) service limitations, assess potential impacts, and verify equipment inventory levels.
- Process Communications Service Authorizations (CSA) for off site services.
- Verify current DEM procedures for acquisition of emergency communication resources.
- Coordinate with vendors and verify service priority in accordance with ESF 2 recovery plan.
- Ensure in-house equipment is operational, i.e., batteries are available and charged.
- Anticipate loaned equipment duration need, for example 30, 60, 90 days.
- Establish letters of commitment/agreement with vendors and/or supporting agencies.
- Establish plan for return/surplus/discard of returned equipment.
- Identify supplier of hand-held phones or agency personnel.
- Direct agencies to the National Communications Service (NCS) website and State of Florida NCS Coordinator.

Response

- Identify number of employees affected/number of lines involved.
- Identify LEC service limitations and reported potential impact.
- Identify who/what/when/where/was issued via the Telecommunications Service Priority/Wireless Priority Service (TSP/WPS) providers.
- Continue to monitor the need for additional/replacement ESF 2 support.
- Continue to coordinate with SEOC, supporting agencies, and ESFs to provide communications support to other counties if necessary.
- Request additional support from agency management knowledgeable in telecommunications; or utilize volunteers and train them to provide basic support.

Recovery

- Reprioritize communication needs as the emergency diminishes.
- Coordinate with LEC to ensure employees know how to cancel temporary configuration.
- Recover deployed equipment.
- Cancel TSP/WPS.
- Conduct review of response activities and appropriate corrective actions.
- Evaluate ESF 2 support and resources for sustainment of routine operations.
- Assess physical, mental health and welfare of employees as a result of long hours worked and absence from families.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 3 – Public Works and Engineering

Primary Agency: Department of Transportation

Support Agencies: Water Management Districts, Department of Agriculture and Consumer Services, Department of Corrections, Public Service Commission, Department of Environmental Protection, Department of Health, Department of Management Services, Department of Military Affairs, Agency for Workforce Innovation, Department of Community Affairs, and Division of Emergency Management.

ESF 3 provides in a coordinated manner, the resources (human, technical, equipment, facility, materials and supplies) of member agencies to support emergency transportation needs during an emergency/disaster situation.

Preparedness

- Monitor statewide transportation system infrastructure status.
- Monitor delivery methods ability to function.
- Identify the availability of mobile variable message boards and access to permanent variable message boards for potential need to deploy.
- Monitor the capacity of transportation fuel sources and supplies.
- Assess feasibility of travel restrictions for non-essential movement of persons
- Develop plans for providing maintenance of traffic, barriers, cones, variable message board, etc.
- Determine the need for closing rest areas and plazas along transportation corridors in coordination with ESF 16.
- Identify priority transportation needs for severe staff shortage situations that threaten to curtail all or nearly all transportation.
- Develop contingency plans for assisting counties in maintaining damaged roadways.

Response

- Monitor delivery methods ability to continue functioning.
- Provide mobile and permanent variable message boards to give the public updated information on travel corridors.
- Reallocate fuel supply sources to adjust for shortages.
- Implement travel restrictions for non-essential movement of persons as needed.
- Provide maintenance of traffic, barriers, cones, variable message board, etc.
- Close rest areas and plazas along transportation corridors in coordination with ESF 16 as required.
- Redirect transportation priorities to mitigate severe shortages of goods and services.
- Monitor and report status of water systems, treatment plants and other facilities or systems.
- Assist counties in maintaining damaged roadways as required.

Recovery

- Monitor and report statewide transportation system status.
- Demobilize variable message boards as recovery progresses.

- Identify permanent staffing shortages, begin recruitment of new staff.
- Reallocate and reassign existing staff resources.
- Monitor and report the return of transportation fuel sources and supplies, and continue to respond to spot shortages.
- Reassess travel restrictions for non-essential movement of persons.
- Reopen rest areas and plazas along transportation corridors as the emergency diminishes.
- Reprioritize transportation needs as the emergency diminishes.
- Return maintenance responsibilities to local counties as they re-establish normal operations.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 4: Firefighting

Primary Agency: Department of Financial Services, Division of State Fire Marshal

Support Agencies: Department of Agriculture and Consumer Services, Division of Forestry, and the Florida Fire Chief's Association.

ESF 4 provides State support to local governments and describes the use of State resources to detect and suppress urban, rural and wild land fires resulting from, or occurring coincidentally with a significant disaster condition or event.

Preparedness

- Coordinate with Florida Fire Chief's Association to prepare for deployments if requested.
- Coordinate with ESF 8 to create EMS resource deployment plan.
- Review inventory, status and operational readiness of personal protective equipment through initial and refresher training.
- Monitor and prepare for deployment of Mutual Aid Radio Communication (MARC) units.

