

Appendix VIII: Emergency Support Function 8 – Public Health and Medical Services

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

Section 1: Introduction

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

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

1.1 Direction and Control

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

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

Section 2: Roles and Responsibilities

2.1 Organization

1. ESF-8 is comprised of the DOH (lead) and numerous support agencies and organizations. The roles and responsibilities of each agency are documented in Section III: Responsibilities.
2. When ESF-8 is activated by the SERT, necessary personnel from the agencies and organizations within ESF-8 are organized into a single ESF-8 coordinating structure led by the DOH Emergency Coordination Officer (ECO) who serves as the lead representative for ESF-8.
3. ESF-8 reports to the Emergency Services Branch Director.
4. When necessary, federal ESF-8 resources will be integrated into the State ESF-8 response structure.

2.2 Responsibilities

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

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

The following matrix depicts the role of primary and support agencies and organizations in carrying out the core missions of ESF-8. Details regarding the responsibilities of agencies follow the matrix.

State Emergency Support Function 8 Agency Level Responsibilities by Core Mission	Dept. of Health	Agency for Health Care Administration	Agency for Persons with Disabilities	Dept. of Elder Affairs	Dept. of Children and Families	Dept. of Agriculture and Consumer Services	Dept. of Business and Professional Regulation	Dept. of Environmental Protection	Dept. of Veterans Affairs	Office of the Attorney General	State Fire Marshal	Medical Examiner Commission (FDLE)	Univ. of FL, Maples Center for Forensic Medicine (FEMORS)	State University Labs	Florida Hospital Association	Florida Health Care Association	Florida Assisted Living Association	End-Stage Renal Disease Network	Poison Information Center Network	Florida Association of Community Health Centers	Florida Pharmacy Association	Florida Health Care Coalitions	Florida Cemetery, Cremation, and Funeral Association
Support local assessment and identification of public health and medical needs in impacted counties.	⊙	⊙	⊙	⊙	⊙	⊙		⊙		⊙					⊙	⊙		⊙	⊙				
Coordinate and support stabilization of the public health and medical system in impacted counties.	⊙	⊙	⊙	⊙	⊙	⊙			⊙		⊙	⊙	⊙		⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.	⊙	⊙	⊙								⊙				⊙	⊙	⊙	⊙					
Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions.	⊙					⊙		⊙						⊙	⊙				⊙		⊙		
Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin.	⊙					⊙	⊙	⊙						⊙					⊙				

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Support sheltering of persons with medical and functional needs.	☉	☉	☉	☉			☉								☉	☉	☉						
Develop, disseminate, and coordinate accurate and timely public health and medical information.	☉	☉	☉	☉	☉	☉	☉	☉				☉			☉	☉	☉	☉	☉	☉	☉	☉	☉
Monitor need for and coordinate resources to support fatality management services.	☉											☉	☉										☉
Monitor need for and coordinate resources to support disaster behavioral health services.	☉		☉		☉														☉				
Support responder safety and health needs.	☉	☉	☉	☉	☉	☉	☉	☉	☉		☉	☉	☉	☉	☉	☉	☉	☉	☉	☉	☉		

Provide public health and medical technical assistance and support.

⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙		⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
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2.2.1 Primary Agency – Florida Department of Health

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

2.2.2 Support Agencies and Organizations

1. Agency for Health Care Administration (AHCA)

- a. Ensure that each licensed health care facility has an approved emergency management plan as required by authorizing statute or rule.
- b. Maintain and manage an electronic system for facility reporting during emergency responses to include: (section 408.821, F.S.)
 - Contact Information
 - Licensure Information
 - Utility Information- electrical power status
 - Bed Availability and Capacity
 - Damage, Impacts and Needs
 - Evacuation Status
 - Generator and Fuel Status
- c. Assist facilities unable to report via the electronic system for facility reporting, by entering phoned in reports into the system.
- d. Monitor licensed and/or certified health care facilities to include:
 - Hospitals
 - Nursing Homes

