
# Public Health and Medical Emergency Operations Plan
# Florida Department of Health

Version 4.0
October 6, 2014

Maintained by the Bureau of Preparedness & Response

# I. INTRODUCTION

## A. **Signature Page**

The Florida Department of Health (FDOH) Public Health and Medical Emergency Operations Plan (EOP) established the Department's all hazards approach to managing emergencies, minor disasters, major disasters and catastrophic disasters that impact Florida's public health and medical system. This plan demonstrates the ability to manage incidents in coordination with local, state and federal partners through a scaled response based on the circumstances of the particular incident. This plan fully supports and aligns to the State Comprehensive Emergency Management Plan authorized in F.S. 252.35.

Approved and adopted on this date 10-6-14 by:

This plan shall be updated at least every two years or as needed based on improvements identified through the after action process, significant organizational changes, or legal authorities.

John H. Armstrong, MD, FACS
Surgeon General and Secretary
Florida Department of Health

## B. **Approval and Implementation**

The Florida Department of Health, Public Health and Medical Emergency Operations Plan replaces and supersedes all previous versions of the FDOH Emergency Operations Plan. This plan shall serve as the operational framework for responding to all emergencies, minor disasters, major disasters and catastrophic disasters that impact the public health and medical system in Florida.

This plan may be implemented as a stand-alone plan or in concert with the State Compressive Emergency Management Plan when necessary. Should any portions of this plan conflict with the State CEMP, the State CEMP shall prevail.

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# II. PURPOSE, SCOPE, SITUATION, ASSUMPTIONS

## A. Purpose

The purpose of this plan is to establish the Florida Department of Health's (FDOH) all-hazards approach for responding to incidents occurring in the State of Florida that require a public health and medical response.

The objectives of this plan are to:

1. Identify the capabilities, resources, authorities, and procedures the Department can bring to bear during a response to meet the needs of the incident and carry out missions.
2. Identify the hazards that threaten Florida's public health and medical system which may require a response from the Department and align the missions and resources to address those hazards.
3. Establish a framework for managing incidents in circumstances when the department is performing command & control or support & coordination roles that align with the State Comprehensive Emergency Management Plan.
4. Establish expectations for positions with specific roles and responsibilities during an emergency.

## B. Scope

This plan is applicable during any emergency, minor disaster, major disaster or catastrophic disaster that impacts Florida's public health and medical system. The scope of this plan is not limited by the nature of any particular hazard. This plan is designed to be applied with equal effectiveness against all public health and medical incidents, whether they are infections or noninfectious, intentional or unintentional.

The operational scope of this plan pertains to FDOH. It recognizes the responsibilities and respects the autonomy of other jurisdictions and response agencies at all levels and is not intended to define or supplant existing plans for any particular agency or organization.

Specific tactical operations of a County Health Department are outside the scope of this plan and are documented in county Comprehensive Emergency Management Plans and CHD Emergency Operations Plans (EOPs). However, CHD EOPs shall align to this plan.

This plan is activated when any one of the following triggers occur:

1. The Governor Declares a State of Emergency.
2. The Surgeon General Declares a Public Health Emergency.
3. The State Emergency Response Team activates (SERT) to a Level 2 and the Public Health and Medical Function (ESF8) is stood up.
4. The State Emergency Response Team activates to a Level 1.

5. An incident occurs at the local level that overwhelms the local public health and medical system and requires state support to respond.
6. At the direction of the State Surgeon General in anticipation of an emerging risk to Florida's public health and medical system that has the potential to overwhelm the local public health and medical system and requires state support to respond.
7. At the direction of the State Surgeon General, when an incident occurs within the Department of Health that requires increased coordination through incident command principles.

## C. Situation

### 1. Hazard Analysis

The Department of Health has developed a robust process for identifying risks and vulnerabilities to the states' public health and medical system. In 2014, the Department deployed the Florida Public Health Risk Assessment Tool across 67 local jurisdictions. This tool enhances the ability to identify hazards probability, risk index, and hazard impacts on the public health, healthcare and behavioral health systems. In addition, this tool identifies hazard residual risk based on Florida's capabilities, resources and community resilience to address hazards.

Currently, 36 hazards with public health relevance have been identified as threats to the public health and medical systems. These hazards are prioritized using a hazard risk index. The hazard risk index is the likelihood of a given hazard of a given level, causing a particular level of loss or damage. The hazard risk index is a complex value that factors in hazard probability, social vulnerability index, and combined scores from the public health, healthcare, and behavioral health impacts at a state level.The hazard risk index average for the state is categorized as high (>1.00), medium high (>0.7 – 1.0), medium (0.5 – 0.7) and low (<0.5). The average hazard risk indexes are depicted in Table 1.

The public health Impact, healthcare impact and behavioral health impact of each of the 36 hazards are depicted in Table 1. The impact scores are ranked 1 – 4, and were categorized as high (4), medium high (3), medium (2) and low (1) for illustration purposes only because they represent the evaluations of individual sector's experts, and there is no horizontal alignment between impacts or a cross sector impact comparison.

Table 1. Hazards with public health relevance: average risk indexes and public health and medical impacts.

| Hazard | Average Risk Index | Risk Category for average values | Public Health Impact Score (1-4) | Healthcare Impact Score (1-4) | Behavioral Health Impact Score (1-4) |
|---|---|---|---|---|---|
| 1. Cyber/Technical Incident | 2.38 | High | 1.43 | 1.00 | 1.34 |
| 2. Fires - Large-Scale (not Wild Fire) | 2.24 | High | 1.24 | 1.12 | 1.37 |
| 3. Biological Disease Outbreak | 2.23 | High | 2.39 | 3.47 | 3.51 |
| 4. Pandemic Influenza | 1.59 | High | 2.31 | 2.96 | 2.02 |
| 5. Nuclear Attack | 1.47 | High | 4.00 | 4.00 | 3.84 |
| 6. Hurricane/Tropical Storm | 1.38 | High | 2.24 | 1.67 | 3.00 |
| 7. Food Borne Disease | 1.24 | High | 1.53 | 2.17 | 2.14 |
| 8. Water Supply Contamination - environmental | 1.21 | High | 1.66 | 2.46 | 2.43 |
| 9. Biological Terrorism - Communicable (including A - B - C agents) | 1.10 | High | 2.45 | 3.12 | 4.00 |
| 10. Sewer Failure | 1.00 | Medium High | 1.31 | 1.27 | 1.26 |
| 11. Air Quality (ozone/pollution advisories) | 0.97 | Medium High | 1.30 | 1.50 | 3.41 |
| 12. Mass Population Surge | 0.92 | Medium High | 1.28 | 1.33 | 1.66 |
| 13. Radiological Terrorism (Radiological Dispersal Device) | 0.86 | Medium High | 2.40 | 2.13 | 3.56 |
| 14. Communications Failure | 0.85 | Medium High | 1.05 | 1.03 | 1.60 |
| 15. Power Failure | 0.84 | Medium High | 1.79 | 1.39 | 1.82 |
| 16. Hazardous Materials Incident - Fixed Facility | 0.79 | Medium High | 1.37 | 1.17 | 1.41 |
| 17. Hazardous Materials Incident - Transportation | 0.77 | Medium High | 1.31 | 1.30 | 1.40 |
| 18. Mass Casualty Incidents | 0.74 | Medium High | 1.21 | 1.10 | 1.86 |
| 19. Radiological Incident - Transportation | 0.71 | Medium High | 1.41 | 1.55 | 2.85 |
| 20. Storm Surge | 0.71 | Medium High | 1.48 | 1.55 | 1.86 |
| 21. Biological Terrorism - Non- | 0.70 | Medium | 1.79 | 2.43 | 2.67 |

| Hazard | Average Risk Index | Risk Category for average values | Public Health Impact Score (1-4) | Healthcare Impact Score (1-4) | Behavioral Health Impact Score (1-4) |
|---|---|---|---|---|---|
| Communicable (including A - B - C agents) | | | | | |
| 22. Flood | 0.70 | Medium | 1.40 | 1.35 | 1.81 |
| 23. Tornado | 0.64 | Medium | 1.41 | 1.46 | 1.40 |
| 24. Chemical Terrorism | 0.61 | Medium | 2.28 | 1.69 | 2.18 |
| 25. Extreme Cold | 0.61 | Medium | 1.00 | 1.23 | 2.16 |
| 26. Conventional Terrorism | 0.50 | Medium | 1.54 | 1.23 | 2.27 |
| 27. Severe Winter Storm | 0.50 | Medium | 1.24 | 1.23 | 1.35 |
| 28. Earthquake | 0.45 | Low | 1.24 | 1.27 | 2.85 |
| 29. Windstorm | 0.45 | Low | 1.22 | 1.21 | 1.12 |
| 30. Radiological Incident - Fixed Facility | 0.44 | Low | 1.28 | 1.30 | 2.66 |
| 31. Drought | 0.43 | Low | 1.17 | 1.33 | 2.51 |
| 32. Lightning | 0.41 | Low | 1.23 | 1.13 | 1.15 |
| 33. Extreme Heat | 0.40 | Low | 1.16 | 1.38 | 2.10 |
| 34. Civil Disorder | 0.33 | Low | 1.09 | 1.11 | 2.03 |
| 35. Hailstorm | 0.33 | Low | 1.03 | 1.13 | 1.10 |
| 36. Dam failure | 0.14 | Low | 1.01 | 1.03 | 1.00 |