Response

- Determine status of first responders and projected absenteeism.
- Coordinate with ESFs 8 and 9 to manage EMS resource assets.
- Determine whether fire rescue resources will be needed to deliver/administer antiviral medications and vaccines.
- Determine need for fire rescue resources to assist with transport of deceased victims.
- Coordinate with ESFs 5 and 16 regarding potential transportation issues.
- Monitor absenteeism of local agencies for use of volunteers during the event.
- Respond to EM Respond to EMAC

Recovery

- Determine whether communication resources (MARC's) are still needed in recovery phase.
- Rehab equipment and re-establish standard operating procedures.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 5: Information and Planning

Primary Agency: Division of Emergency Management

Support Agencies: Department of Military Affairs, Florida National Guard, and the Florida Wing of the Civil Air Patrol, Florida Department of Transportation.

ESF 5 compiles analyzes and coordinates overall information and planning activities in the SEOC in support of emergency operations.

Preparedness

- Compile and maintain list of key event indicators and test data reporting procedures.
- Maintain and updated computer data and program, maps, critical facility information, demographics and critical county data.
- Develop pandemic Situation Report and IAP templates that integrate key event indicators.

Response

- Compile and disseminate key event indicator data during response in coordination with all ESFs.
- Implement and maintain pandemic or other widespread disease occurrence information on the DEM web site (www.floridadisaster.org) in coordination with ESF 14.
- Create IAP, Flash Reports and Situation reports as appropriate during the pandemic event.
- Manage the mission management system during the pandemic event.
- Establish Florida Emergency Information Line (FEIL).
- Monitor and report status of critical infrastructure.

Recovery

- Continue to provide IAP's, Flash Reports and Situation reports.
- Monitor Tracker messages through closure.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 6 – Mass Care

Primary Agency: Department of Business and Professional Regulation

Support Agencies: American Red Cross, Department of Agriculture and Consumer Services, Department of Education, Department of Elder Affairs, Department of Military Affairs, Florida Voluntary Organization Active in Disaster Agencies, the Salvation Army, Department of Children and Families, Agency of Workforce Innovation.

ESF 6 coordinates activities involved with the emergency provision of temporary shelters, emergency mass feeding, and the bulk distribution of coordinated relief supplies for victims of a disaster and disaster workers. It also provides mass care information to the State Emergency Response Team.

Preparedness

- Provide public education materials in response to pandemic or other widespread disease occurrence in coordination with ESF 14.
- Develop capacity to identify and prioritize resource shortfalls in feeding capacity among and between counties.
- Develop model assessment tools to allow counties to identify and prioritize resource shortfalls in feeding capacity.
- Monitor the availability of locations for potential quarantine and alternate care centers.
- Monitor availability of food distribution resources.
- Identify food service and shelter resources for potential quarantine and alternate care centers.
- Identify criteria for closing/reopening schools in coordination with Department of Education (DOE).
- Create plans for continuing education during school closures.
- Create plans for continuing social services (e.g., child protective services, free meal programs) typically offered through schools, during school closures.
- Develop plans for the care of individuals dependent on caregivers or guardians.
- Develop behavioral health plans for the consequences of a prolonged pandemic in coordination with ESF 8.

Response

- Update and provide pandemic or other widespread disease educational materials to the public based on ESF 14 guidance.
- Monitor and report private sector capability to purchase, distribute and store foodstuffs through groceries stores and restaurants.
- Monitor and report the capacity of counties to distribute food.
- Monitor capabilities of state and county funded institutional feeding entities.
- Identify needy households, municipalities, and counties.
- Re-allocate resources to adjust for shortages.
- Coordinate with ESF 11 the provisioning of food to quarantine and alternate care centers.
- Coordinate provision of needed services to those who are isolated or quarantined, or dependent on a pre-existing support system.
- Redirect resource priorities to mitigate severe shortages of goods and services.

- Assist counties in establishing quarantine and food distribution centers.
- Identify locations that are suitable/capable of storing foodstuffs.
- Identify and remove ill children from the classroom in coordination with ESF 8 and the Department of Education.
- Provide assistance for child and elder care.
- Provide behavioral health counseling services.
- Based on ESF 8 guidance, provide for isolation capacity in sheltering for non-disease events (e.g., hurricanes) that may occur during the pandemic or wide-spread disease occurrence.

Recovery

- Update and provide pandemic recovery information to the public.
- Restore locations used for quarantine and alternate care centers to their original use.
- Continue to monitor availability of food distribution resources, until return to normal operations.
- Reprioritize mass care needs as the emergency diminishes.
- Identify triggers for reopening schools.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 7 – Resource Support

Primary Agency: Department of Management Services

Support Agencies: Board of Regents, Department of Agriculture and Consumer Services, Department of Community Affairs, Department of Corrections, Office of the Governor, Department of Labor and Employment Security, Department of Law Enforcement, Department of Military Affairs, Department of Transportation, Public Service Commission, Executive Office of the Governor.

ESF 7 provides logistical and resource support to State and local entities involved in emergency response and recovery efforts for an emergency or disaster that impacts the State of Florida.