- Assisted Living Facilities
 - Hospices
 - Dialysis Centers
 - Intermediate Care Facilities
 - Transitional Living Facilities
 - Homes for Special Services
 - Crisis Stabilization Units
 - Short Term Residential Treatment Facilities
 - Residential Treatment Facilities
 - Residential Treatment Centers
 - Adult Family Care Homes
- e. Permit health care facilities to go overcapacity in excess of 15 days, subject to approval based upon satisfactory justification and need as provided by the receiving and sending providers (section 408.821, F.S.).
- f. Authorize health care facilities (e.g., hospitals, nursing homes and ambulatory surgery centers) that sustained damage to re-open. A facility with significant structural damage shall not be reoccupied until approval is received from the Agency's Office of Plans and Construction.
- g. Inspect evacuated health care facilities that have sustained damage as needed, based on the severity of the damage sustained.
- h. Communicate facilities' needs and support requirements to ESF-8 to assure needs of residents and patients are met.
- i. Oversee structural and engineering requirements for health care facilities and provide engineers to inspect facilities post-impact as needed.
- j. Maintain emergency contact information for health care facilities.
- k. Provide daily reports from the health care facility emergency status reporting system to internal and external stakeholders.
- l. Establish mutual aid offices to augment AHCA field offices impacted by the incident, which will provide direct support to impacted facilities.
- m. Participate in Multi-agency SpNS Discharge Planning Team to provide assistance upon closure of SpNS.

2. Agency for Persons with Disabilities (APD)

APD serves individuals with developmental disabilities who live within a variety of community-based settings. Pursuant to section 393.063(12), F.S., the term developmental disability means a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of

18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely. APD shall provide the following activities:

- a. Assure that all APD-licensed residential facilities have emergency plans.
- b. Ensure that all clients receiving supported living services, within their own homes or apartments, have their own individual emergency plans.
- c. Provide support and coordination for APD clients before, during, and after disaster.
- d. Provide special needs shelter registration information to all APD-licensed residential facilities as well as those individuals receiving supported living services.
- e. Determine status of APD-licensed residential facilities following a disaster.
- f. Provide technical assistance on the development of emergency plans to APD-licensed residential facilities and clients receiving supported living services as necessary.
- g. Assist in the transition of APD clients out of emergency shelters as necessary following the disaster.
- h. Participate in Multi-agency SpNS Discharge Planning Team to provide assistance upon closure of SpNS.

3. Department of Elder Affairs (DOEA)

- a. Provide special needs registration information to all of their special needs clients and to all persons with special needs who receive services.
- b. Coordinate discharge planning for special needs shelters.
- c. Establish and maintain Multi-agency SpNS Discharge Planning Teams (section 381.0303, F.S.).
- d. Provide messaging to elderly populations through established service areas.
- e. Serve as an advocate for elderly populations during disaster planning.

4. Department of Children and Families (DCF)

- a. Designated state mental health authority (section 394.457, F.S.).
- b. Coordinate deployment of behavioral health resources.
- c. Responsible for the planning, evaluation, and implementation of a complete and comprehensive statewide program of mental health, including community services,

receiving and treatment facilities, child services, research, and training as authorized and approved by the Legislature, based on the annual budget of the department.

- d. In partnership with Florida Division of Emergency Management, evaluate the need for, and request FEMA Crisis Counseling Program (CCP) Grant Immediate Services Program (ISP).
- e. Evaluate the need for and submit request for CCP Grant Regular Services Program (RSP).
- f. Coordinate services providers and administer the funding for the ISP and RSP programs.
- g. Provide special needs registration information when needed.
- h. Participate in the Multi-agency SpNS Discharge Planning Team to provide assistance upon closure of a SpNS.

5. Department of Agriculture and Consumer Services (DACCS)

- a. Provide aerial spraying for vector control.
- b. Serve as the lead agency to coordinate food safety issues.
- c. Coordinate with the DOH on animal illnesses that have the potential for human impact.
- d. Augment laboratory surge.

6. Department of Business and Professional Regulation (DBPR)

- a. Coordinate with the DOH on human health issues identified during food establishment inspections following disasters.
- b. Coordinate with the DOH on food safety issues.

7. Department of Environmental Protection (DEP)

- a. Coordinate with the DOH on environmental response actions impacting human health.
- b. Assess potable water systems.
- c. Assist in response to surface and ground water contaminations.
- d. Provide environmental sampling data to the DOH for evaluation of human health impacts.
- e. Augment laboratory surge.

8. Florida Department of Veterans' Affairs (FDVA)

- a. Coordinate with State Veterans' Nursing Homes and State Veterans' Assisted Living Facility during disasters.
- b. Participate in the Multi-agency SpNS Discharge Planning Team to provide care coordination for Veterans needing assistance upon closure of a SpNS.

9. Office of the Attorney General (AG)

- a. Provide staff from the Medicaid Fraud Control Unit to assist with post-impact assessments of licensed health care facilities and APD licensed group homes.