2. **Capability Assessment**

During the preparedness phase the public health and healthcare preparedness system is focused on building capabilities that are necessary when responding to an incident. These capabilities are:

a. Community and Health Care System Preparedness
   - Determine risks to the health of the jurisdiction
   - Build community partnerships to support preparedness
   - Engage community organizations
   - Coordinate training or guidance to ensure engagement in preparedness efforts
   - Develop, refine, or sustain Healthcare Coalitions
   - Coordinate healthcare planning to prepared the healthcare system for a disaster
   - Identify and prioritize essential healthcare assets and services
   - Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps
   - Coordinate training to assist healthcare responders to develop the necessary skills in order to respond
   - Improve healthcare response capabilities through coordinated exercise and evaluation
   - Coordinate with planning for at-risk individuals and those with special medical needs

b. Community and Health Care System Recovery
   - Identify and monitor recovery needs
   - Coordinate community recovery operations
   - Implement corrective actions
   - Develop recovery processes for the healthcare delivery system
   - Assist healthcare organizations to implement Continuity of Operations (COOP)

c. Public Health and Health Care Emergency Operations Coordination
   - Conduct preliminary assessment to determine need for activation
   - Activate public health emergency operations
   - Develop incident response strategy
   - Manage and sustain the public health response
   - Demobilize and evaluate public health emergency response operations
   - Healthcare organization multi-agency representation and coordination with emergency operations
   - Asses and notify stakeholders of healthcare delivery status

- Support healthcare response efforts through coordination of resources
- Demobilize and evaluate healthcare operations

d. Emergency Public Information and Warning
   - Activate the emergency public information system
   - Determine the need for a joint public information system
   - Establish and participate in information system operations
   - Establish avenues for public interaction and information exchange
   - Issue public information, alerts, warnings, and notifications

e. Public Health and Health Care Fatality Management
   - Determine role for public health in fatality management
   - Activate public health fatality management operations
   - Assist in the collection and dissemination of antemortem data
   - Participate in survivor mental/behavioral health services
   - Participate in fatality processing and storage operations
   - Coordinate surges of deaths and human remains at healthcare organizations with community fatality operations
   - Coordinate surges of concerned citizens with community agencies responsible for family assistance

f. Public Health and Health Care Information Sharing
   - Identify stakeholders to be incorporated into information flow
   - Identify and develop rules and data elements for sharing
   - Exchange information to determine a common operating picture
   - Provide healthcare situational awareness that contributes to the incident common operating picture
   - Develop, refine, and sustain redundant, interoperable communication systems

g. Mass Care
   - Determine public health role in mass care operations
   - Determine mass care needs of the impacted population
   - Coordinate public health, medical, and mental/behavioral health services
   - Monitor mass care population health

h. Medical Countermeasure Dispensing
   - Identify and initiate medical countermeasure dispensing strategies
   - Receive medical countermeasures
   - Activate dispensing modalities

- Dispense medical countermeasures to identified population
- Report adverse events

i. Medical Logistics (Medical Materiel Management and Distribution)
   - Direct and activate medical materiel management and distribution
   - Acquire medical materiel
   - Maintain updated inventory management and reporting system
   - Establish and maintain security
   - Distribute medical materiel
   - Recover medical materiel and demobilize distribution operations

j. Public Health and Health Care System Medical Surge
   - Assess the nature and scope of the incident
   - Support activation of medical surge
   - Support jurisdictional medical surge operations
   - Support demobilization of medical surge operations
   - Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations
   - Assist healthcare organizations with surge capacity and capability
   - Develop Crisis Standards of Care Guidance
   - Provide assistance to healthcare organizations regarding evacuation and shelter in place operations

k. Non-Pharmaceutical Interventions
   - Engage partners and identify factors that impact non-pharmaceutical interventions
   - Determine non-pharmaceutical interventions
   - Implement non-pharmaceutical interventions
   - Monitor non-pharmaceutical interventions

l. Public Health Laboratory Testing
   - Manage laboratory activities
   - Perform sample management
   - Conduct testing and analysis for routine and surge capacity
   - Support public health investigations
   - Report results

m. Public Health Surveillance and Epidemiological Investigation
   - Conduct public health surveillance and detection
   - Conduct public health and epidemiological investigations
   - Recommend, monitor, and analyze mitigation actions

- Improve public health surveillance and epidemiological investigation systems

n. Public Health and Health Care System Responder Safety and Health
   - Identify responder safety and health risks
   - Identify safety and personal protective needs
   - Coordinate with partners to facilitate risk-specific safety and health training
   - Monitor responder safety and health actions
   - Assist healthcare organizations with additional pharmaceutical protection for healthcare workers
   - Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response

o. Public Health and Health Care System Responder Management
   - Organize, assemble, and dispatch volunteers
   - Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations
   - Volunteer notification for healthcare response needs
   - Organization and assignment of volunteers
   - Coordinate the demobilization of volunteers

p. Environmental Health
   - Coordinate Environmental Health activities and CBRNE Detection Operations
   - Monitor and provide support for Environmental Health activities and CBRNE Detection Operations for long-term health impacts
   - Recommend, monitor and analyze Environmental Health and CBRNE Detection mitigation actions

q. Critical Infrastructure
   - Implement Public Health and Healthcare System Critical Infrastructure plan
   - Identify the Public Health and Healthcare System critical infrastructure (assets, systems, and networks)
   - Assess the risks of Public Health and Healthcare System critical infrastructure
   - Prioritize the risks of Public Health and Healthcare System critical infrastructure
   - Recommend critical infrastructure protective programs and resiliency measures for Public Health and Healthcare critical infrastructure
   - Assess to continuously improve Public Health and Healthcare Critical Infrastructure Protection program

Annually, these capabilities are assessed to measure the ability and capacity to implement these capabilities. The rating scale is:

- No ability/capacity (1.00-1.99)- No progress made towards achieving the ability to perform this function.
- Limited ability/capacity (2.00-2.99)- Preliminary efforts and plans initiated for the function. Required activities identified and action plan developed. Limited tasks associated with function can be performed.
- Some ability/capacity (3.00-3.99)- Some tasks associated with function can be performed; however, important program gaps or challenges remain.
- Significant ability/capacity (4.00-4.99)- Majority of tasks associated with function can be performed and few program gaps or challenges remain.
- Full ability/capacity (5.00)- All tasks associated with function can be performed even if continued resources may be required to sustain a level of performance.

The 2014 assessments are depicted in Figures 1 and 2 on the following pages.

