



# THE STATE OF FLORIDA BIOLOGICAL INCIDENT ANNEX

To the State Comprehensive Emergency Management Plan

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## AUTHORITIES

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### Federal

#### **Title 42, Code of Federal Regulations Part 70 Interstate Quarantine**

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

#### **Title 42, Code of Federal Regulations Part 71 Foreign Quarantine**

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

#### **Title 42, Code of Federal Regulations 201 Public Readiness and Emergency Preparedness Act (PREP)**

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

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

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

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

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

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

- Amends the Public Health Service Act and established the Assistant Secretary of Preparedness and Response as a new position with authority over the advanced development and acquisitions of medical countermeasures.
- Established the National Health Security Strategy to coordinate preparedness activities across agencies and organizations in order to reduce the social and economic cost of significant public health incidents.

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

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

**Section 319, Public Health Service Act, Public Health Emergencies**

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

**Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)**

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

## **State**

### **Section 20.43, F.S.**

#### **Department of Health**

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

### **Section 120.54, F.S.**

#### **Rulemaking**

If an agency finds that an immediate danger to the public health, safety, or welfare requires emergency action, the agency may adopt any rule necessitated by the immediate danger.

### **Chapter 252, F.S.**

#### **Emergency Management Act**

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

### **Section 381.0011, F.S. Duties and powers of the Department of Health**

- Assess the public health status and needs of the state.
- Administer and enforce laws and rules related to sanitation, control of communicable diseases, illnesses and hazards to health among humans and from animals to humans, and the general health of the people of the state.
- Coordinate with federal, state, and local officials for the prevention and suppression of communicable and other diseases, illnesses, injuries, and hazards to human health.
- Provide for a thorough investigation and study of incidence, cause, modes of propagation and transmission, and means of prevention, control, and cure of diseases, illnesses, and hazards to human health.
- Provide for the dissemination of information, to the public relative to the prevention, control, and cure of diseases, illnesses, and hazards to human health.
- Manage and coordinate emergency preparedness and disaster response functions to: investigate and control the spread of disease; ensure the safety of food and drugs; and provide surveillance and control of radiological, chemical, biological, and other environmental hazards.

### **Section 381.0012, F.S. Enforcement authority**

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

### **Section 381.00315, F.S. Public health advisories; public health emergencies; isolation and quarantines**

The State Health Officer is responsible for declaring public health emergencies, issuing public health advisories, and ordering isolation and quarantines.

**Section 403.861, F.S. Department of Health; public water supply duties and responsibilities; coordinating budget requests with department**

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

**Section 570.36, F.S. Division of Animal Industry; powers and duties**

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

**Section 585.145, F.S. Control of animal diseases**

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

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

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

## REFERENCES

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1. State of Florida Comprehensive Emergency Management Plan
2. Florida Natural Disease Outbreak and the Pandemic Influenza Management Response Plan, April 2008
3. Fatality Management Response Plan of the Florida Medical Examiners Commission, May 2012
4. Florida Department of Health, Alternate Care Site Standard Operating Procedure, April 2013
5. Florida Comprehensive Emergency Management Plan, Appendix VIII: ESF 8 Public Health and Medical Services, 2014
6. Florida Department of Health, Emergency Operations Plan, Mass Prophylaxis and Treatment Annex, Version 6, October 2014
7. Florida Strategic National Stockpile Standard Operating Procedure, January 2015
8. Florida Department of Health, Biological Disease Outbreak Incident Response Playbook, February 2015
9. Florida Department of Health, Ebola Incident Response Playbook, February 2015
10. Florida department of Health, Pandemic Influenza Incident Response Playbook, February 2015
11. Florida Department of Health, Florida Infectious Disease Transportation Network Plan, May 2016
12. Florida Department of Health, Zika Incident Response Playbook, 2017
13. Federal Emergency Management Agency Biological Incident Annex to the Response and Recovery Federal Interagency Operational Plan, January 2017

## GLOSSARY OF TERMS

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### **Centers for Disease Control and Prevention Category A Bioterrorism**

**Agent/Disease** – High-priority agents including organisms that pose a risk to national security because they: can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruptions; and require special actions for public health preparedness. These Agents/Diseases include: Anthrax; Botulism; Plague; Smallpox; Tularemia; and Viral hemorrhagic fevers. Many of these agents/diseases are naturally occurring.