10. State Fire Marshal

- a. Identify, mobilize, deploy, and demobilize ground ambulance assets in coordination with the Florida Fire Chiefs Association as described in the State Emergency Response Plan.

11. Medical Examiners Commission

- a. Maintain the State of Florida Mass Fatality Response Plan.
- b. Provide oversight for the 25 Medical Examiner Districts throughout the state, which are responsible for handling of the deceased resulting from homicide, suicide, or accident and those constituting a threat to public health. The range of circumstances includes both man-made and natural disasters. (section 406.11, F.S.).
- c. In the absence of other reporting procedures, serves as the information clearing house on the status of fatalities due to the incident.

12. University of Florida, Maples Center for Forensic Medicine

- a. Maintain the Florida Emergency Mortuary Response System (FEMORS), which is a team of qualified "reserve" forensic professionals who can be deployed by ESF-8 to supplement the needs of the Medical Examiner(s) affected by a mass fatality event.
- b. Respond to Medical Examiner requests for assistance within four hours.
- c. When activated, FEMORS will assist the Medical Examiner in planning for:
 - Special processing complications such as protection from chemical exposure of responders and decontamination of recovered remains prior to transportation to a temporary morgue site, if applicable.
 - Disaster site management of human remains with regard to recovery, preliminary documentation procedures and refrigerated storage until transportation can be arranged.
 - Supplemental or temporary morgue operations either in concert with the existing medical examiner facility or at a remote location.

- Supplemental refrigerated storage at the morgue for human remains received from the disaster site and those remains processed and awaiting release for disposition.
- Victim information center operations at a site removed from both the disaster site and the morgue.
- Records management and computer networking for managing data generated about missing persons and remains processed.

13. State University Laboratories

- a. Augment state laboratory surge.

14. Florida Hospital Association (FHA)

- a. Disseminate incident related messaging to hospitals through established networks.
- b. Assist in validating and fulfilling resource requests from hospitals.
- c. Advocate for hospitals in disaster planning efforts.

15. Florida Health Care Association (FHCA)

- a. Disseminate incident related messaging to nursing homes and assisted living facilities through established networks.
- b. Assist in validating and fulfilling resource requests from nursing homes.
- c. Assist nursing home facilities with development of emergency plans to assure continuity of care during disasters.
- d. Advocate for nursing home facilities in disaster planning efforts.

16. Florida Assisted Living Association (FALA) and Florida Senior Living Association (FSLA)

- a. Disseminate incident related messaging to assisted living facilities through established networks.
- b. Assist in validating and fulfilling resource requests from assisted living facilities.
- c. Assist assisted living facilities with development of emergency plans to assure continuity of care during disasters.
- d. Advocate for assisted living facilities in disaster planning efforts.

17. End-Stage Renal Disease Network

- a. Facilitate effective emergency planning among End-Stage Renal Disease (ESRD) providers to ensure the well-being of this vulnerable patient population during a disruptive event.
- b. Collect and make available the open and closed status of ESRD facilities during disruptive events.
- c. Identify facility needs to return systems back to operational status and refer for additional assistance if necessary.
- d. Advocate for ESRD patients during all phases of disruptive events.

18. Poison Information Center Network

- a. Establish disaster support/surge capacity for the State by providing health professional staffed call-centers for all hazard's public health and medical information as requested by the DOH.
- b. Provide real-time health surveillance information to the DOH.
- c. Provide 24-hour expertise and consultation to public and health care providers on health and medical issues via network.

19. Florida Association of Community Health Centers (FACHC)

- a. Coordinate assessment of community health centers.
- b. Identify needs to return system back to operational status.
- c. Assist community health centers with development of continuity of operations plans (COOP) to assure continuity of care during disasters.
- d. Advocate for community health centers in disaster planning efforts.
- e. Coordinate FACHC resources to assist with SpNS and field-based clinics during response efforts.

20. Florida Pharmacy Association

- a. Disseminate incident related messaging to retail pharmacies through established networks.
- b. Identify needs to return system back to operational status.
- c. Assist retail pharmacies with development of emergency plans to assure continuity of care during disasters.
- d. Advocate for retail pharmacies in disaster planning efforts.

21. Florida Health Care Coalitions (HCC)

- a. Ensure that local providers and other health care partners plan collaboratively for the risks facing the health care community and identify available local resources.

22. Florida Cemetery, Cremation, and Funeral Association (FCCA)

- a. Disseminate incident related messages to funeral homes, cemeteries, and crematories through established networks.
- b. Advocate for funeral homes, cemeteries, and crematories in disaster planning efforts.