Figure 1: Public Health Preparedness Capabilities

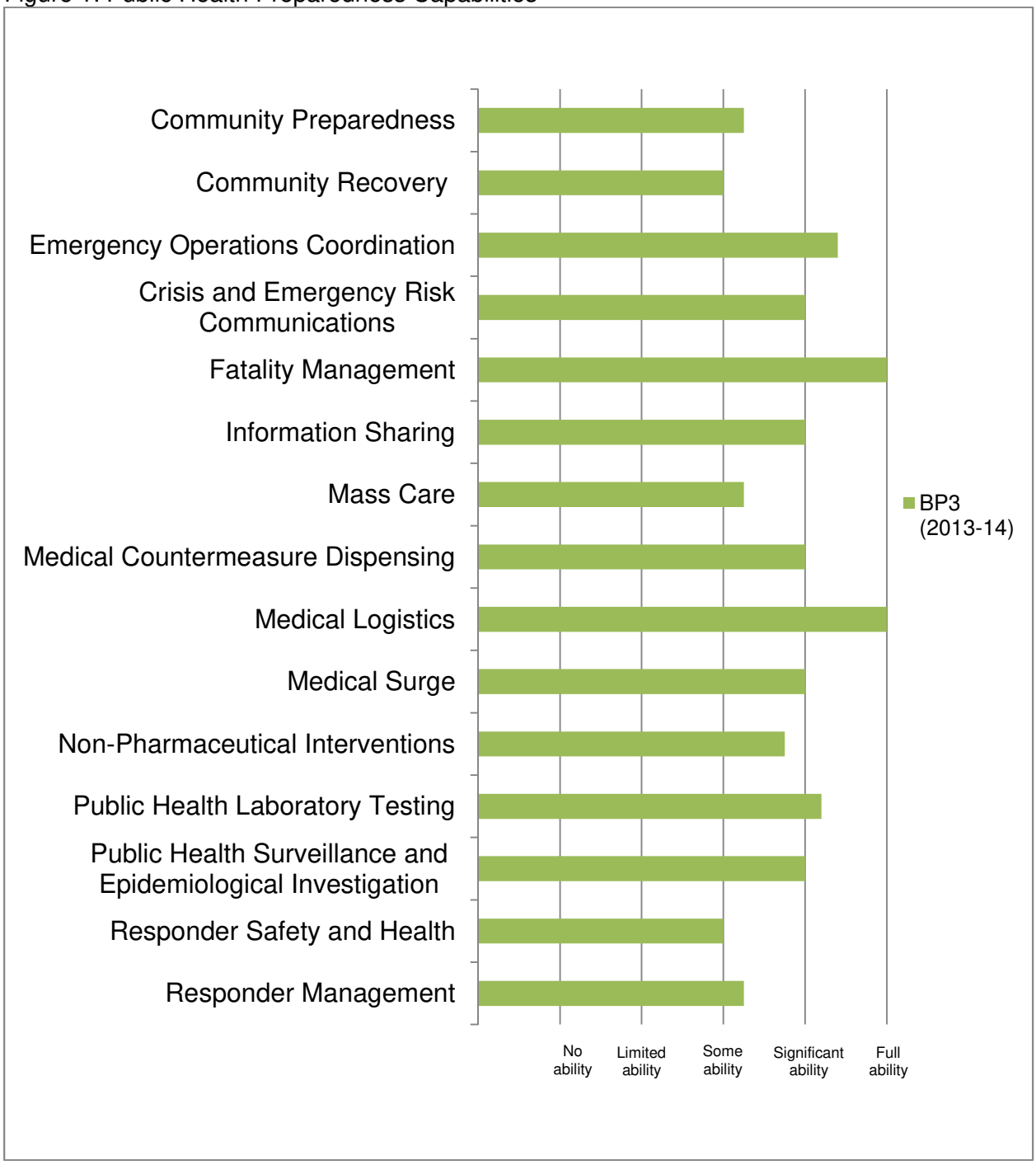
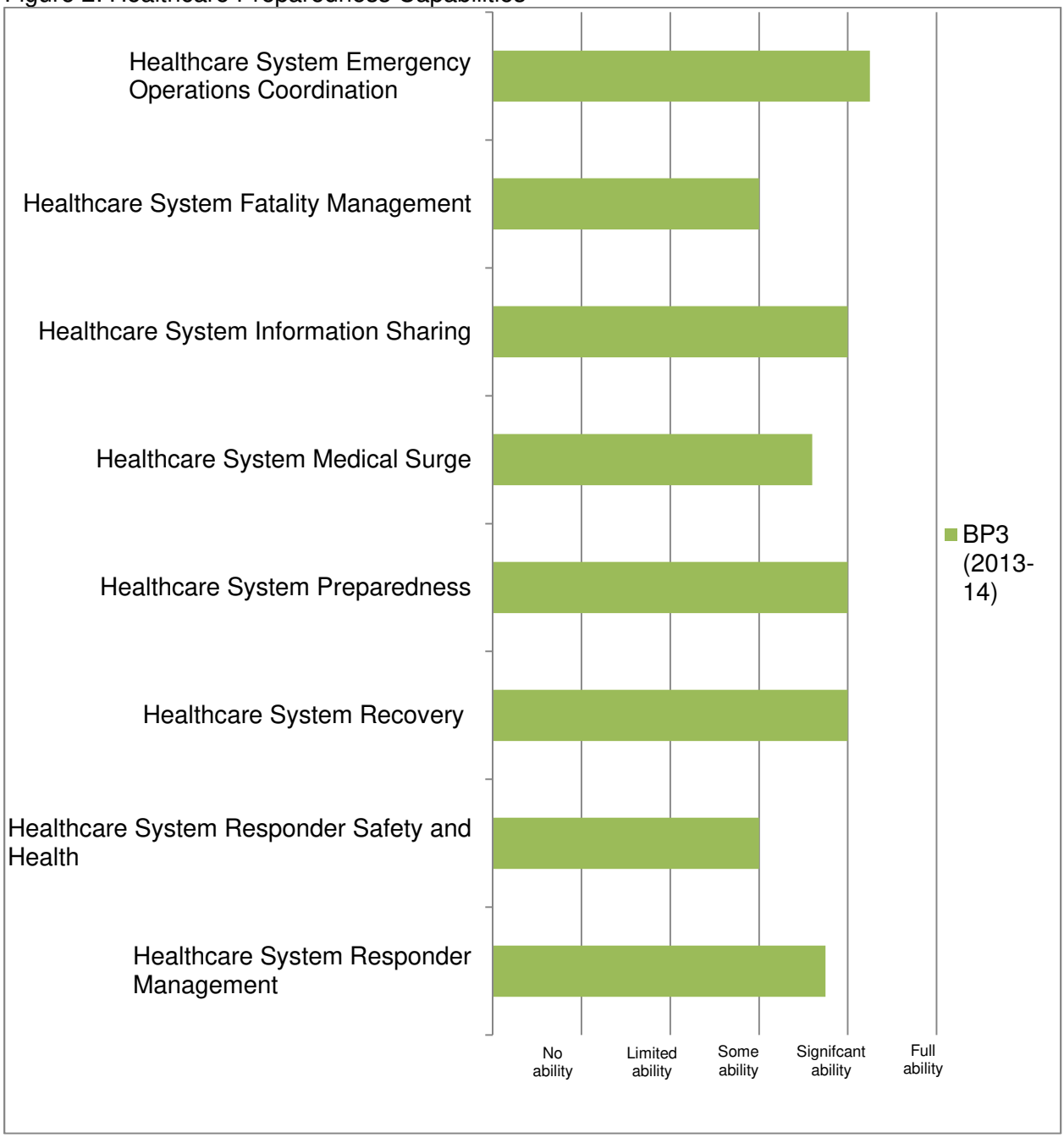


Figure 2: Healthcare Preparedness Capabilities



## D. **Planning Assumptions**

1. Public health and medical response actions will be coordinated with the state and local emergency management agencies.
2. All hazards pose a potential risk to public health and medical system.
3. Incidents may occur with little or no warning and may escalate more rapidly than can be managed by an individual unit within the Department.
4. Terrorist-induced, manmade or naturally occurring incidents may initially be indistinguishable. Several days could pass before public health and medical authorities even suspect that terrorism may be the cause. In such a case, criminal intent may not be apparent until sometime after public health issues are recognized.
5. Risk communications is a key component of public health response.
6. Disasters impact communities which are not necessarily confined to particular political subdivisions or boundaries.
7. Evidence-based decision making is used to direct FDOH emergency response and recovery activities. Situations will arise when response decisions must be made without complete scientific evidence based data available.
8. Lifesaving and health protecting actions, including responder safety and health, take precedence over all other response activities.
9. Decisions involving population protection actions include issuance and rescission triggers informed by available health information, as well as other business and community considerations.
10. Incidents can quickly overwhelm the local public health and medical system, especially in rural counties and areas with limited healthcare infrastructure. A coordinated statewide response is necessary for effective response. All FDOH employees are subject to emergency duties as directed by the State Surgeon General.
11. Health threats or emergencies can involve multiple geographic areas and/ or complex incidents. Threats or incidents are managed at the lowest possible geographic, organizational, and jurisdictional level.
12. During response and recovery efforts, some state and federal departments or agencies may utilize their day-to-day authority to deploy assets to an impacted area. In these instances, the departments or agencies notify the appropriate entities including the coordinating local and state Incident Command structures.
13. Achieving and maintaining effective resident and visitor preparedness and community resiliency reduces the immediate demands on the Department.
14. This level of preparedness and resiliency requires continuous public awareness and education programs.
15. Local counties request partial or full activation of their local emergency operations centers as needed to support EOP objectives.
16. Individual counties maintain emergency operation plans in conjunction with county emergency management. Bureau of Preparedness and Response staff support these local planning efforts with guidance and other resources.
17. Central Office support local response and recovery efforts by providing technical assistance and resources when local capacities are overwhelmed.

18. Medical and nonmedical countermeasures may not be in sufficient supply to address emergency needs.
19. Financial operations may occur under compressed requiring expeditious actions that meet sound financial management and accountability requirements.
20. During emergencies, certain FDOH procedures may be relaxed or waived in order to maintain key services and address emergency public health objectives.
21. A variety of circumstances or vulnerabilities may interrupt FDOH's ability to provide key services during emergencies, and require the relocation of select personnel and functions to alternate sites.

# III. CONCEPT OF OPERATIONS

## A. Public Health and Medical Core Missions

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

During an incident the Department of Health will oversee the completion of these missions as appropriate. The chart Public Health and Medical Core Missions by Hazard in Attachment A depicts which core missions may be necessary for each hazard type.