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

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

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

**Florida Emergency Mortuary Operations Response System (FEMORS)** – a team of trained personnel from multiple state and local agencies that supports Medical Examiner Offices with victim identification during mass fatality incidents.

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

**Infection Control** – measures taken to prevent further infections and the spread of disease. These precautions include: separate waiting facilities, a pre-arranged triage mechanism, spatial separation, use of personal protective equipment, and encouragement of respiratory hygiene.

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

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

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



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

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

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

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

**Novel Disease** – a new type or strain of disease for which there is no or limited human immunity widespread infection.

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

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

**Personal Protective Equipment (PPE)** – specialized clothing or equipment, worn for protection against infectious materials. Items may include: protective garments, gloves, gowns, goggles, hand sanitizer, and/or equipment.

**Public Health Advisory** – any warning or report giving information to the public about a potential public health threat.

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

**Public Health Reference Laboratories** – designated state and local laboratories that perform conclusive tests to quickly detect and confirm the presence of threat agents.

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

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

**Social distancing** – voluntary or mandatory steps taken to reduce face-to-face interactions among people in the community.

**Surveillance** – measures and procedures used to detect disease outbreaks and to monitor and assess their progression.

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

**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.

**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.

**Zoonoses/Zoonosis/Zoonotic** – a disease capable of being transmitted from infected animals to humans.

## CHAPTER 1 – INTRODUCTION

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### I. General:

The overarching objective of the Biological Incident Annex (BIA) is to:

- Establish a framework for an integrated multi-agency response to a biological outbreak by reducing disease morbidity and mortality and limiting economic and social disruption.

An effective response will require local, state, and tribal coordination to:

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

### II. Hazard Context:

Florida's population density, demographics, climate, and role as an international tourist destination increase the state's vulnerability to the impacts/introduction and/or spread of infectious disease – whether natural or manmade. Unlike incidents involving chemical, radiological, nuclear, or explosive agents (which generally allow for easier detection, investigation, and containment), biological incidents tend to be less transparent. As a result, a largescale biological incident would pose a significant threat to public health, critical infrastructure, and state and local economies.

Biological agents may elude early detection, compromising the ability of public health professionals to understand the scope and magnitude of an emerging disease outbreak. This allows infection to spread unabated and increases the likelihood of catastrophic consequences. Examples of public health threats that may result in the activation of this Annex include:

- Emergence of an infectious disease of high consequence;
- Introduction of an infectious disease agent of high consequence into the state;
- Established person-to-person transmission of a novel influenza virus to which there is no existing human immunity;

- Dispersal of a Category A Bioterrorism Agent/Disease as part of a bioterrorism act;
- Local (autochthonous) transmission of an imported vector-borne disease;
- Largescale contamination of the water supply or pharmaceutical supply chain.

### **III. Purpose**

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

The BIA is intended to address biological incidents that exceed or are predicted to exceed the response capability and/or resources of local jurisdiction(s) and/or the state. The information contained in the BIA is not disease agent-specific.

While the BIA is intended to cover the state response to any biological incident, it may not be all-inclusive, as new disease threats continue to surface. As such, additional response activities may be required that are not detailed in the Annex. However, the BIA has sufficient flexibility to allow for easy adaptation to new and evolving biological threats.

### **IV. Scope**

The scope of incidents addressed in this Annex can be identified as any incident that exceeds or overwhelms the capabilities or resources of one or more responding agencies. As incident complexity increases, transition to command/lead agency is expected to effectively manage the multijurisdictional resources that will be utilized. As local/state/private resources are overwhelmed, federal agencies increase their operational responsibility.

### **V. Situation Overview and Planning Assumptions**

As the lead agency, the Florida Department of Health (DOH) is responsible for the establishment of a preparedness and response framework to address biological threats of various scopes and magnitudes ranging from isolated to widespread disease outbreaks. The State Surgeon General is responsible for declaring public health emergencies, issuing public health advisories, and ordering isolation and quarantine.