Section 3: Concept of Operations

3.1 General

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

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

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

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

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

3.1.1 Support local assessment and identification of public health and medical needs in impacted counties.

- a. Coordinated assessments will be conducted to create a common operating picture of the anticipated or actual impact to public health and medical facilities and determine resource support needs and priorities. Assessments will be conducted both pre-and post-impact.
 - Pre-impact assessments will be conducted to verify the status of in-patient licensed health care facilities within the projected impact area. A tiered facility assessment process will be used so that facilities least likely to self-report, or be locally contacted based on historical evidence, are contacted first.

- Post-impact assessments will be conducted to determine the status of health care facilities impact area. A tiered facility impact assessment will be used so that facilities with the most critical services are assessed first.
- b. Local, state, and federal assessment efforts will be integrated, to the fullest extent possible, to reduce duplication, maximize response resources and expedite response and recovery actions.
 - c. Initial assessments will not be regulatory in nature and should be focused on determining immediate needs of the facilities to continue their life saving missions. Follow-up visits may be required based on the initial findings.

3.1.2 Coordinate and support stabilization of the public health and medical system in impacted counties.

- a. Support integrated medical surge operations by monitoring and assessing the health care system and providing support through augmentation of staff, supplies, pharmaceuticals, and equipment. The best course of action in the continuance of critical health and medical services will be to keep existing facilities open and operating utilizing facility personnel.
- b. Ensure processes are in place and resources available for individuals to access, or to be transported to, appropriate facilities for diagnosis and treatment based on the patient's level of acuity.
- c. Increased demand for health care services in an impacted area may require the establishment of temporary alternate care sites (ACS). ESF-8 support may include ACS facility identification, selection, and operational and logistical support.
- d. Provide guidance regarding emergency waivers or variances of statutory or regulatory authorities for licensed medical professionals, health care facilities, and/or standards of care.
- e. Coordinate requests for Emergency Management Assistance Compact (EMAC) and federal assistance for equipment, supplies and personnel, including Disaster Medical Assistance Teams (DMATs) and Federal Medical Stations (FMS).

3.1.3 Support sheltering of persons with medical and functional needs.

- a. Special Needs Shelters (SpNS) will be monitored and supported through augmentation of staff, supplies, and equipment.
 - Coordinate statewide reporting on SpNS status, census of clients and caregivers, and staffing levels.
 - Facilitate the deployment of SpNS Teams maintained by the Department of Health (DOH).
 - Facilitate the deployment of single resource clinical and non-clinical staff for shelter needs.
 - Activate contingency staffing contracts for clinical personnel.
 - Conduct contingency planning for SpNS surge, evacuation, and re-location.

- In coordination with local ESF-8, procure and deploy pharmaceuticals, medical supplies, and equipment for use in shelters when local resources are exhausted.
 - Facilitate the deployment of SpNS Discharge Planning Teams maintained by the Department of Elder Affairs.
 - If catastrophic circumstances warrant, coordinate with state and federal authorities to implement and staff state managed co-located or SpNS.
 - Assist local jurisdictions in coordinating transportation for shelter clients to needed medical service locations.
 - Assist local jurisdictions with investigation and medical management of reported disease outbreaks in shelters.
- b. State ESF-8 may support, as requested, the augmentation of medical personnel, supplies and equipment to meet the health and medical needs of individuals in general population shelters when local resources are exhausted.
- c. Coordinate requests for federal assistance for sheltering equipment, supplies, and personnel. This may include identification of facilities suitable for FMS and coordination for wrap-around services.

3.1.4 Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties.

- a. Individuals will be supported in their communities by reconstituting needed critical support services and reducing the need to move large groups of individuals out of the area. ESF-8 will support impacted jurisdictions with medical staff, equipment, supplies, pharmaceuticals, and temporary medical facilities to maintain continuity of patient care. This includes providing recommendations for critical resources including those in limited supply, as outlined in the ESF-8 SOP.
- b. Evacuation increases the health risks to patients; therefore, patients will only be evacuated when their risk of adverse health outcomes (by staying in place) is greater than the risk involved in being moved. Evacuated patients will be kept as close to their point of origin as possible.
- c. Patients will be evacuated to appropriate facilities based on capability/capacity, the patients' acuity, and required medical treatment/interventions. State ESF-8 will monitor statewide hospital bed census/availability and is prepared to support the local jurisdiction by facilitating patient movement coordination and placement.
- d. Transportation methods for patients will be selected based on individual patient acuity, level of monitoring required during transport, and distance to be traveled in order to mitigate the risk of adverse health outcomes. The Ambulance Deployment SOP is the primary method for obtaining ground and air ambulance resources to support patient transportation.
- e. Patients evacuated as a part of state missions will be tracked throughout the patient movement process from their point of origin to their final destination, including return home as required.