The core missions are:

1. **Support local assessment and identification of public health and medical needs in impacted counties and implement plans to address those needs.**
    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 100% of in-patient licensed health care facilities within the projected impact area. A tiered approach assures 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 100% of healthcare facilities in the area of impact. A tiered approach assures that facilities with the most critical services are assed first.
    b. Local, state and federal assessment efforts will be integrated, to the full extent possible, to reduce duplication, maximize response resources and expedite response and recovery actions.
    c. Initial assessments will not be regulatory in nature and should be focused on determining immediate needs of the facilities to continue their life saving missions. Follow-up visits may be required based on the initial findings.

2. **Coordinate and support stabilization of the public health and medical system in impacted counties.**
    a. Support integrated medical surge operations by monitoring and assessing the healthcare 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 normal staff operating.

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 places of care. ESF8 Support may include Alternate Care Site (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, healthcare 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. **Support sheltering of persons with medical and functional needs.**
   a. Coordinate statewide reporting on special need shelter status, census of clients and caregivers, and staffing levels.
      - Special Needs Shelters will be monitored and supported through augmentation of staff, supplies and equipment.
      - Facilitate the deployment of regional Special Needs Shelter Teams maintained by the Department of Health.
      - Facilitate the deployment of single resource clinical and non-clinical staff for shelter needs.
      - Activate contingency staffing contracts for clinical providers.
      - Conduct contingency planning for special needs shelter surge, evacuation and re-location.
      - In coordination with local ESF8, procure and deploy pharmaceuticals, medical supplies and equipment for use in shelters when local resources are exhausted.
   b. Facilitate the deployment of special needs shelter discharge planning teams maintained by the Department of Elder Affairs.
   c. If catastrophic circumstances warrant, coordinate with state and federal authorities to implement and staff state managed co-located or special needs shelters.
   d. Assist local jurisdictions in coordinating transportation for shelter clients to needed medical service locations.
   e. Assist local jurisdictions with investigation and medical management of reported disease outbreaks in shelters.
   f. Support, as requested, the augmentation of medical personnel,
   g. supplies and equipment to meet the health and medical needs of individuals in general population shelters when available resources are exhausted.
   h. Coordinate requests for federal assistance for sheltering equipment, supplies and personnel. This may include identification of facilities suitable for Federal Medical Stations and coordination for wrap-around services.

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. FDOH will support impacted jurisdictions with medical staff, equipment, supplies, pharmaceuticals and temporary medical facilities to maintain continuity of patient care. 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.
    b. Patients will be evacuated to appropriate facilities based on capability/capacity, the patients' acuity, and required medical treatment/interventions. FDOH will monitor statewide hospital bed census/availability and is prepared to support the local jurisdiction by facilitating patient coordination and placement.
    c. 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 Standard Operating Procedure* is the primary method for obtaining ground and air ambulance resources to support patient transportation. If additional support is needed, secondary resources (e.g. ESF1-Transportation, State Emergency Response Team multi-modal transportation contract, Florida National Guard, Emergency Management Assistance Compact, and National Disaster Medical System) will be considered.
    d. 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 ESF8 is prepared to facilitate the return transport of patients back to their originating medical facility, a step-down facility or their residence.
    e. Patient care, movement and stabilization support is not limited to the impacted community, and may include the extended community, and any host communities.
    f. If necessary, coordinate requests for Emergency Management Assistance Compact (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).
        - Disaster Medical Assistance Teams (DMATs) and Federal Medical Stations (FMS), including wrap-around services.
        - National Disaster Medical System (NDMS) support for patient

- movement and/or definitive care.
- Federal Emergency Management Agency (FEMA) National Ambulance Contract.
- U.S. Department of Health and Human Services (HHS) Service Access Teams (SATs) and Joint Patient Assessment and Tracking (JPATS) Strike Teams.
- Department of Defense (DOD) Disaster Aeromedical Staging Facility

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 Florida citizens 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 and other official agencies, physicians, hospitals and private laboratories.
        - Analyze incidence prevalence or other frequencies for 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 disease 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.

b. Medical countermeasures and non-medical interventions will be implemented to stop or slow the spread of communicable diseases.
   - Support pharmaceutical services provided by county health departments, and public and private partners including pharmaceutical repackaging, dispensing and the purchase and distribution of vaccines 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 distribution of pharmaceuticals and vaccines by region to federal or state subject matter expert designated priority groups.
   - Monitor vaccine coverage when such pharmaceuticals are available.
   - Oversee distribution and return of vaccine to the field pursuant to federal or state guidance.
   - Monitor adverse effects of pharmaceuticals and vaccines and report appropriately.
   - Maintain appropriate distribution data that may be needed for patient tracking and other studies or reports.
   - Request, receive and distribute the external resources, Centers for Disease Control and Prevention (CDC) Strategic National Stockpile (SNS) when an incident requiring distribution of pharmaceuticals and/or medical supplies exceeds the 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 Quarantine Orders as necessitated by an incident to implement and enforce NPIs. See Section E of the Concept of Operations for further description of the State Surgeon General's authority to take extraordinary protective measures.
   - Provide statewide guidance for implementing and enforcing isolation (i.e., restriction of movement of ill persons) and quarantine (i.e., restriction, testing,

treatment, destruction, vaccination 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, work place distancing and restricting public gathering and travel and sheltering in place).
- Provide statewide recommendations for external decontamination procedures.

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 food borne illness.
   c. Review and monitor data from the various surveillance systems and report any indication of outbreaks to county health departments.
   d. Provide lab analysis of environmental samples and clinical specimens.
   e. Support local environmental health assessments to identify food safety concerns.
   f. Prevent human disease from animals, insect and tick vectors.
   g. Provide guidance and develop recommendations for responders, the general public clinicians (e.g., physicians and veterinarians) and other stakeholders.
   h. Review and monitor data from various surveillance systems for indication of human disease risk from animals and vectors and share findings with county health departments and other stakeholders.
   i. Participate in local, state, and federal analysis, recommendation and approval for emergency vector control pesticide applications when necessary.
   j. Prevent exposure to sanitary nuisances (as defined in F.S. 386.01) 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.).

k. 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 healthcare providers regarding diagnosis, treatment, and reporting information.
    - Control exposure to biomedical waste.
    - Provide technical information and advice on protecting healthcare workers, environmental service staff, waste haulers and the general public from risks associated with potentially infectious biomedical waste.

l. 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, and weapons of mass destruction, lost or stolen radioactive sources 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, 10, 17 and 6.
    - Provide technical consultation and support to the State Emergency Response Team (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 county health departments, 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.

m. When appropriate, environmental response actions will be coordinated with local, state and federal response partners and in concert with existing agency plans.

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 ESF8 will be done in coordination with ESF14 and established joint information systems.
   b. Gather, validate and analyze incident specific public health and medical information.
      - Monitor incident-related mainstream media coverage and social media outlets, provide analysis and status reports as appropriate.
      - Manage rumors in accordance with the FDOH All-Hazards Rumor Control Proposal Standard Operating Guidelines and in collaboration with the Health Interagency Fusion Liaison.
   c. Provide effective public health messaging tools and resources for emergency response.
      - Maintain an electronic messaging portal containing templates and sample messages, news releases, templates, talking points, fact sheets, posters/brochures,

media inserts, public service announcements, message maps and links to additional resources.
- Ensure designated communications professionals and spokespersons receive timely and concise public health and medical information, including talking points and news briefs/statements.

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. Essential communication will be provided for each target audience through various mediums (i.e., email, news release, inter/intranet, social media, hotlines, etc.).
- Provide government officials and policy-makers immediate notification of significant incident changes, regular situational updates that go beyond news reports, and advance notice of sensitive public health information.
- Provide the healthcare 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 Department of Health personnel regular situation updates, reporting requirements and guidance for communications with local stakeholders and continuity of operations activities.
- Provide emergency response partners regular situational briefings, including public information and rumors, responder safety and health recommendations, occupation specific information and recommendations related to the hazard.
- Provide media organizations regular incident briefings, news releases and contact information. Provide general public (including vulnerable population groups) timely, accurate protective actions recommendations, situational updates and a method to obtain additional information.
- Provide additional community partners (including, but not limited to: private industry, small business owners, ESF15, ESF18, nongovernmental organizations, etc.) regular incident briefings and information related to the effective management of their businesses/organizations and ground-truth rumors that my impact them.

8. **Monitor 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.
   b. FDOH contracts with the University of Florida, Mapeles Center for Forensic Management to maintain the state's Fatality Emergency

Mortuary Operations Response System (FEMORS). FEMORS is able to:

- 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 as a result of an incident through an assessment.
- Establish or assist with victim information center operations at a site removed from both the disaster site and the morgue.
- Establish or assist with records management and computer networking for managing data generated about missing persons and remains processed.

9. **Monitor need for and coordinate resources to support disaster behavioral health services.**
    a. FDOH contracts with the University of South Florida and the Florida Crisis Consortia (FCC) to provide disaster behavioral health services. The FCC is able to:
        - 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 based on established
        - indicators.
        - Coordinate a network of behavioral health experts to advise 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 as a result of the incident 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 continuum of care.
- Provide public information regarding psychological first aid.