Preparedness

- Identify potential facilities for use as quarantine centers, alternate care sites, points of distribution, points of dispensing, and mortuary services in coordination with State logistics.
- Provide staff support for the procurement of commodities and services, leasing of buildings and other facilities and facilities management.
- Provide information regarding state policies on sick leave, administrative leave and other topics as required.
- Coordinate with ESF 2 to determine telecommunication capabilities for absent employees.
- Review relationships with suppliers/ shippers/other businesses that support States' essential functions; as necessary, implement backup plans
- Consult with procurement staff/major contractors regarding pandemic plans for the contract workforce
- Ensure memorandums of understanding (MOU) are in place with trucking companies and associations to implement short haul delivery.

Response

- Procure facilities and services as required.

Recovery

- Provide rehab of facilities utilized during the pandemic event.
- Cancel services, commodities, and leases as required.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 8 – Health and Medical Services

Primary Agency: Department of Health

Support Agencies: Department of Agriculture and Consumer Services, Agency for Health Care Administration, American Red Cross, Salvation Army, Department of Business and Professional Regulation, Department of Elder Affairs, Department of Environmental Protection, Department of Military Affairs, Department of Law Enforcement, Florida Funeral Directors Association, Department of Children and Families, U.S. Department of Transportation, Florida Wing Civil Air Patrol, State Fire Marshal, Florida Fire Chiefs' Association.

ESF 8 coordinates the State's health and medical system in case of an emergency/disaster situation which includes: healthcare system surge, alternate medical treatment sites, community medical support, self-care, disaster behavioral health, and the distribution of essential medical supplies and equipment.

Preparedness

- Identify key event indicators to monitor implementation of disease control strategies and status of health care delivery system
- Develop and test data collection and reporting protocols for key event indicators in coordination with ESF 5.
- Disseminate pandemic threat and preparedness information to public and private partners and the general public.
- Provide technical assistance to state agencies and ESFs for pandemic or other widespread disease occurrence preparedness.
- Develop recommendations for stockpile of medical supplies, equipment, personal protective equipment and pharmaceuticals.
- Monitor preparedness activities for ESF8 agencies to assure alignment with state and federal preparedness objectives.
- Assist ESF 14 in developing public pre and post messaging for public response to pandemic influenza.
- Develop process to verify credentials of trained health care volunteers using ESAR-VHP system requirements.
- Participate in review of county pandemic influenza plans, assuring consistency with state and federal planning guidance.
- Develop pandemic influenza education; training and exercise programs for the public and response agencies.
- Prepare to receive SNS assets.
- Coordinate with ESF 16 on current isolation and quarantine guidance.
- Assure open communication channels with the Office of the Governor.
- Review current status and priorities and conduct gap analysis
- Provide for guidance to ESF 6 on isolation capacity in sheltering for non-disease events (e.g., hurricanes) that may occur during the pandemic or wide-spread disease occurrence.
- Provide for isolation capacity in Special Needs Shelters for non-disease events (e.g., hurricanes) that may occur during the pandemic or wide-spread disease occurrence.

Response

- Activate enhanced surveillance system.
- Continue to monitor lab reports from national and international sources.
- Monitor and report key event indicators to develop health and medical incident action plans and evaluate effectiveness of response.
- Advise SERT and ESFs on technical health and medical information needed to support pandemic response.
- Respond to requests for assistance with implementation of disease control strategies.
- Respond to requests for assistance to maintain the health care system.
- Respond to requests for assistance to maintain county ESF8 functionality.
- Participate in multi-county or regional coordinating elements deployed through SERT.
- Deploy health and medical personnel, supplies, equipment and pharmaceutical resources as requested.
- Deploy and track volunteer health care providers using the ESAR-VHP system requirements.
- Collaborate with DEM, Department of Management Services and the Governor's Office General Counsel on implementation of executive orders.
- Provide accurate updated information on the progress of the pandemic or other widespread disease occurrence to ESF 14, Florida Intergovernmental Relations Team and other response agencies.
- Implement antiviral medication and vaccine distribution in coordination with DOH Pharmaceutical Distribution/ Strategic National Stockpile procedures.
- Monitor hospital bed census, including number of isolation rooms in use and available.
- Monitor supply of PPE in health care facilities.
- Monitor and track staffing levels.
- Support Alternative Medical Treatment Sites when established.
- Coordinate with ESFs 1, 4, 5, 9, and 16 to manage ambulance and paratransit assets.
- Monitor school closures in coordination with ESF 6 and the Department of Education.
- Coordinate with ESF 6 and the Department of Education to identify and remove ill children from schools.
- Coordinate with ESF 16 to monitor the distribution of counterfeit or ineffective substitute drugs.
- Activate FEMORS.
- Coordinate mass fatality issues with FEMORS and ESF 16.

Recovery

- Develop and implement a monitoring system to determine status of rehabilitation efforts, recovery, and health and safety issues.
- Track health care workers return to the workforce.
- Re-supply health and medical personnel, supply, equipment and pharmaceutical resources.
- Demobilize SNS operations.
- Demobilize FEMORS
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations.