State ESF-8 is prepared to facilitate the return transport of patients to their originating medical facility, a step-down facility, or their residence.

- f. Patient care, movement and stabilization support is not limited to the impacted community, and may include the extended community, and any host communities.
- g. If necessary, coordinate requests under EMAC and federal assistance for equipment, supplies, and personnel including:
 - Federal Emergency Management Agency (FEMA) Region IV States Unified Planning Coalition patient movement support (State Medical Response Teams, ambulance buses, ground and air ambulances, available bed space, and staff augmentation).
 - DMATs and FMS, including wrap-around services.
 - National Disaster Medical System (NDMS) support for patient movement and/or definitive care.
 - FEMA National Ambulance Contract.
 - U.S. Department of Health and Human Services (HHS) Service Access Teams (SAT) and Joint Patient Assessment and Tracking (JPATS) Strike Teams.
 - Department of Defense (DOD) Disaster Aeromedical Staging Facility (DASF).

3.1.5 Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions.

- a. Disease control functions will be implemented to protect residents and visitors, thereby reducing disease morbidity and mortality, and limiting economic and social disruption. These functions will include coordinated surveillance, outbreak investigations, epidemiological analysis, and appropriate laboratory testing.
 - Analyze, detect, assess, or predict potential or known threats and impacts to human health.
 - Provide continuous monitoring and analysis of sentinel systems for epidemics.
 - Detect and identify agents responsible for food and waterborne disease and emerging infectious disease outbreaks.
 - Provide emergency public health laboratory services to county health departments (CHD) and other official agencies, physicians, hospitals, and private laboratories.
 - Analyze incidence prevalence or other frequencies of illness occurring in state or regional populations to guide public health or responder actions.
 - Maintain and assess a uniform system for notification of reportable diseases or threats.
 - Sustain, monitor, and assess bioterrorism early event detection systems (e.g., syndromic surveillance and disease registries).
 - Detect and identify a range of threat organisms and toxins that could be used as biological weapons.
 - Train sentinel laboratory staff from hospitals and commercial laboratories in the techniques to perform rule-out testing for potential bioterrorism agents and to properly package and safely ship referred specimens to the Laboratory Response Network (LRN) reference laboratory.
 - Identify chemical metabolites in clinical specimens in case of terrorist attack.

- Organize and coordinate monitoring and surveillance activities for state health care monitoring systems, which include mortality, hospital discharge and emergency department data.
 - Ensure appropriate mitigation, prophylaxis, and treatment of at-risk populations for diseases of public health significance.
 - Provide standard operations and response guidance for investigations, interventions or communications of public health incidents and biological disasters.
 - Coordinate with Federal Laboratories to identify drug resistant organisms as needed.
 - Coordinate with other state agencies to ensure appropriate response, investigation, and mitigation of public health incidents.
- b. Medical countermeasures and non-medical interventions will be implemented to stop or slow the spread of communicable diseases.
- Support pharmaceutical services provided by CHDs, and public and private partners including pharmaceutical repackaging, dispensing and the purchase and distribution of medication and other pharmaceuticals.
 - Provide supplies for clinical provisions and pharmaceutical needs.
 - Recover or direct the disposal of unused pharmaceuticals.
 - Maintain, monitor, and allocate state pharmaceutical caches to applicable entities for prophylaxis or treatment.
 - Coordinate statewide policy decisions on the distribution of pharmaceuticals and medication by region to priority groups as designated by federal or state subject matter experts.
 - Monitor medication coverage when such pharmaceuticals are available.
 - Oversee distribution and return of medication pursuant to federal or state guidance.
 - Monitor adverse effects of pharmaceuticals and medication and report them appropriately.
 - Maintain appropriate distribution data that may be needed for patient tracking and other studies or reports.
 - Request, receive and distribute the external resources from the Centers for Disease Control and Prevention (CDC), Strategic National Stockpile (SNS), when an incident requiring distribution of pharmaceuticals and/or medical supplies exceeds local and state resources, regardless of the precipitating cause.
 - Coordinate statewide policy decisions regarding the implementation of non-pharmaceutical interventions (NPIs) during an incident.
 - Declare statewide Public Health Emergencies and issue Emergency Orders as necessitated by an incident to implement and enforce NPIs.
 - Through the authority of the State Health Officer, issue isolation and quarantine orders.
 - Provide statewide guidance for implementing and enforcing isolation (i.e., restriction of movement of ill persons) and quarantine (i.e., restriction, testing, treatment, destruction of infected or contaminated animals, medication and inoculation, closure of premises and disinfection).
 - Provide statewide guidance on restriction of movement and provision of travel advisories/warnings.
 - Recommend social distancing (e.g., school and workplace distancing, restricting public gathering and travel, and sheltering in place).