10. **Support responder safety and health needs.**
    a. Provide tactical support to personnel that deploy under the direction of the Department.
    b. Provide incident specific responder safety and health guidance and protective measures (personal protective equipment, countermeasures, etc.).
    c. Monitor the health and wellness of public health and medical responders during deployments, including subsequent follow-up as required.
    d. Ensure a process is in place for public health and medical responders to receive medical care should an injury occur in the field.
    e. Support the State Emergency Response Team (SERT) by providing incident based health and safety information/ considerations for dissemination to other responding entities.
    f. Provide recommendations for safety messaging, personal protective equipment and medical countermeasures to SERT responder safety personnel based on the incident.

11. **Provide public health and medical technical assistance and support.**
    a. Integrate public health and medical subject matter into response efforts as technical specialists.
    b. Establish and operate a medical advisory group to provide recommendations on response actions with significant public health and/or healthcare implications.
    c. Facilitate resolution of policy or legal aspects of response (e.g., waiver of rules, Executive Orders) in order to meet the needs of the response.
    d. Represent public health and medical interests on the State Assistance Team.
    e. Augment or re-establish local ESF8 capability in a county emergency operations center if necessary through coordinating staff deployments.
    f. Augment County Health Department staff through the deployment of CHD Augmentation Teams, which can provide leadership, business management, medical direction, nurse management and/or environmental health direction.

g. Establish or re-establish video, voice and data communications for public health and medical operations in the field through mobile information technology resources.
h. Restore traditional information technology business systems in impacted FDOH facilities.

B. **Deployable Public Health and Medical Resources**

As necessary to respond to an incident, resources will be deployed to the impacted area to support local operations. Resources will be prioritized to life safety missions based on the current situation.

Resources will be mobilized from the closest un-impacted area in order to facilitate rapid deployment. All efforts will be made as to not disrupt routine FDOH services in un-impacted areas, however at times it may be necessary to re-prioritize in order to meet the needs of the incident. The State Surgeon General will provide direction regarding the priorities of the Department's resources during an incident

A list and description of public health and medical deployable resources is included in Attachment 2: Public Health and Medical Missions Ready Packages. A list of single and team resources that may be necessary to implement core missions is included in Attachment 3: Public Health and Medical Resources by Core Mission.

C. **Extraordinary Protective Measures**

In order to protect public health and minimize the spread of communicable disease the Department will exercise statutorily granted authority during a response as necessary to address the needs of the incident. These authorities include the ability to declare public health emergences and issue quarantine orders.

1. **Public Health Emergencies**
   a. Defines in Florida Statute as 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.
   b. Declared by the State Health Officer (State Surgeon General).
   c. Shall last until the State Health Officer finds that threat or danger has been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration. Expires in 60 days unless the Governor concurs in the renewal of the declaration.
   d. Potential Actions Taken Under Declared Public Health Emergency:
      - Directing manufacturers of prescription drugs or over-the-counter drugs to give priority to the shipping of specified drugs to pharmacies and health care providers within

geographic areas that have been identified by the State Health Officer.
- Directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.
- Temporarily reactivating the inactive license of certain health care practitioners, when such practitioners are needed to respond to the public health emergency.
- Ordering an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to quarantine.

2. **Quarantine Authority**
   a. Authority to quarantine is established in F.S. 381.00315
   b. Quarantine may be done if an individual poses a danger to the public health.
   c. Orders from the State Health Officer to quarantine shall be enforced by law Enforcement.
   d. The department has the duty and the authority to declare, enforce, modify, and abolish quarantines of persons, animals, and premises as the circumstances indicate for controlling communicable diseases or providing protection from unsafe conditions that pose a threat to public health.
   e. The State Health Officer, or the county health department director or administrator or their designee, shall have the authority to give public notice of quarantine and to initiate or terminate conditions of quarantine.
      - Quarantine orders shall be issued by the State Health Officer, or the county health department director or administrator, or their designee in writing; include an expiration date or specify condition(s) for ending of quarantine; and restrict or compel movement and actions by or regarding persons, animals or premises consistent with the protection of public health and accepted practices.
      - For the purpose of orders regarding quarantine, the term “actions” in statute encompasses isolation, closure of premises, testing, destruction, disinfection, treatment, protocols during movement and preventive treatment, including immunization.
      - Statute affords the subject individual to choose isolation in their domicile and such closure as needed to ensure that isolation, unless the Department determines that the subject individual's domicile is not a practical method of quarantine.

# IV. ORGANIZATION and ASSIGNMENT OF RESPONSIBILITIES

## A. Department Overview

On a daily basis the Department of Health delivers services across the state at the state and local level to carry out its mission.

1. The Department provides services in each of Florida's 67 counties.
2. The Department consist of:
    a. Seven (7) senior executives to include the State Surgeon General, Chief of Staff, three Deputy Secretaries, General Counsel, and the Inspector General .
    b. 16 Divisions and Offices
    c. 30 Bureaus
    d. 67 County Health Departments
    e. 22 Children's Medical Services Area Offices
    f. 10 Executive Boards of Medical Professions

## B. Individual Responsibilities

During incident response, any FDOH employee or organizational unit of the Department may be required to participate in response efforts. Certain positions within the Department routinely have roles during an incident response.

1. **State Surgeon General**
    a. Interfaces with the Executive Office of the Governor to establish statewide strategy for public health and medical response actions.
    b. Declares public health emergencies and quarantines and issuing public health advisories.
    c. Consult with the Governor and notify the Chief of Domestic Security prior to declaring a public health emergency.
    d. Directs the state-level public health and medical response actions.
    e. Activates emergency plans and polices in order to expedite response actions.
    f. In coordination with the State Coordinating Officer, establishes triggers for escalating public health and medical incidents to activations of the State Emergency Operations Center.
    g. Directs implementation of risk communication plans.
    h. Makes all resources (including personnel) of the FDOH available for emergency response as needed.
    i. Ensures that the Department of Health maintains primary service delivery systems both within and outside of the impacted area (s).

2. **Emergency Coordination Officer**
    a. Serves as the delegate of the State Surgeon General to manage a public health and medical response.
    b. Authorized to use the Department's resources as necessary for response actions.

c. Coordinates with the Division of Emergency Management and State Emergency Response Team to integrate public health and medical response actions with broader statewide response efforts.
d. Integrates partner agencies into response structure.
e. Oversees state-level planning, logistics, finance and operations components of a state-level public health and medical response unless a more appropriate person is appointed as incident commander for an incident management team.

3. **24/7 Duty Officers**
   a. Serves as the primary point of contact with the State Watch Office.
   b. Receives, triages, and notifies appropriate stakeholders of on health and medical incidents from the State Watch Office.
   c. Alerts Emergency Coordination Officer and FDOH leadership of incidents that require state action or may escalate to require state action.
   d. Monitors local incidents for public health and medical impact.
   e. Maintains 24/7 situational awareness.

4. **Communications Director**
   a. Establishing and implementing a risk communications plan for the incident.
   b. Appoints the incident Public Information Officer.
   c. Serves as primary communications liaison with the Governor's Communications Director in regards to emergency orders and media events involving the Surgeon General and the Department of Health.
   d. Coordinates all state-level media activity related to an emergency and the way in which the public is informed of emergency activities involving the Department of Health.
   e. Manages all information disseminated by the official Department of Health Information Hotline.
   f. Develops a schedule for regular communication with external public information officers.
   g. Provides an agency Public Information Officer to assist with Emergency Support Function 14 operations as needed.

5. **Division Directors, Office Directors and Bureau Chiefs**
   a. Identify, assign and make available staff for emergency duties.
   b. Provide resources for incident response.
   c. Assure accountability, health and safety of employees during an incident.
   d. Integrate Division, Office or Bureau activities/services into established response structures for incidents.
   e. Provide status reports as directed on response actions within division, office or bureau.
   f. Ensure current 24/7 staff contact information has been verified, to provide prompt situational updates as needed.
   g. Implement Division, Office or Bureau level emergency plans and procedures in order to maintain essential services and support response efforts.

6. **County Health Department Directors/Administrators**
    a. Manage public health and medical components of local incidents, in coordination with County Emergency Management, local health care system, law enforcement, and regional domestic security taskforces when appropriate.
    b. Implement CHD Emergency Operations Plans based on local triggers.
    c. Establish local incident command structures in accordance with National Incident Management System (NIMS), that ensures proper objective management, and allows for efficient utilization of local resources and insertion of additional personnel as the incident expands
    d. Ensuring accountability, safety and health of employees during an incident.
    e. Initiate planning for distribution of medical and non-medical countermeasures through points of dispensing (POD) development.
    f. Assessing incident needs.
    g. Coordinating staffing for Special Needs Shelters.
    h. Activate local mutual aid agreements with municipalities within the county or with neighboring counties, as needed to address the threat or incident.
    i. Evaluate personnel capabilities to make resources available for other CHDs or state missions as able in order to support a coordinated health and medical response.
    j. Evaluate and assess the current and on-going needs of vulnerable populations within the community and implement response actions to address them.
    k. Provide comprehensive situational awareness regarding local impacts, operational capabilities, and unmet needs.
    l. Request resource assistance through the established incident management structure.
    m. Issue declarations of local public health emergencies or advisories as required to protect public health during an incident.
    n. Initiate , when appropriate, case investigations to provide epidemiological assessment for the incident.
    o. Assure participation in ESF-14 or joint information center (as appropriate) to provide coordinated health messages.
    p. Assure that laboratory specimen protocol for collection, receipt, and shipping are communicated to local healthcare partners.
    q. Establish daily communication with healthcare partners for tactical operations and needs.