ESF 9 – Search and Rescue

Primary Agency: Department of Financial Services, Division of State Fire Marshal

Support Agencies: Florida Fire Chiefs' Association, Florida Fish and Wildlife Conservation Commission, Florida Wing of the Civil Air Patrol, Florida Association of Search and Rescue.

ESF 9 provides State support to local governments and describes the use of State resources in both urban and non-urban search and rescue in response to actual or potential emergency/disaster events.

Preparedness

- Review inventory, status and operational readiness of personal protective equipment through refresher training.
- Coordinate with Florida Fire Chief's Association to prepare for deployments if requested.
- Review and evaluate search and rescue procedures that would be applicable during a pandemic.
- Monitor and prepare for deployment of Mutual Aid Radio Communication (MARC) units.

Response

- Determine status of first responders and projected absenteeism.
- Coordinate with ESFs 5 and 16 regarding potential transportation issues.
- Conduct search and rescue operations as required.
- Determine whether fire rescue resources will be needed to deliver/administer antiviral medications and vaccines.
- Assist in the retrieval of deceased from residences in coordination with ESFs 8, 16 and FEMORS.
- Respond to EMAC resource requests.

Recovery

- Determine whether communication resources (MARC's) are still needed in recovery phase.
- Return equipment to ready to deploy status and re-establish standard operating procedures.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 10: Environmental Protection

Primary Agency: Department of Environmental Protection

Support Agencies: Department of Community Affairs, Department of Transportation, Department of Highway Safety and Motor Vehicles, Florida Department of Law Enforcement, Department of Military Affairs, Florida Fish and Wildlife Conservation Commission, Governor's Office, Department of Health, Department of Agriculture and Consumer Services.

ESF 10 provides State support to local governments in response to an actual or potential discharge or release of hazardous materials resulting from a natural, man made or technological disaster.

Preparedness

- Coordinate with ESF 17 the development of educational materials regarding the handling and disposal of animal carcasses.
- Coordinate with ESF 8 to identify contractors to handle a surge in biomedical waste.
- Review agency COOP for pandemic response.
- Communicate threat information to agency staff.
- Prepare for possible suspension of non-essential services.

Response

- Monitor critical mission functions to detect system failure(s).
- Coordinate with ESF 17 on the use of curtain incinerators for disposition of animal carcasses and identification of alternative burial sites.
- Coordinate with ESF 8 the clean up of improper biomedical waste disposal sites.
- Monitor daily staff level by district and central office by the number and percent of staff and support any staffing shortages.
- Issue agency emergency final orders covering waivers of regulatory functions as needed.
- Implement Agency Pandemic COOP.

Recovery

- Monitor animal carcass disposal sites in conjunction with ESF 8 and 17.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 11 – Food and Water

Primary Agency: Department of Agriculture and Consumer Services

Support Agencies: American Red Cross, Department of Corrections, Department of Education, Department of Elder Affairs, Department of Health, Department of Military Affairs, Department of Children and Families, School Board Districts, Salvation Army.

ESF 11 identifies food, water, and ice needs in the aftermath of a disaster or emergency; obtains these resources; and transports them to the impact area.

Preparedness

- Monitor school food service USDA commercial commodity supply.
- Determine the amount and type of food needed to support the local system, e.g., elderly, kosher, etc.
- Identify sources of ice and water to support retail stores during response phase.
- Identify requirements for baby food and formula based on Women, Infant and Children (WIC) populations.

Response

- Coordinate the provisioning of food to quarantine and alternate care centers in coordination with ESF 6.
- Maintain food safety programs to ensure compliance equivalency with federal statutes administered by United States Department of Agriculture (USDA).
- Maintain continuity of food inspection reporting.
- Maintain continuity of food safety information.
- Ensure continued State administration of Federal nutritional assistance and support to agriculture emergencies to include reporting procedures and communication of essential information.
- Re-allocate school food service USDA commodity supplies.
- Purchase foodstuffs that can be used in all affected areas when needed.
- Distribute food to affected areas.
- Continue to purchase and distribute food until demand subsides.
- Purchase water and ice as needed.
- Request baby food, formula and water from USDA.
- Purchase state-funded baby food, formula and water.
- Monitor distribution of baby food and formula to effected areas, emergency field offices and WIC offices.
- Purchase products locally to supplement USDA shipment delays.
- Coordinate with Division of Forestry and National Guard to assist in transporting stored goods.

Recovery

- Continue monitoring school food service USDA commercial commodity supply.
- Evaluate continuing need to purchase and distribute food.
- Evaluate continuing need to purchase water and ice.

- Evaluate the continuing need to purchase baby food and formula.
- Establish food safety programs and operations to pre-pandemic levels
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 12 – Energy

Primary Agency: Public Service Commission

Support Agencies: Nuclear Regulatory Commission, Department of Health, Florida Petroleum Council, Florida Reliability Coordinating Council, Industry Trade Groups and Associates.

ESF 12 promulgates the policies and procedures to be used by the Public Service Commission and the other support agencies and organizations listed above in responding to and recovering from shortages and disruptions in the supply and delivery of electricity, natural gas, and other forms of energy and fuels that impact or threaten significant numbers of citizens and visitors.