- Provide statewide recommendations for external decontamination procedures.
- Provide coordinated statewide information to the public regarding NPIs.

3.1.6 Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin.

- a. Ensure safe drinking water.
 - Monitor public water systems and precautionary boil water notice status.
 - Support local water sampling and testing activities by augmenting personnel or supplies.
 - Coordinate with and provide technical assistance to local, state, and federal response partners.
 - Monitor laboratory capacity to accept and analyze water samples.
 - Implement surge plans as needed.
- b. Prevent foodborne illness.
 - Review and monitor data from the various surveillance systems and report any indication of outbreaks to CHDs.
 - Provide lab analysis of environmental samples and clinical specimens.
 - Support local environmental health assessments to identify food safety concerns.
 - Report any food or waterborne illness to appropriate regulatory entity to ensure items are removed from commerce if necessary.
- c. Prevent human disease from animal, insect, and tick vectors.
 - Provide guidance and develop recommendations for responders, the general public, clinicians (e.g., physicians and veterinarians) and other stakeholders.
 - Review and monitor data from various surveillance systems for indication of human disease risk from animals or vectors and share findings with CHDs and other stakeholders.
 - Participate in local, state, and federal analysis, recommendation, and approval for emergency vector control pesticide applications when necessary.
- d. Prevent exposure to sanitary nuisances (section 386.01, F.S.) by ensuring basic sanitation services are available and functioning.
 - Provide support to local jurisdictions conducting investigations of complaints related to sanitary nuisances.
 - Provide guidance and support for the assessment and procurement of basic sanitation services (e.g., portable toilets, hand washing stations, trash removal, etc.).
- e. Prevent, identify, and mitigate impacts of environmental exposures.
 - Prevent and/or mitigate exposure to chemical hazards and toxins.
 - Assess and address human health impacts by conducting acute morbidity and mortality surveillance and investigations.
 - Provide guidance to health care providers regarding diagnosis, treatment, and reporting information.
 - Control exposure to biomedical waste.

- Provide technical information and advice on protecting health care workers, environmental service staff, waste haulers and the general public from risks associated with potentially infectious biomedical waste.
- f. Respond to all radiological/nuclear incidents and emergencies by controlling exposure and assessing health hazards including unexpected radiation releases from nuclear power plants, transportation accidents, weapons of mass destruction, lost or stolen radioactive material, and contamination of a facility or the environment. A radiological/nuclear incident will require an immediate coordinated response by local, state, and federal response entities including the Department of Energy, Nuclear Regulatory Commission, Environmental Protection Agency, Department of Homeland Security, and ESFs 8, 6 (Mass Care), 10 (Hazardous Materials), 17 (Animal and Agriculture).
- Provide technical consultation and support to the SERT.
 - Provide situational assessment and analysis.
 - Recommend protective actions (e.g., evacuation, shelter-in-place, etc.).
 - Determine levels of radiation released, health hazards, and the need for decontamination.
 - Recommend actions to protect the public from the ingestion of radioactive contaminated food or water (e.g., embargo and/or disposal of contaminated food or animals, shut down of surface water intakes for public water supply systems, curtailment of hunting or fishing, etc.).
 - Conduct field assessment and monitoring.
 - Conduct monitoring activities and coordinate with county emergency management agencies to obtain additional dosimetry equipment for emergency responders.
 - Collect and test environmental samples (e.g., air, water, soil, and food) and provide laboratory analysis. The collected samples will be analyzed at the Health Physics Laboratory in Orlando and/or the Mobile Emergency Radiological Lab.
 - Provide to CHDs relevant treatment advice and guidance for physicians at medical facilities or community reception centers for testing and medical treatment of individuals exposed to radiation or contaminated with radioactive material.
 - Assist in coordinating the availability of national and private capabilities for clinical specimen testing.
 - Provide instructions for specimen collection, packaging, and shipment.
 - Provide recommendations for the distribution of radiological countermeasures, including potassium iodide.
 - Assist in the processing of contaminated response personnel by providing technical assistance, experienced staff, and equipment (monitors).
 - Support local population monitoring (contamination screening), decontamination activities, and long-term monitoring (establishment of an exposure registry) of the health of the affected population by providing guidance and augmenting staff, supplies, equipment, and pharmaceuticals.
 - Support efforts to collect and store contaminated tools, clothing, equipment, and other material that cannot be decontaminated for later disposition by providing guidance and coordinating the availability of national and private capabilities for disposal.