#### **A. Situation Overview**

Biological incidents that require the activation of the BIA may arise from a variety of public health threats that must be analyzed individually to adequately support preparedness, response, and recovery activities. Given the dynamic nature of biological incidents, DOH, in collaboration with the Executive Office of the Governor and the Division of Emergency Management (DEM), will establish the threshold for initiating the state-level response.

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

### Biological Incident Characteristics

1. Naturally-occurring Disease Outbreaks
  - a. Emerging – Caused by newly identified species or strains of disease for which there may be no human immunity.
  - b. Reemerging – Caused by a disease agent that was previously controlled or eradicated, but has been reintroduced.
2. Manmade Incidents
  - a. Terrorist-related – Intentional release of biological agent to achieve a political, religious, or ideological goal.
  - b. Non-terrorist related – Unintentional dissemination of a biological agent such as the accidental contamination of the food or water supply.
3. Transmissibility
  - a. Communicable – Transmissible from person-to-person via contact, respiration, and/or ingestion of disease causing agent.
  - b. Non-communicable – Cannot be transmitted from person-to-person.
  - c. Vector-borne – Transmitted through a disease vector (animal or arthropod) such as an insect (i.e., mosquito, flea).
4. Severity

A categorization of the overall impact of a disease outbreak, particularly during pandemics. Severity levels are specific to the disease and are assessed examining the illnesses association with infection or number of infections resulting in hospitalization or death. These factors combined are used to guide decisions about actions to implement at a given time during an outbreak. All disease agents do not have established severity levels.
5. Response and Medical Prophylaxis Options
  - a. Available response options may include: enhanced (active) surveillance; disease investigation; boil water orders; vector or animal control measures; stop sale and recall of medicines or products; facility closure; imposition of travel advisories and restrictions; isolation; and quarantine.
  - b. Available medical prophylaxis options may include: medical countermeasures to include pre and post-exposure vaccinations and antibiotics.

## **B. Planning Assumptions**

1. Naturally-occurring Disease Outbreaks
  - a. Public health surveillance systems may require days or weeks to detect a pattern that indicates a biological incident has occurred.
  - b. Reports of suspected and/or confirmed cases involving the threat agent may come from multiple sources.
  - c. Initial public health actions may need to be taken in the absence of complete information.
  - d. Initial response actions may take place with or without a state or federal disaster declaration or public health emergency declaration.
  - e. The effectiveness of response actions may be a determinant of the type of biological agent, mode of transmission, degree of infectivity, timeliness of detection, and availability of public health interventions to mitigate disease spread.
  - f. Medical countermeasures may or may not be available from local, state, federal or private sector caches to support mass prophylaxis for exposed populations, when appropriate.
  - g. Emergency provisions will allow for the dispensing of eligible medical countermeasures without the need for individual prescriptions.
  - h. Executive Order(s) and/or public health emergency declaration(s) will provide additional authority, as necessary to support the response (e.g., temporary suspension of pharmaceutical laws).
  - i. No single entity will possess all of the authority, expertise, and/or resources to respond unilaterally.
  - j. Federal assistance may not be available or severely limited during multi-state outbreaks.
  - k. Biological response actions will require significant coordination with the private sector.

2. Manmade Incidents

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

## **CHAPTER 2 – THE RESPONSE ORGANIZATION**

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### **I. GENERAL**

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

### **II. Local Response**

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

- Activate Emergency Operations Center or Incident Management Team (IMT) in accordance with plans and procedures.
- Disseminate key public health and risk mitigation messages to the public and local stakeholders.
- Conduct enhanced surveillance to detect the disease agents in the environment and/or at-risk populations.
- Coordinate laboratory testing for samples.
- Collect and report data on cases and clusters following standard case definitions for the disease agents.
- Implement non-pharmaceutical interventions to help contain the disease.
- Provide access to medical countermeasures in accordance with mass prophylaxis plans.
- Be prepared to take actions as directed in executive orders and/or public health emergencies.
- Monitor and be prepared to implement guidance on non-pharmaceutical interventions at the direction of the State Surgeon General.
- Request additional resources and capabilities using formal request channels.