Preparedness

- Coordinate among petroleum partners, ESF 8 and ESF 16 regarding distribution of antiviral medications to support critical infrastructure.
- Coordinate plans with petroleum partners to maintain adequate fuel supplies.
- Identify special critical infrastructure issues for power supply.
- Identify CEMP priority lists for electrical power restoration in each county.
- Establish communication network with DOH, DEP and petroleum partners.

Response

- Continue maintenance of electrical power distribution grids as the first priority.
- Monitor number and percentage of communities with continuous or intermittent electric outages, compared to normal.
- Maintain communication network with appropriate state agencies and petroleum partners.
- Restore electrical power in accordance with County CEMP priority list.
- Continue restoration of power for individual households and businesses based on staffing capabilities.
- Coordinate with petroleum partners to insure easy access to the state in the case that out of state supplies need to enter the state.

Recovery

- Continue to monitor status of fuel supply.
- Restore lower priority services as staffing returns to normal.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 13 – Military Support

Primary Agency: Department of Military Affairs, Florida National Guard

Support Agencies: None

ESF 13 provides military support (Florida National Guard) to the State of Florida in times of a major or catastrophic disaster and/or civil unrest. In response to a pandemic emergency, and when directed by lawful authority, the Adjutant General for Florida coordinates, employs, and controls National Guard and other Department of Defense resources to assist civil authorities with the protection of life and property, and to maintain peace, order and public safety.

Preparedness

- Ensure SERT is knowledgeable of full spectrum of National Guard capabilities
- Ensure development and coordination of National Guard pandemic response plan with other SERT ESF and agencies and NORTHCOM.
- Encourage contact and coordination of active military installation Public Health Emergency Officers with county emergency management and county health departments.
- Develop plans for movement of soldiers and units.
- Identify alternate sites for assembly and deployment.
- Identify what deployed FLNG soldiers are the most vulnerable.
- Monitor health status of soldiers returning from areas where known novel viruses are prevalent.

Response

- Support distribution and security of antiviral medications and vaccines as requested.
- Assist with medical support personnel, if requested.
- Provide security at hospitals, isolation, quarantine, and mortuary facilities.
- Provide support for ESF 5 at SEOC.
- Provide other support as required/requested.

Recovery

- Prepare for possible second wave.
- Transition missions to private sector, counties or other resources.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 14 – Public Information

Primary Agency: Department of Community Affairs, Division of Emergency Management.

Support Agencies: Governor's Press Office, Department of Transportation, Florida Department of Law Enforcement, Department of Environmental Protection, Department of Business and Professional Regulation, Department of Elder Affairs, Department of Health, Department of Management Services, Department of Corrections, Agency for Workforce Innovation, Florida National Guard, Florida Fire Chiefs' Association, WFSU-TV/The Florida Channel. These agencies constitute a Joint Information Center (JIC) when ESF 14 is activated at Level 1.

ESF 14 disseminates information on emergencies to the public through the news media.

Preparedness

- Encourage professional medical organizations to speak the same messages as DOH – provide the public with unified voices.
- Develop messages that enlist public participation and support in the control efforts that contribute to a more rapid resolution of the crisis (e.g. hygiene, check on neighbors, and stay away from public gatherings).
- Develop pre recorded communications and messages to be distributed at the appropriate phase of the pandemic.
- Develop pre planned messages in coordination with ESF 17 regarding game and poultry consumption.
- Train subject matter experts/spokespersons on messaging and delivery to the media.
- Develop and maintain a speakers' bureau to address the topic of pandemic at various speaking assemblies.
- Develop a robust rumor control capacity, to include monitoring of social networks, with all ESFs.

Response

- Support the Florida Emergency Information Line (FEIL)
- Track daily news coverage.
- Monitor daily news coverage to ensure accuracy of reporting.
- Review prepared messages for appropriateness.
- Establish joint information system.
- Establish media briefing schedule.
- Activate and maintain rumor control network

Recovery

- Maintain rumor control hotlines.
- Maintain joint information system.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 15 – Volunteers and Donations

Primary Agency: Florida Commission on Community Service

Support Agencies: Adventist Community Services, American Red Cross, Associated Industries of Florida, Christian Contractors Association, Inc., Christian Disaster Response, Church World Service, Corporation for National Service, Florida Association of Food Banks, Florida Association of Volunteer Centers, Department of Elder Affairs, Florida Immediate Response Stress Team, Florida Interfaith Networking in Disaster, Florida Jaycees, Florida Voluntary Organization Active in Disasters, The Salvation Army, The United Methodist Committee on Relief, The United Way, Volunteer Florida, Inc.

ESF 15 provides a central point for the coordination of information and activities of voluntary agencies responding in times of disaster and the effective utilization of donated goods.