- Provide guidance for the safe and appropriate handling of deceased victims who may be contaminated with radioactive material.
- g. When appropriate, environmental response actions will be coordinated with local, state, and federal response partners and in concert with existing agency plans.
- h. Coordinate with ESFs 10, 11, and 17 to provide guidance on food, water, and animal issues.

3.1.7 Develop, disseminate, and coordinate accurate and timely public health and medical information.

- a. Provide staff and resources to support the state's emergency and risk communications response. Public information released by ESF-8 will be done in coordination with ESF-14 and established joint information systems.
- b. Gather, validate, and analyze incident specific public health and medical information.
- c. Provide effective public health messaging tools and resources for emergency response.
- d. Communication to internal and external stakeholders will be prioritized to minimize adverse health impacts and to maintain the public's confidence in the public health and medical system.
- e. Essential communication will be provided for each target audience through various mediums (i.e., email, news release, inter/intranet, social media, hotlines, etc.).
 - Provide government officials and policy makers with immediate notification of significant incident changes, regular situational updates that go beyond news reports, and advance notice of sensitive public health information.
 - Provide health care providers/facilities clear and current testing and treatment protocols, reporting requirements, protective measures for staff and clients and a method for seeking additional professional medical management information.
 - Provide DOH personnel with regular situation updates, reporting requirements and guidance for communications with local stakeholders and continuity of operations activities.
 - Provide emergency response partners regular situational briefings, including public information and rumors, responder safety and health recommendations, occupation specific information and recommendations related to the hazard.
 - Provide media organizations with regular incident briefings, news releases and contact information. Provide public (including vulnerable population groups) timely, accurate protective action recommendations, situational updates, and a method to obtain additional information.
 - Provide additional community partners (including, but not limited to: private industry, small business owners, ESF-15, ESF-18, non-governmental organizations, etc.) regular incident briefings and information related to the

effective management of their businesses/organizations and ground-truth rumors that may impact them.

3.1.8 Monitor the need for, and coordinate resources to support fatality management services.

- a. State fatality management resources will augment the district medical examiner capabilities by providing additional staff, equipment, and morgue capacity to address surge
 - Assist in initial scene evaluation, recovery of human remains, collection of missing person information, victim identification, records management and disposition of human remains.
 - Establish supplemental or temporary morgues with ancillary equipment and staffing of various forensic teams within the morgue (i.e., pathology, personal effects, evidence collection, radiology, finger- print, odontology, anthropology, DNA collection and embalming).
 - Provide guidance regarding special processing complications such as protection from chemical exposure of responders and decontamination of recovered remains prior to transportation to a temporary morgue site.
 - Assist district medical examiners in determining fatality management needs of an incident through an assessment.
 - Establish or assist with victim information center operations at a site removed from both the disaster site and the morgue.
 - Establish or assist with records management and computer networking for managing data generated about missing persons and remains processed.

3.1.9 Monitor need for, and coordinate resources to support disaster behavioral health services.

- a. Coordinate disaster behavioral health services to mitigate the adverse effects of disaster-related psychological trauma for survivors and responders.
 - Analyze situational awareness information to identify and forecast behavioral health impacts on the community utilizing established indicators.
 - Coordinate a network of behavioral health experts to advise on the behavioral health aspects of incident response.
 - Assist in the development of contingency plans to address potential behavioral health impacts in the counties.
 - At the request of local jurisdictions, conduct assessments in impacted communities to identify behavioral health needs for the public and responders.
 - Based on assessments, assist local communities in developing plans to address local behavioral health needs for the public and responders.
 - Augment local behavioral health capabilities by deploying behavioral health providers to the communities to provide targeted services for the public and responders.

- Transition short-term behavioral health response to the Department of Children and Families for long-term mental health services as needed during the recovery phase.
- Provide guidance to community partners regarding referral to assure mental health patients maintain the appropriate continuum of care.
- Provide public information regarding psychological first aid that is culturally appropriate and accessible to the whole community.