### III. State Response

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

- Implement enhanced epidemiologic and surveillance activities to define cases, identify at-risk populations, and determine source of infection.
- Provide laboratory testing capability for the identification, confirmation, characterization, and determination of drug susceptibility of the biological agent.
- Provide technical assistance in environmental health and/or conducting environmental sampling to support disease surveillance and other epidemiological activities.
- Identify exposure pathways to support the development and implementation of infection control protocols.
- Provide guidance on identification, diagnosis, and clinical management of human cases.
- Coordinate patient movement to Regional Treatment Center(s) or isolation chambers for individuals with highly-infectious diseases.
- Provide guidance on the use of medical countermeasures.
- Distribute medical countermeasures, as required or directed.
- Develop effective infection control practice recommendations for communities and health care settings.
- Provide guidance on non-pharmaceutical interventions to assist with the containment and control of the disease agent.
- Provide technical assistance to local jurisdictions to support public health response activities.
- Disseminate key public health and risk mitigation messages to the public and government stakeholders.
- The State Emergency Response Team (SERT) will be activated consistent with guidelines established in the State Comprehensive Emergency Management Plan (CEMP) to coordinate state and federal assets deployed to support the local response.
- Activate IMTs, Multi-agency Coordination Group(s) (MAC) and/or Forward SERT(s) to effectively use limited staff and allocated scarce resources to the local response system.
- Coordinate plans, policies, and procedures that will be used to respond during an incident with Federal Emergency Management Agency Region IV counterparts.

## CHAPTER 3 – CONCEPT OF OPERATIONS

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### I. General

#### A. Concept of Operations

##### 1. Assessment of Threat

- a. Disease outbreaks are common and may arise from a variety of sources. Through situational awareness, DOH assess an outbreak's potential for developing into an incident that requires a statewide response.
- b. The DOH Bureau of Public Health Laboratories operates a network of specialized laboratories that are used to confirm disease outbreaks, including those involving agents that require focused attention at the local, state, national, or international level.
- c. The DOH Bureau of Epidemiology and County Health Department (CHD) epidemiology programs primarily use passive surveillance systems to detect outbreaks by monitoring increases in reportable diseases from vital statistics, health care providers, hospital emergency department data, laboratories, and toxic exposure reports from poison control centers.
- d. Passive public health surveillance allows for continuous monitoring for clusters of human illness from any cause, including food and waterborne disease.
- e. Factors that may indicate individually or collectively that a disease outbreak or biological incident requires activation of the SERT include:
  1. Large number of cases relative to data on spatial and temporal disease trends for a given area.
  2. Atypical temporal or unseasonal clusters of a disease (e.g., illness resembling mosquito borne disease during winter).
  3. Atypical geographic spread of a disease based on established disease agent characteristics.
  4. High rate of disease morbidity and mortality resulting in a significant number of hospitalizations and/or deaths.
  5. Unexplained mode of transmission based on established disease agent attributes.
  6. Widespread distribution of a biological agent that is persistent in the environment (e.g. wide area anthrax dispersal).
  7. Short incubation period and/or high rates of secondary transmission, creating the potential for a rapid increase in the number of cases.
  8. A completely novel disease or a known disease with highly unusual characteristics or presentations.