Preparedness

- Educate non-governmental organizations on the pandemic threat.
- Identify organizations that can share information with their members and partners to promote pandemic preparedness and knowledge to the general public.
- Assist state, county and non-governmental agencies with developing guidance to task and mobilize volunteers.
- Identify tasks for volunteers by both government and private sectors, recruit volunteers, revise plans, and conduct training/exercises for both the requestors and volunteer providers.
- Assess task and numbers of volunteers needed, combined with the identification of organizations that can provide volunteers and their capacity.
- Update the Volunteer Florida website to share information.
- Assess the capability of volunteer response units (e.g., Medical Reserve Corps and Community Emergency Response Teams) to respond in a pandemic or widespread disease occurrence.

Response

- Monitor events and dispense information to ESF 15 partners.
- Inventory and obtain supplies and resources
- Share information with County ESF partners and monitor their activities.
- Monitor staffing capabilities, volunteer Florida's staff availability and support organization level of operational readiness.
- Support the use of non medical staff at health care facility operations.
- Monitor county requests for assistance and identify volunteer resources.
- Provide assistance for child and elder care.
- Assist in the coordination of donated goods and services.

Recovery

- Stand down volunteers
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 16 – Law Enforcement and Security

Primary Agency: Florida Department of Law Enforcement

Support Agencies: Department of Agriculture and Consumer Services, (Office of Agricultural Law Enforcement), Department of Business and Professional Regulation (Division of Alcoholic Beverages and Tobacco), Department of Corrections, Department of Environmental Protection (Division of Law Enforcement), Department of Financial Services (Division of Insurance Fraud), Florida Sheriff's Task Force, Florida Police Chiefs' Association, Department of Highway Safety and Motor Vehicles, Florida Highway Patrol, Department of Lottery (Division of Security), Department of Military Affairs (Florida National Guard), Department of Transportation (Division of Motor Carrier Compliance), Florida Fish and Wildlife Conservation Commission (Division of Law Enforcement), Department of Juvenile Justice.

ESF 16 establishes procedures for the command, control and coordination of all State law enforcement personnel and equipment to support local law enforcement agencies.

Preparedness

- Activate Law Enforcement Florida Mutual Aid Plan
- Provide security for anti-viral medications and vaccine, points of distribution, healthcare facilities, quarantine sites, and mortuaries and support local law enforcement.
- Emphasize law enforcement officer and family pandemic preparedness planning
- Review plans for mass fatalities and security implications with medical examiners and health care facilities.
- Monitor actions of other state and law enforcement agencies in US and worldwide as information becomes available.
- Identify security issues or patterns of unlawful conduct specifically related to the pandemic within the US.
- Review legal authorities applicable to a pandemic event.
- Review possible movement and restrictive actions which would assist with prevention of spread of pandemic.
- Monitor intelligence reports, domestic security incidents, and incidents impacting public safety, civil unrest, transportation and commerce.
- Prepare to implement isolation measures and other containment strategies to limit infections in correctional facilities.
- Identify immuno-compromised and at risk inmates and staff in correctional facilities.
- Evaluate alternative schooling methods for juveniles in correctional facilities.
- Educate staff and inmates on preventative strategies and proper infection control procedures.
- Identify correctional facilities and institutions with infirmaries.
- Prepare to implement alternate methods of provision of foodstuffs, medical services and other critical operations.
- Prepare for possible suspension of non-essential, yet statutorily required services in correctional facilities.
- Identify areas for temporary and/or long term morgue sites at correctional facilities.
- Monitor the potential for inmate unrest.
- Prepare for possible legal issues and consequences (grievances, lawsuits) of suspension of non-essential services in correctional facilities.

- Determine need for executive orders pre-empting current requirements for deliver and transfer of inmates.

Response

- Monitor number and location of available law enforcement officers.
- Activate Florida Mutual Aid Plan and Florida Law Enforcement Mutual Aid Plan as needed to provide security for antiviral medications and vaccine, points of distribution, health care facilities, quarantine sites and mortuaries.
- Continue monitoring intelligence reports and incidents impacting public safety, civil unrest, transportation and commerce.
- Enforce restrictive measures and orders (e.g., quarantine).
- Provide security necessary to support delivery of essential goods and services.
- Determine the priority of terminally ill, at risk or immuno-compromised inmate populations.
- Continue to monitor the potential for inmate unrest,
- Address inmate family concerns regarding the status of inmates in correctional facilities.
- Utilize videoconferencing and teleconferencing to conduct meetings to eliminate mass gatherings.
- Implement isolation measures and other containment strategies to limit infection in correctional facilities, e.g., limits on visitations.
- Monitor number and location of fatalities in correctional facilities.
- Suspend non-essential, yet statutorily required services in correctional facilities.

Recovery

- Reduce proportionately deployed personnel in accordance with Florida Mutual Aid Plan and Florida Law Enforcement Mutual Aid Plan.
- Determine continued need for ongoing security missions.
- Re-establish normal operations in correctional facilities.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 17 – Animal Protection and Agriculture

Primary Agency: Department of Agriculture and Consumer Services

Support Agencies: Department of Health, Department of Management Services, Division of Communications, Florida Fish and Wildlife Conservation Commission, Department of Environmental Protection, Department of Transportation, University of Florida, Institute of Food and Agriculture Sciences, Cooperative Extension Services.