7. **CMS Area Offices**
    a. Assure continuity of care for clients during disasters.
    b. Ensuring accountability, safety and health of employees during an incident.
    c. Make resources available for CHDs or state missions as able in order to support a coordinated health and medical response.

8. **All Employees**
    a. Register-in, respond to and act on alerts as directed from the Department's emergency alert and notification system Everbridge SERV-FL.
    b. Know his/her emergency duty role and perform emergency duties as assigned and in accordance with this plan and other standard operating procedures.
    c. Ensure supervisor and/or designee has information regarding current location and status during an emergency.
    d. Take necessary precautions and protective actions to assure responder safety and health during an incident.

C. **Incident Management Assignments**

During an incident, FDOH resources will organize to manage the response using Incident Command System principles. This structure is flexible based on the specific circumstances of the incident but will align with national standards as set forth in the National Incident Management System (NIMS). The primary components of any all-hazards response structure will include:

1. **Incident Commander**
    a. Responsible for:
        - Providing overall leadership for incident response.
        - Delegating authority to others.
        - Taking general direction from agency administrator/official.
    b. Typically, the Incident Commander is assigned from the Division which has primary responsibility for the incident type. A Deputy Incident Commander is usually assigned from the Bureau of Preparedness and Response.

2. **Planning Section**
    a. Responsible for:
        - Collecting, evaluating, and displaying incident intelligence and information.
        - Preparing and documenting Incident Action Plans.
        - Tracking resources assigned to the incident.
        - Maintaining incident documentation.
        - Developing plans for demobilization.
    b. Typically, the Plans Section Chief is assigned from the Bureau of Preparedness and Response.

3. **Operations Section**
    a. Responsible for directing and coordinating all incident tactical operations.
    b. Typically, the Operations Section Chief is the person with the greatest technical and tactical expertise in dealing with the problem at hand.

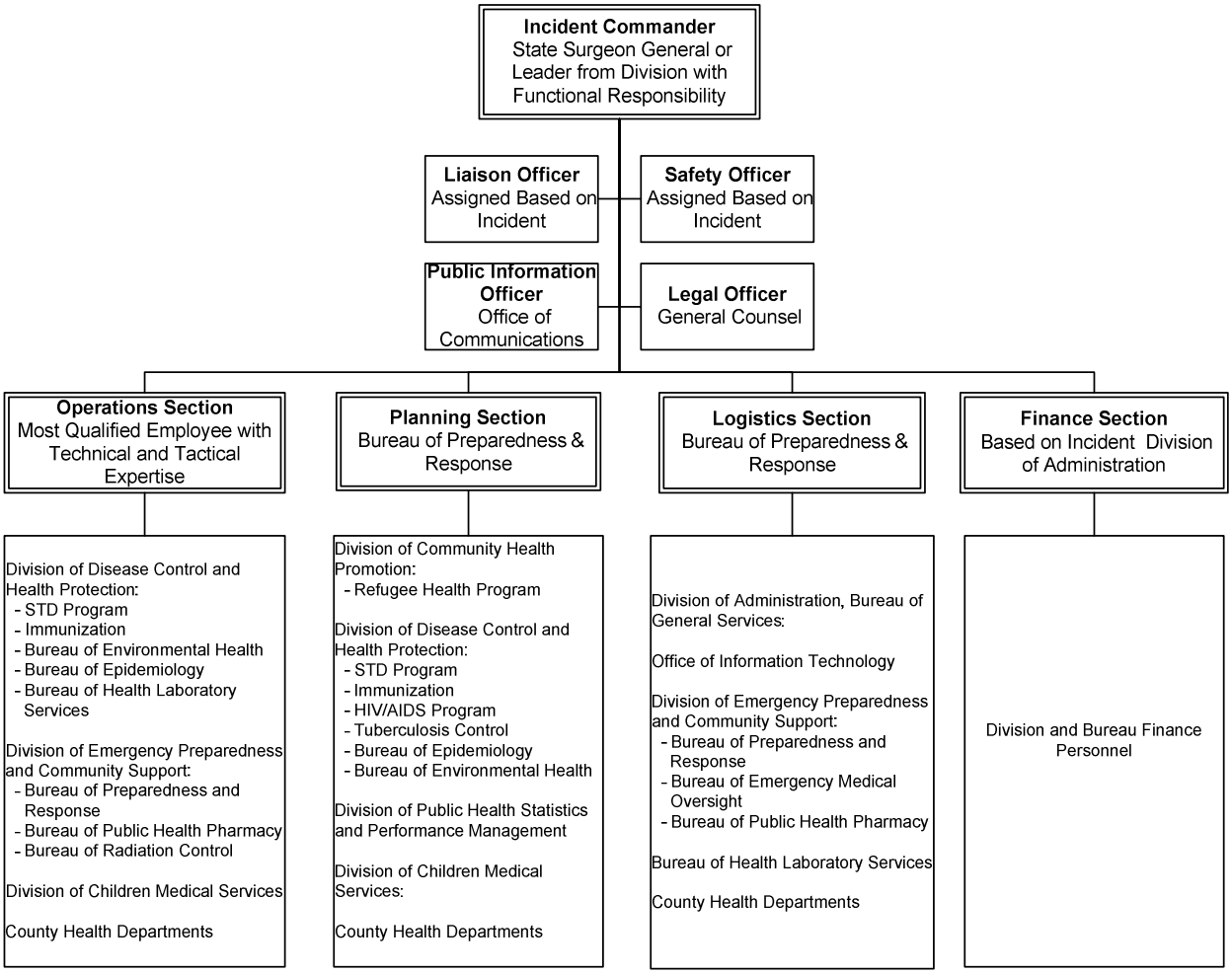
4. **Logistics Section**
    a. Responsible for all of the services and support needs, including:
        - Ordering, obtaining, maintaining, and accounting for essential personnel, equipment, and supplies.
        - Providing communication planning and resources.
        - Setting up food services for responders.
        - Setting up and maintaining incident facilities.
        - Providing support transportation.
        - Providing medical services to incident personnel.
    b. Typically, the Logistics Section Chief is assigned from the Bureau of Preparedness and Response.

5. **Finance Section**
    a. Responsible for:
        - Contract negotiation and monitoring.
        - Timekeeping.
        - Cost analysis.
        - Compensation for injury or damage to property.
        - Documentation for reimbursement.
    b. Typically, the Finance Section Chief is assigned based on the funding source for the incident. In all situations, the Division of Administration works as a part of the incident Finance Section.

Staff will be assigned to perform these functions (and subordinate roles) during incident with the most qualified personnel available based on the specific circumstance of the incident. The Bureau of Preparedness and Response maintains a roster of personnel trained to serve in incident management roles.

The organization chart in the figure below depicts where personnel from Divisions, Offices and Bureaus within the Department would likely be assigned. Divisions, Bureaus and Offices not reflected may be used in support roles in any part of the incident management structure.

**Figure 3: Likely Incident Management Assignments for FDOH Bureaus, Offices and Divisions**



# V. DIRECTION, CONTROL and COORDINATION

FDOH is well-positioned and prepared to serve in either a support and coordination role as a part of the State Emergency Response Team (SERT) or in a command and control role for an agency-led public health response.

When necessary, these structures can be combined as described in the State Comprehensive Emergency Management Plan (CEMP).

## A. Support and Coordination vs. Command and Control

FDOH performs distinctly different roles in a response whether serving in a support and coordination or command and control role. It depends on the nature of the incident as to which role FDOH will perform. The table below depicts conditions generally applied to determine the FDOH role in the response.

| | Support and Coordination | Command and Control |
|---|---|---|
| **Incident Factors** | • Statewide incidents in which another state agency is identified as the lead | • Statewide incidents in which FDOH is identified as the lead agency such as biological disease or radiological incidents<br>• Public health incidents not escalating to activation of the State Emergency Response Team. |
| **FDOH Role** | • Support the incident objectives, strategies and priorities establish by the SERT or another agency.<br>• Provide resources as requested.<br>• Contribute to and support implementation of the incident communication strategy | • Set the incident objectives, strategies and priorities.<br>• Direct the deployment of resources to meet incident needs.<br>• Oversee the incident communications strategy. |

## B. Support and Coordination - Emergency Support Function 8 (ESF8)

1. In this role the FDOH Emergency Coordination Officer (ECO) serves as the lead for ESF8, on behalf of the State Surgeon General, in the State Emergency Operations Center. This includes representing all partner agencies identified in the CEMP.
2. The ECO reports to the SERT Chief as a part of a coordinated multi-agency response.
3. State ESF8 is staffed with FDOH personnel and operates using incident management principles.
4. The State ESF8 Standard Operating Procedures describes how ESF8 functions as a part of the SERT.