- f. Epidemiologists from DOH are responsible for providing necessary situational awareness by:
  - 1. Assessing all outbreaks that come to their attention;
  - 2. Transitioning from passive to active surveillance, as necessary, to determine the extent of the outbreak;
  - 3. Notifying appropriate officials of suspicious outbreaks; and
  - 4. Seeking consultation and assistance, as necessary, to characterize an outbreak.
- g. Contact tracing investigations will be directed locally with support from state epidemiology subject matter experts.
- h. Sample collection may involve a variety of methods depending on the source of the outbreak to include:
  - 1. Human biological samples (e.g., blood, urine, etc.) may be collected by epidemiology staff.
  - 2. Environmental samples of Category A Bioterrorism Agents may be collected by local hazard materials teams trained in proper sample collection procedures.
  - 3. All environmental samples submitted for testing following a bioterrorism incident must follow chain of custody procedures to maintain the integrity of the potential law enforcement investigation.
- i. The LRN will be activated to fulfill local and state needs for rapid testing and characterization of biological agents as this type of biological testing cannot be carried out in the field.
  - 1. In a suspected bioterrorism incident, laboratory testing is coordinated with state and federal law enforcement in addition to LRN members.
- j. A key component of this process is the establishment and maintenance of the law enforcement chain of custody and transport arrangements. Prior to transporting a specimen to an LRN laboratory, a basic field screening will be performed by responders on-scene to rule out radiation, oxidizers, flammability, corrosives, explosives, and volatile organic compounds.
- k. Any potential biological agent, disease outbreak, or suspected bioterrorism act affecting or involving humans will be brought to the immediate attention of the State Surgeon General. The State Public Health Veterinarian will notify the State Food and Waterborne Disease Coordinator if food or water is potentially involved, the State Toxicologist if a biologic toxin is suspected, and the State Arbovirus Surveillance Coordinator if an arthropod-borne disease is suspected.
- l. When a waterborne illness is suspected, it is critical that information be shared between jurisdictions early in the process to reduce exposure and prevent secondary cases, as well as to eliminate the source of the outbreak as quickly as possible. Bureau of Environmental Health notification procedures for waterborne emergencies should be followed.

- m. LRN laboratories will provide the results of their testing and analysis of suspected bioterrorism samples to the entity that submitted the sample and to all public officials with a need to know.
- n. Instances of disease that raise the “index of suspicion” for terrorist or criminal involvement, as determined by the State Epidemiologist, State Public Health Veterinarian, Bureau of Epidemiology and/or Bureau of Environmental Health, are reported to the State Watch Office and the Florida Fusion Center.

## **B. Unique Prevention and Protection Activities**

1. Upon activation, the primary objectives of DOH are to identify populations that have been exposed to the biological agent, are at risk for becoming exposed, and that are disproportionately vulnerable to the effects of the biological agent.
2. Additional investigative tasks such as identifying the route of exposure and mode of transmission for the biological agent will need to be conducted in order to determine effective public health interventions.
3. If a county is faced with a significant outbreak related to waterborne illness, the CHD will decide if it is appropriate to activate an IMT and request potential assistance from the appropriate DOH Central Office staff.
4. For waterborne, vector-borne, zoonoses and biotoxin events, DOH will write a report at the conclusion of the investigation once the following criteria have been met:
  - a. There is no longer a risk for exposure and spread of a disease.
  - b. There are no additional cases being reported.
  - c. Epidemiological and statistical analyses have been completed.

## **II. Deactivation**

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

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

## **III. Command and Coordination**

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

## **IV. Communications**

### **A. Intra-Agency**

Spokespersons for public information on a biological incident are the State Surgeon General and the Director of the Office of Communications.

### **B. Inter-Agency**

1. The DOH Office of Communications, with the technical assistance of Subject Matter Experts in their respective agencies, will establish and maintain public confidence through timely implementation of a public messaging campaign.
2. The DOH Office of Communications will participate in the Joint Information Center operation and will coordinate its public messages with all domestic media outlets and CHDs, as appropriate.
3. The DOH Director of the Division of Disease Control and Health Protection will work with the DOH Office of Communications to establish guidelines for formulating appropriate messages and disseminating information within the Department and external to the Department, including at minimum, elected officials, health care professionals, responders, the public, people with disabilities, and people whose first language is not English.
4. If any agency or government entity becomes aware of an overt threat involving biological agents or indications of unnatural disease, the federal Department of Justice (DOJ) must be notified. The agency or entity alerts FDLE and the FBI, and those agencies notify DOJ.
5. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits covered entities to disclose protected health information for public health purposes without prior authorization during a public health emergency or significant incident.

## **V. Reduction of Morbidity and Mortality**

### **A. Disease Control**

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

1. Prevent those who are ill from infecting others.
2. Prevent those infected or exposed from becoming ill.
3. 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 strategies, community-based control and mitigation interventions, distribution and dispensing of medical countermeasures, and implementation of infection control and occupational health strategies. Uniform application of control measures is vital.