Volunteer Resources: Florida Veterinary Medical Association, Florida Animal Control Association, State and Local Animal Care Support Agencies, National Animal Care Support Agency.

ESF 17 coordinates the response of state agencies in assisting local and volunteer organizations to provide all animals affected by the disaster with emergency medical care, evacuation, rescue, temporary confinement, shelter, food and water, and identification for return to the owner. The coordination may also involve laboratory analysis and diagnosis, prevention and control of diseases of public health significance and disposal of dead animals.

See Florida Department of Health Emergency Operations Plan, Pandemic Influenza Annex, Zoonotic Avian Influenza Surveillance and Response Protocol

Preparedness

- Conduct surveillance of domestic and swine (Department of Agriculture and Consumer Services) and wild bird populations (Florida Fish and Wildlife Conservation Commission) in coordination with ESFs 8 and 16.
- Support laboratory surveillance and diagnostics of disease in wild and domestic birds and swine.
- Develop protocol for providing assistance/"surge capacity" for local dead bird response.

Response

- Monitor and report first detection of HPAI virus in wild birds and poultry flocks or influenza virus highly transmissible to humans detected in swine.
- Monitor and report extent of spread of HPAI virus in wild birds and poultry flocks or influenza virus highly transmissible to humans detected in swine.
- Monitor compliance with recommended PPE measures by animal influenza control workers in coordination with ESF 8.
- Implement quarantine areas around infected poultry.
- Monitor percentage of affected flocks and swine that have had required control measures implemented.
- Dispose of infected poultry and/or dead wild birds.
- Coordinate use of curtain incinerators for disposition of carcasses with ESF 10.

Recovery

- Continue surveillance of domestic bird and swine and wild bird populations.
- Lift quarantine restrictions when appropriate.

- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

ESF 18 – Business and Industry

Primary Agency: Governor’s Office of Tourism, Trade and Economic Development

Support Agencies: Enterprise Florida, Inc. The Agency for Workforce Innovation, Workforce Florida, Inc., Visit Florida, the Department of Business and Professional Regulation, the Department of Financial Services, the Department of Agriculture and Consumer Services, The Department of Management Services, The Florida Small Business Development Center Network, the Florida Retail Federation, and the Florida Department of Revenue.

ESF 18 coordinates the activities of local, state, and federal agencies and organization to provide immediate and short-term assistance to meet the needs of business, industry and economic stabilization.

Preparedness

- Provide education and training of the business community, local and regional organization and staff regarding pandemic or other widespread disease occurrence.
- Disseminate business continuity of operations planning information to private sector and encourage the development of plans for individual businesses.
- Integrate planning input from inside and outside business.
- Identify essential functions necessary to keep business operating during a pandemic.
- Coordinate with ESF 8, ESF 6, and ESF 7 to share information regarding business and industry capabilities, options, preparedness and response plans.
- Identify and prioritize specific impacts on business, including supplies, equipment and supply chains.
- Develop risk communication and information sharing strategies.
- Develop plans to ensure security of the workplace.
- Maintain a database of all county/local primary economic development organizations.
- Maintain a roster of support agencies/organizations emergency coordinators.
- Develop and maintain a database of volunteers and agencies that will provide additional support for business recovery in coordination with ESF 15.
- Work with appropriate federal and state agencies to identify, evaluate, and implement changes to regulations and statutes to ensure availability of temporary financial assistance to laid-off and/or un-employed workers; e.g., UI/WC/DUA.
- Work with appropriate Federal and State agencies to develop options for providing assistance to workers not currently covered under existing Federal and State programs; e.g., independent contractors, self-employed individuals, temp employees.
- Establish a mechanism to coordinate various public web-based job search/employee data bases with major employer rosters to match unemployed workers with employers who have staffing needs.
- Review the parameters of the Florida Small Business Emergency Bridge Loan Program for possible changes to meet the business community's needs in a pan flu event.

Response

- Facilitate production of essential goods and services while mitigating the pandemic’s impact on business operations.
- Monitor inventory levels in retail food stores
- Encourage businesses to implement internal surveillance and detection.

- Assist in the management of and tracking of individual worker risk (pregnant women, those with compromised immune systems, etc.) with employers and business groups.
- Coordinate initial assessment of general business impact (in terms of employment, lost revenues, lost customers, etc.).
- Coordinate with ESF 5 and 14 to provide and disseminate pandemic or other widespread disease occurrence response information.
- Serve as a resource for ESF 7, 15 and DEM logistics by identifying and locating public and/or private goods and services.