3.1.10 Support responder safety and health needs.

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

3.1.11 Provide public health and medical technical assistance and support.

- a. Establish and operate a state-level incident management structure to execute the public health and medical functions of the state response including developing, verifying, and maintaining statewide situational awareness and resource management.
 - Integrate public health and medical subject matter experts into response efforts as technical specialists.
 - Establish and operate a Medical Advisory Group to provide recommendations on response actions with significant public health and/or health care implications.
 - Medical Advisory Group will review all assets deemed critical by the State Incident Management Team to provide recommendations for distribution, utilization, and allocation.
- b. Through the authority of the State Health Officer, declare Public Health Emergencies to ensure legal capability to implement or enforce response actions.
- c. Facilitate resolution of policy or legal aspects of response (e.g., waiver of rules, Executive Orders) to meet the needs of the response.

- d. Represent public health and medical interests on the State Assistance Team.
- e. Provide public health and medical logistical resources and support.
- f. Assist the public health and medical system with seeking reimbursement for eligible expenses when appropriate.
 - Seek appropriate funding source for public health and medical incident expenditures.
 - Provide a mechanism (e.g., establishing financial codes) to track and report statewide public health and medical expenditures toward the response.

3.2 Operational Objectives

3.2.1 Preparedness Objectives

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

3.2.2 Response Objectives

- a. Implement plans and procedures to support the local public health and medical system.
- b. Activate and deploy personnel, supplies, and equipment to support local needs. ESF-8 has primary and support agencies that maintain the following resources to support incident response and can procure additional resources as necessary for the response:
 - Epidemiology Strike Teams – At full capability this team is able to conduct surveillance and investigation efforts in a defined geographic area. Teams have the capacity to perform activities related to disease surveillance, outbreak investigation, quarantine and isolation, data analysis and phlebotomy.
 - Environmental Health Strike Teams – At full capability this team is able to provide up to 80 environmental health services per day. Each team includes a supervisor level position for liaison with the local incident management structure. A team has the capacity to perform activities related to the following subject areas: food safety, water safety, onsite sewage disposal, indoor air

quality, disease vectors, zoonotic diseases, facility assessments, chemical compound identification, public health toxicology and radiological monitoring.

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

receives, stages, stores, and distributes pharmaceuticals, medical supplies, and equipment to the affected area.

- Western Shelter Gatekeeper – Mobile, 50-bed units that can be used as shelters, alternate medical treatment sites, or triage centers.
- Chempack chemical antidote caches – 108 chemical nerve agent antidote containers prepositioned (forward placed) in 66 designated locations to include hospitals, EMS stations, and warehouse facilities.
- Medical Supplies and Equipment Caches – A broad range of medical supplies and equipment including pharmaceuticals, ventilators, and medical supplies strategically placed across the state.

3.2.3 Recovery Objectives

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

3.2.4 Mitigation Objectives

- a. Implement public health control measures to prevent disease outbreaks.
- b. Educate the public on measures to mitigate the spread of disease and self-management of medical needs.
- c. Pre-identify vulnerable facilities or populations.
- d. Identify, assess, prioritize, and protect critical infrastructure and key resources so they can detect, prevent, deter, devalue, and mitigate deliberate efforts to destroy, incapacitate or exploit critical infrastructure and key resources.

- e. Provide computerized access to regional and county personnel for management communications, situation/status reports, geographical information systems, and resource management data.
- f. Stockpile critical medical supplies and equipment and pharmaceuticals in strategic locations throughout the state.
- g. Develop and implement After Action Reports and improvement plans based on exercises and real incidents/events to improve preparedness plans.

Section 4: Financial Management

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

The DOH, as the lead agency for ESF-8, is responsible for seeking reimbursement for materiel resources procured by ESF-8 during an incident in coordination with the SERT.

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

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

4.1 Salaries

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

4.2 Travel

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

4.3 Equipment and Supplies

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

Section 5: References and Authorities

- A. Chapter 252, F.S., Emergency Management
- B. Chapter 381, F.S., Public Health
- C. Chapter 386, F.S., Sanitary Nuisances
- D. Chapter 393, F.S., Developmental Disabilities

- E. Chapter 394, F.S., Mental Health
- F. Chapter 395, F.S., Hospital Licensing and Regulation
- G. Chapter 401, F.S., Medical Telecommunications and Transportation
- H. Chapter 406, F.S., Medical Examiners
- I. Chapter 408, F.S., Health Care Administration
- J. Chapter 943, F.S., Department of Law Enforcement