### 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 and Situation Reports (SitReps) to support the overall response.

1. The Department of Agriculture and Consumer Services (DOACS) is responsible for supporting the surveillance of disease in domestic animals.
2. DOH is responsible for supporting the surveillance of disease in human populations.
3. While DOH and DOACS have separate surveillance responsibilities, preparation of SERT SitReps will require a coordinated effort.

### **B. Medical Surge for Patient Care**

During a biological incident, there may be a significant surge in demand on the health care system. This could stress community medical support systems. It may be necessary for hospitals to maximize bed capacity by implementing surge plans. Use of alternate care sites may be required. Strategies to meet the increased demand for medical services will be implemented using established medical surge protocols and procedures.

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

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

### **C. End of Life Care**

Palliative care will be required to provide comfort and minimize the physical and psychological suffering of those whose lives may be shortened as a result of the epidemic.

### **D. Management of Fatalities and Animal Dispositions**

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

## **E. Law Enforcement, Public Safety, and Security**

The Florida Department of Law Enforcement (FDLE) is responsible for the command, control, and coordination of all state and local law enforcement personnel and equipment to support security missions, enforcement of quarantine orders, and to ensure the safety of quarantined individuals following a biological incident. FDLE also establishes procedures for the use of the Florida National Guard in support of the overall law enforcement mission.

Following a biological incident, it will be essential for law enforcement agencies to maintain public safety and order. Critical/Key areas where civil disturbances are likely to occur include health care facilities, Point of Dispensing (POD) locations, and at food distribution sites. Law enforcement presence may be required to secure isolation and quarantine facilities in order to control disease spread, which will temporarily divert these resources from traditional duties. Law enforcement agencies may also be limited by staffing shortages, requiring activation of the Florida National Guard.

## CHAPTER 4 – ROLE AND RESPONSIBILITIES

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### I. General

ESF roles and responsibilities during SERT activations are found in the CEMP. Because of the potential widespread nature of an epidemic, non-traditional agencies and unusual ESF response roles may be required. Potential ESF roles and responsibilities in the context of an epidemic are summarized below.

- **Preparedness Activities:** Participate in epidemic preparedness activities as directed by the DEM. Encourage agency staff to learn and practice basic hygiene to reduce disease spread. Establish a communications plan to update staff on pandemic stages and required actions. Appoint rumor control staff to monitor and respond to profession-specific rumors in coordination with ESF 14.
- **Response Plans:** Integrate epidemic considerations into existing agency response plans.
- **Key Event Indicators:** Identify key event indicators for critical infrastructure and key resources during the epidemic monitoring phase. During response, monitor key event indicators using data to prepare Incident Action Plans and evaluate the effectiveness of response.
- **Infection Control:** Develop agency infection control protocols based on guidelines provided by DOH to mitigate disease transmission and spread.
- **Legal Issues and Executive Orders:** Be prepared to take actions as dictated in executive orders and make specific recommendations on rule variances.
- **Quarantine, Sheltering in Place and Social Distancing:** Monitor and be prepared to implement DOH direction on isolation, quarantine, and social distancing.

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

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

Specific ESF roles and responsibilities for a biological incident are outlined in the section below.



## **II. Emergency Support Function Responsibilities**

### **ESF 1 – Transportation**

#### **Preparedness**

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

#### **Response**

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

#### **Recovery**

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

## **ESF 4 – Firefighting**

### **Response**

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

## **ESF 6 – Mass Care**

### **Preparedness**

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

### **Response**

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

### **Recovery**

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

## **ESF 7 – Resource Management**

### **Preparedness**

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

## **ESF 8 – Public Health and Medical Services**

### **Preparedness**

1. Identify key incident indicators to monitor implementation of disease control strategies and status of health care delivery system.
2. Develop recommendations for stockpile of medical supplies, equipment, personal protective equipment, and pharmaceuticals.
3. Coordinate with ESF 16 regarding current isolation and quarantine guidance.