Recovery

- Provide economic damage assessments and business recovery assistance through the network of state, regional and local partners.
- Coordinate the deployment of AWI and Workforce mobile units.
- Participate in post event economic recovery workshops, facilitate the establishment of local small business assistance centers, etc.
- Implement the Florida Small Business Emergency Bridge Loan Program if appropriate.
- Prepare for a possible second wave.
- Mitigate impacts on worker lost income.
- Implement a coordinated effort to match unemployed workers with employers with staffing requirements.
- Coordinate with local economic development and business partners to compile estimates of economic damage to local business communities to determine the need for a request to activate the Florida Small Business Emergency Bridge Loan.
- Relocate ESF 18 to the joint field office if necessary, and then to the long term recovery office.
- Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
- Return to normal operations

County Responsibilities

(See also Florida Comprehensive Emergency Management Plan III. Responsibilities, A. Counties.)

- Integrate pandemic and other widespread disease occurrence planning that parallels this Annex into the County Emergency Management Plan.
- Integrate pandemic considerations into existing county government and agency COOP plans.
- Preparedness Activities. 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.
- Personnel Management: Review and implement Department of Emergency Management, Division of Human Resource Management guidelines related to compensation, leave usage, insurance and employee disaster behavioral health assistance.
- Key Event Indicators. Identify key event indicators for critical infrastructure and key resources during the pandemic monitoring phase. During response, monitor key event indicators using data to prepare IAP's and evaluate effectiveness of response.
- Infection Control. Develop agency infection control protocols based on guidelines provided by the DOH to mitigate disease transmission and spread. See Appendix 2.
- Legal Issues and Executive Orders. Be prepared to take actions as directed in Executive Orders and make specific recommendations on rule variances.
- Quarantine, Sheltering in Place and Social Distancing. Monitor and be prepared to implement DOH direction on isolation, quarantine and social distancing. Also see Appendix 4 for further discussion of legal aspects of quarantine and social distancing interventions.
- Encourage contact and coordination of active military installation Public Health Emergency Officers with county emergency management and county health departments.
- In applicable counties, ensure foreign diplomatic missions and an international organizations are on the local distribution list for public messages regarding pandemic and precautions that need to be taken by individuals
- Review 911 protocols and staff training to respond to a pandemic occurrence in accordance with the County Emergency Management Plan.
- Provide County Emergency Management, 911 Dispatch Centers, and public and private Emergency Medical Services agencies with copies of county health department pandemic plans.

- Conduct outreach to neighborhood, community, and faith-based organizations to develop plans that will support vulnerable households that may be quarantined during a pandemic.

During activations with widespread human transmission of the novel strain of virus, the County EOC should take the following precautions:

- Implement enhanced access control procedures and internal infection control procedures as recommended by the Florida Surgeon General.
- Monitor the impacts of a pandemic local CI/KR resources and requirements as each wave progresses. Forward unmet need requests to the SERT with state and county emergency management plans.
- Implement internal surveillance protocols to monitor the health of workers.
- Implement COOP to maintain delivery of essential goods and services.
- Monitor pandemic threat levels for trigger point changes that will affect the County EOC. See Table 1.

- Government Facilities – ESF 7
- Dams – ESF 12
- Commercial Facilities – ESF 18
- Nuclear Power Plants – ESF 12

Much of the CI/KR resides in the private sector who will be engaged in all federal, state, and local pandemic response activities. Counties are responsible for monitoring the impacts of a pandemic on local CI/KR resources and requirements as each wave progresses. Unmet needs will be forwarded to the SERT in accordance with the CEMP. ESFs, designated above, are responsible for coordinating the status of their respective CR/KI requirements at the state level and managing resources to mitigate unmet needs. Reference 7 reviews key cross-sector interdependencies of critical goods and services. The example provided in the reference is for the Healthcare Sector. See Table 5.

Critical Goods/ Services	Rationale	Criteria	Inter-dependency
Water	Health and safety	Service delivery	Water – immediate
Electricity and Power	Health and safety	Service delivery	Electricity – beyond 24 hours
Transportation and shipping	Interdependency	Service delivery	Transportation of critical medical material
Communications	Interdependency	Service delivery	Communications with suppliers, EMS, police, safety, employees
Food and agriculture	Interdependency	Service delivery	Provision of food for inpatients
Public safety, fire, and EM	Health and Safety	Service delivery	Patient transport, physical security, triage assistance

Table 5. Health Care Sector Interdependencies

It is important to comprehensively identify and assess the CI/KR cross-sector interdependencies to address the three key factors necessary to improve overall pandemic planning and response, including:

- Identifying cross-sector impacts to specific critical sector operations;
- Identifying the potential for significant cascading consequences; and
- Prioritizing sectors and sub-sectors in order to target support for response and recovery interventions.

CHAPTER 5 – TRAINING AND EXERCISES

I. General

This chapter of the Annex describes roles and responsibilities for developing and implementing Florida's pandemic training and exercise programs to support response procedures outlined here and in Appendix 2

II. Responsibilities

The Division of Emergency Management will serve as the state coordinator for training and exercise programs related to a pandemic occurrence. DOH has the technical expertise for epidemiology, infection control procedures and PPE recommendations for health and medical staff.

All ESFs and agencies are responsible for training and exercising their internal staffs, infection control procedures, and PPE, as applicable, based on the Florida Surgeon General recommendations. All agencies are also responsible for training and exercising their internal staffs on the COOP procedures.