C. **Command and Control - FDOH Incident Management Team**

1. In this role, FDOH establishes an internal Incident Management Team to manage the incident based on ICS principles.
2. Based on the incident type, an incident commander is appointed by the State Surgeon General to lead the response. This may or may not be the Emergency Coordination Officer.

D. **Dual Role**

1. In some circumstances FDOH may perform both command and control and support and coordination roles in the same incident.
2. This occurs in biological disease or radiological incidents that escalate to an activation of the State Emergency Response Team. FDOH is identified as the lead agency for these incidents in the State Comprehensive Emergency Management Plan, therefore the State Surgeon General or a delegate would serve with the State Coordinating Officer to direct the state-level response.
3. ESF8 would be activated simultaneously to support and coordinate the health and medical components of the larger response effort.

# VI. INFORMATION COLLECTION, ANALYSIS AND DISSEMINATION

The Situation Unit within the Planning Section of the incident management structure is responsible for the collection, analysis and dissemination of incident information. The Situation Unit aggressively seeks incident information to establish a common operating picture for the incident.

A. **Collection of Incident Information**

1. During the preparedness phase, the Bureau of Preparedness and Response develops and maintains essential elements of information (EEIs) for various hazard types. These EEIs identify they pieces of information that are necessary to collect and analyze for that hazard type.
2. At the onset of an incident the Situation Unit establishes a reporting schedule and notifies primary information sources of reporting expectations for the incident.
3. Routine calls will be established with County Health Departments and other local health and medical stakeholders to gather information on local activities.
4. The Situation Unit will use all available information sources to gather relevant incident information.

B. **Primary Incident Information Sources**

1. Assessment Reports – Reports from field personnel based on visual assessment, interview and site surveys of public health and medical facilities and infrastructure.
2. County Situation Reports – Status of local operations, impacts and un-met needs.
3. EM Constellation – State and county incident reports, activation levels, public closures, mission status, shelter status.
4. EM Resource – Operational status, bed census/ availability, impact reports from licensed healthcare facilities.
5. ESSENCE – Syndromic surveillance information on utilization of emergency department chief complaints.
6. Inventory Resource Management System – Quantities, types and locations of equipment, supplies and pharmaceuticals.
7. SERV-FL Everbridge – Deployable personnel by capability, role and organizational unit.
8. Special Needs Shelter Census Reports – Status of special needs shelters, current census of clients, caregivers and staff.
9. Reconnaissance Reports – Initial intelligence from field responders with damage assessment.
10. SERT GATOR - Maps with overlays of critical facilities, impacts models/plumes, surge zones, road ways, resources and damage reports.
11. Technical Specialist Reports – Narrative reports from subject matter expertise with professional intelligence.

C. **Analysis of Incident Information**

Analysis of incident information is a critical part of incident response in order to establish a common operating picture and provide incident management personnel with comprehensive information in order to establish incident objectives, prioritize resources, develop tactics, and communicate effectively. Analysis of public health and medical information focuses on:

1. Understanding the incident:
    a. Define the specific elements and sets a framework for the type, scope, severity, and duration of the impacts that are likely to occur.
    b. Provide for the identification of specific health and medical infrastructure systems and facilities that may be evacuated, severely damaged, or otherwise incapacitated by the incident.
    c. Identify the continuum of care issues that could effect the defined vulnerable populations.
    d. Identify, if the situation exists, historical footprint as a model to provide a record of the public health and medical impact.
    e. Identify demographic of impacted populations and any aberrations.

2. Defining the area of operations:
    a. Describe the specific land areas impacted by the incident.
    b. Forecasting of potential impact of injuries, treatment, and system demands that may result from the incident.
    c. Provide a view of the entire healthcare system capacity in the area of operations, including specific medical facilities that have been or may be affected.
    d. Portray the infrastructure support capacity, equipment and supply capabilities, road and transport availability, and potential contingency resources.
    e. Identify unique environmental conditions (i.e. flood plain).

3. Identifying actual or potential infrastructure impacts on public health and medical system:
    a. Identifies the key infrastructure and support infrastructure to understand where potential problems may occur for the public health and medical system.
    b. Describes the impacts to the supply chain.

4. Understanding the health care system in the area of operations:
    a. Describe the healthcare systems infrastructure and its current and projected need to meet the healthcare demands of the incident.
    b. Provide a detailed look at the current census, status, and patient demographic of the healthcare system capacity within the projected area of operations.
    c. Yields specific details on the healthcare system continuum of care capacity that may have evacuated and/or otherwise not available.
    d. Identify locations where augmented or alternate care systems could be established.

5. Identifying and forecasting impacts of local protective actions.
    a. Identify what type and where protective actions are occurring.
    b. Identify numbers and locations where populations are sheltered and any vulnerability contained within the sheltered group.

6. Forecasting and validating resource needs.
    a. Projects what type of resources and facilities are necessary to complete operational objectives.
    b. Identifies potential shortfalls in resources.
    c. Identifies potential recovery actions.

D. **Information Dissemination**

Incident information is disseminated in multiple formats:

1. Formal Briefings – A comprehensive situation report will be provided at incident briefings. These briefings focus on high-level information for leadership and other response partners. These briefings are typically verbal.
2. Situation Reports – During each operational period a written summary of situational awareness information is developed with a complete picture of the public health and medical system. These reports are distributed widely, recipients should include:
    a. FDOH Senior Leadership
    b. County Health Department Directors / Administrators
    c. County preparedness personnel
    d. ESF8 Partner agencies as defined in the CEMP
    e. Federal partner agencies
    f. Members of the SERT
    g. Members of the FDOH Incident Management Team
3. Ad hoc Reports – Support response planning and tactics, the Situation Unit will prepare ad hoc reports that provide more detail on specific aspects of the response. These reports typically support other parts of the incident management structure.

# VII. COMMUNICATIONS

A. Incident communication shall be coordinated through the established incident management structure using established communications infrastructure and equipment.
    1. Life-safety, urgent, or sensitive communications should be made by voice communications.
    2. Email should serve as secondary method for dissemination of incident information.
B. Should FDOH experience communication failures during an incident the Office of Information Technology maintains redundant and deployable equipment to re-establish communications. These resources are staged throughout the state for immediate deployment.
C. The department's communication resources include enclosed custom utility trailers equipped with high-speed satellite communications (e.g., 2Mb down and 1Mb upstream data speed), self-generated power, rooftop AC, and necessary infrastructure hardware pre-configured to establish interoperable access. They include four VOIP phone lines and server hardware to restore data from valid back-ups. Units are supported by two information technicians.

# VIII. ADMINISTRATION, FINANCE AND LOGISTICS

A. **Authorization, Documentation and Tracking of Response Actions**
All incident related costs should be clearly documented and linked to missions and/or tasks authorized by the lead response agency in the appropriate numbered tracking system. Depending on the incident response structure established for the incident, the specific numbered tracking system will vary. All mission tracking systems capture the following information elements:

- Incident name
- Description of response action(s) taken
- Resources used
- Justification for any purchases made
- State date and end date
- Authorizing entity

Below are examples of mission tracking systems:

1. **EM Constellation:** EM Constellation is the state-level mission tasking and tracking system used by the SERT. This is the system that county emergency management agencies utilize to request resources from the state. When the SERT is activated for an incident response all state-level response activities should be tracked in EM Constellation through missions.
2. **County emergency management mission tracking systems**: each county emergency management agency has a system for mission tasking and tracking at the local level. This may be through electronic systems such as WebEOC, E Team, EMSystems, or through a manual system. When a county emergency operations center is activated all county-level response activities should be tracked as directed by county emergency management.
3. **State Watch Office Log:** Some incidents do not elevate to the level of an activation of the SERT but may be coordinated and tracked through the State Watch Office (SWO). Emergency response activities can be documented through the SWO log to track agency level actions at the county and state level.
4. **Existing or ad hoc FDOH tracking systems:** In some instances, FDOH may be operating an Incident Management Team that does not involve an activation of the SERT or County EM (e.g., 2009 Chinese Dry Wall Incident or a local COOP incident). Under this circumstance, the FDOH or CHD may establish an alternate system for mission tasking and tracking. If appropriate and available an existing system, such as the FDOH pharmaceutical ordering system, FLShots or EM Resource, may serve as the mission tracking system. In other cases it may be necessary to establish a manual tracking system. This can be a log that documents incident-related expenses tracked through the Finance Section of the Incident Management Team. A manual system should be established if no other means are available for mission tasking and tracking.