### **Response**

1. Collaborate with the SERT, and the Executive Office of the Governor on implementation of executive orders, proclamation of public health emergencies, or state of emergency.
2. Evaluate the need for medical countermeasures.
3. Request medical countermeasure, if necessary.
4. Deploy Receipt, Stage, Store Teams.
5. Distribute medical countermeasures.
6. Provide daily status of medical countermeasures available.
7. Conduct surveillance and investigation of confirmed and suspected cases and/or contacts and disease patterns.
8. Provide guidance to CHDs on sample collection.
9. Evaluate laboratory surge capabilities.
10. Coordinates with ESF 17 to provide guidance on animals.
11. Determine investigative capabilities.
12. Coordinate with ESF 16 to implement and support isolation and quarantine, as necessary.
13. Activate FEMORS, as necessary.
14. Provide guidance to medical providers regarding treatment and management of patients.
15. Disseminate public health regarding infection control practices and personnel protection measures.

### **Recovery**

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

## **ESF 9 – Search and Rescue**

### **Preparedness**

1. Review and evaluate search and rescue procedures that would be applicable during a biological event.

### **B. Response**

1. Determine whether fire rescue resources will be needed to deliver/administer medical countermeasures.

2. Assist in the retrieval of deceased from residences in coordination with ESFs 8, 16 and FEMORS.

## **ESF 10 – Environmental Protection**

### **Preparedness**

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

### **Response**

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

### **Recovery**

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

## **ESF 11 – Food and Water**

### **Response**

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

## **ESF 12 – Energy**

### **Preparedness**

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

## **ESF 13 – Military Support**

### **Preparedness**

1. Ensure development and coordination of National Guard biological response plan with other SERT ESFs and agencies and NORTHCOM.
2. Encourage contact and coordination of active military installation Public Health Emergency Officers with county emergency management and Health Departments.
3. Identify alternate sites for assembly and deployment.
4. Identify what deployed personnel are the most vulnerable.

5. Monitor health status of personnel, including those at home stations, assembly and deployment bases, and those returning from areas where known infections are prevalent.

#### **Response**

1. Support distribution and security of medical countermeasures and other materiel as requested.
2. Assist with medical support personnel, if requested.
3. Provide security at hospitals, isolation, quarantine, and mortuary facilities.

#### **Recovery**

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

### **ESF 14 – External Affairs- Public Information**

#### **Preparedness**

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

### **ESF 15 – Volunteers and Donations**

#### **Preparedness**

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

#### **Response**

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

### **ESF 16 – Law Enforcement and Security**

#### **Preparedness**

1. Develop security plans to support the receipt, distribution, and dispensing of medical countermeasures.
2. Emphasize law enforcement officer and family biological incident preparedness planning.
3. Review plans for mass fatalities and security implications with medical examiners and health care facilities.

4. Identify security issues or patterns of unlawful conduct specifically related to a biological incident within the US.
5. Review legal authorities applicable to a biological incident.
6. Review possible movement and restrictive actions which would assist with prevention of spread of biological incident.
7. Prepare to implement isolation measures and other containment strategies to limit infections in correctional facilities as might be necessary.
8. Identify immuno-compromised and at risk inmates and staff in correctional facilities.
9. Evaluate alternative schooling methods for juveniles in correctional facilities.
10. Educate staff and inmates on preventative strategies and proper infection control procedures.
11. Identify correctional facilities and institutions with infirmaries.
12. Identify areas for temporary and/or long-term morgue sites at correctional facilities.

#### **Response**

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

#### **Recovery**

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

### **ESF 17 – Animal and Agriculture Issues**

#### **Response**

1. Through the State Agricultural Response Team, functioning as a Multi-Agency Coordination Group, provide guidance, set priorities, and provide resources.

## **ESF 18 – Business, Industry, and Economic Stabilization**

### **Preparedness**

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

### **Response**

1. Facilitate production of essential goods and services while mitigating the epidemic's impact on business operations.
2. Encourage businesses to implement internal surveillance and detection.
3. Assist in the management of and tracking of individual worker risk (pregnant women, those with compromised immune systems, etc.) with employers and business groups.
4. Coordinate with ESF 5 and 14 to provide and disseminate biological incident response information.