B. **Processes for Purchasing, Contracting and Travel**

At the onset of an incident, the FDOH Division of Administration will establish ORG and EO codes specifically for the incident. These codes will be disseminated to the FDOH by the Division and should be utilized for all expenditures related to the incident.

Unless waived by the State Surgeon General (through delegation to the Director of the Division of Administration) or through an Executive Order, routine processes for purchasing, contracts, and travel must be followed. If specific processes are waived for disaster response, this will be communicated to the FDOH by the FDOH Division of Administration. Funds for incident-related expenditures will be encumbered from existing program budgets and will be reimbursed if and when the department receives reimbursement.

The FDOH Division of Administration has established modified processes for key financial related activities in emergency situations:

1. **Emergency Purchases**: Established in the Exceptional Purchases section of the FDOH Purchasing and Policy Procedures. Emergency purchases is defined as "a purchase necessitated by a sudden unexpected turn of events, such as acts of God, riots, fires, floods, accidents, or any circumstances beyond the control of the agency, where to delay competitive bidding would be an immediate danger to public health, safety, and welfare, or be detrimental to the interests of the state." This procedure defines expedited processes for conducting emergency purchases.
2. **Mission Critical Travel:** Established in the FDOH Mission Critical Travel criteria. The following conditions are emergency response related circumstances considered mission critical travel: 1) circumstances in which there is an immediate danger to public health, safety, welfare, or of other substantial loss to the state requiring emergency action; 2) response to an in-state disaster; or 3) response to an out-of-state disaster in another state through the Emergency Management Assistant Compact.
3. **Emergency Procedures for Purchasing Card (P-card) Use**: Established in the FDOH Purchasing Card Guidelines. These procedures define the expanded authority to utilize P-cards during a state of emergency, steps to request activation of P-cards into emergency status, and emergency card credit limits.
4. **Emergency Travel Agent Function:** Established in the FDOH Travel Agent Guidelines. This is a pre-identified, position specific emergency response role. The purpose is to streamline the purchasing card process with respect to procurement of travel services and arrangements for contracted staff and non-purchasing card holders. The Travel Agent will coordinate this type of bulk travel and submit the request to Purchasing Card Administration for approval.

C. **Personnel Labor Tracking and Payment**

All personnel labor costs associated with the incident response should be documented on employee timesheets. FTE and OPS employees will track hours associated with the incident response through People First. The FDOH Division of Administration will disseminate codes in which employees can code incident-related hours on their routine timesheets. Supervisors should ensure all hours worked as a part of the incident response are documented and appropriately coded on employee timesheets. Specific instructions will be provided by the Division of Administration for documenting incident hours for contract employees.

Employees who accrue overtime as a result of the incident response may, or may not, be paid for those hours depending on the nature of the incident, the ability for the FDOH to obtain reimbursement and Executive Orders issued by the Governor's Office. If no mechanism is in place to authorize extraordinary pay, employees will be compensated based on routine policy.

The following is applicable only during the period of time covered by an executive order.

1. **Administrative Leave for Career Service, Selected Exempt Service (SES), and Senior Management Service (SMS) employees**

    a. Employees located in a closed facility are granted administrative leave for the period the facility is closed.

    b. An employee who is on a prior approved leave (annual, sick, personal holiday, etc.) during the period the facility is closed due to the disaster shall not be entitled to the use of administrative leave.

    c. Employees sent home during their normal work hours to get ready for a storm or to prepare to work in a shelter will use personal leave for that time or offset the leave by additional hours worked.

2. **Payment for Additional Hours Worked (Work during declared emergency conditions by Executive Order and onset of FDOH Disaster Pay Plan)**

    a. Career Service Included: Straight time pay for all hours worked in the work week up to 40. Time-and-one-half pay for all hours worked over 40 in the work week (continue using hours type 1000 on the timesheet). Special Comp will be accrued (using hours type 1006 on the timesheet) for all essential service hours worked while the facility is closed. **This hours type does add in to the total hours worked on the timesheet.

    b. Career Service Excluded: If the department has implemented the Regular Compensatory Leave Payment Plan, all hours worked over 80 within the pay period (on disaster efforts) are paid at the employee's straight-time rate of pay (using hours type 1016 on the

timesheet). **This hours type does not add in to the total hours worked on the timesheet. Special Comp will be accrued (using hours type 1006 on the timesheet) for all essential service hours worked while the facility was closed. **This hours type does add in to the total hours worked on the timesheet.

c. SES Included: Straight time pay for all hours worked in the work week up to 40. Time-and-one-half pay for all hours worked over 40 in the work week (continue using hours type 1000 on the timesheet). Special Comp will be accrued (using hours type 1006 on the timesheet) for all essential service hours worked while the facility was closed.

d. SES Excluded: If the department has implemented the SES Extraordinary Pay Plan, all hours worked over 80 within the pay period (on disaster efforts) are paid at the straight time rate of pay for employees below the bureau chief or bureau chief comparable level (using hours type 1017 on the timesheet). **This hours type does not add in to the total hours worked on the timesheet. Special Comp will be accrued for employees below the bureau chief or bureau chief comparable level (using hours type 1006 on the timesheet) for all essential service hours worked while the facility was closed. **This hours type does add in to the total hours worked on the timesheet.

## D. **Reporting Incident-Related Costs**

Within 30 days of the end of an incident response or on a timeframe as directed by the Division of Administration, documentation for all incident-related expenses must be consolidated by the Division of Administration, regardless of whether the incident is eligible for reimbursement or not. Estimates completed by CHDs and Divisions within FDOH may be required throughout the event. When necessary the Division of Administration will request these and provide due dates and timeline for reoccurring submissions.

The Division of Administration will produce reports from the Financial Information System based on the incident-specific ORG and EO codes for the incident, to determine incident related costs to the FDOH. CHDs and Divisions within the FDOH may be requested to validate incident-related expenses, and provide justification and documentation for expenses. The Division of Administration will work directly with each CHD and Division to gather this information.

Justifications should reference an approved mission or task in the authorized mission tasking and tracking system. (See sub-section “A” of this document) Examples of required documentation include:

1. **Travel Documentation:**
    a. State of Florida Travel Authorization Form
    b. State of Florida travel voucher reimbursement form
    c. Mission Critical Activities form

d. Mileage log form
e. Lodging receipts/invoices
f. Gasoline receipts
g. Contract Services (e.g. TransMontaigne) invoices
h. Toll road receipts
i. Vehicle rental receipts/invoices
j. Cab or taxi receipts
k. Airline ticket or copy of itinerary with fees & totals
l. Additional baggage fees receipts
m. Receipts for authorized special purchases (GPS, repairs, etc.)

2. Time/Payroll:
    a. List of all staff working as a part of the response (name, disaster duty, dates worked, deployed location and dates, regular job site, contracted or People First)
    b. Timesheets / People First reports for all pay periods for FDOH employees (FTEs and OPS)
    c. Timesheets, invoices, vouchers, and other backup for all pay periods for contracted (non FDOH) staff
    d. Sign-in sheet for staff meals
    e. Include location and type of group feeding (EOC/HQ staff, CHD staff, clients, evacuees, etc.)
    f. Receipts for foods/meals including items purchased or entrees ordered with quantities, name of vendor, date and time

3. Purchasing Expenses:
    a. Summary of purchases
    b. Copy of Purchase Orders, contracts or written agreements
    c. Voucher for each expense
    d. Clear copies of receipts and invoices with assigned mission number and name of purchasing staff notated
    e. Justification for purchase (this should be documented in the appropriate mission tracking system for the incident)
    f. Any credit slips
    g. Any lost /misplaced FDOH receipt replacement form
    h. Debris or refuse dump site load tickets
    i. Time and/or distance equipment used and staff operating
    j. All aircraft service documents

E. **Reimbursement**

Not all incidents are eligible for reimbursement of emergency response related expenses. Since it is not always known if there will be an opportunity to seek reimbursement until well into the incident response, FDOH will document and scrutinize emergency response-related expenses as if reimbursement were going to be available.

Eligibility for reimbursement opportunities is determined based on the type of incident, specific conditions regarding its impact to the State of Florida, and the existence of federal or private party funding for the incident. Some funding options available for emergency response include:

1. The Public Assistance Grant Program authorized under the Robert T. Stafford Act requires the state to meet a cost-sharing threshold for emergency response and recovery activities and uninsured losses. Certain costs for government and private not-for-profit entities are reimbursable under the Public Assistance Program managed by the Federal Emergency Management Agency (FEMA). Though an incident may qualify for Public Assistance, each expense is not guaranteed reimbursement. The Florida Division of Emergency Management is responsible for seeking the Public Assistance Grant for the State of Florida.
2. Fire Management Grant Program, like Public Assistance, requires the State to demonstrate that total eligible costs for the declared fire meet or exceed either the individual fire cost threshold, which applies to single fires; or the cumulative fire cost threshold, which recognizes numerous smaller fires burning throughout a state. The Florida Division of Emergency Management is responsible for seeking the Fire Management Grant for the State of Florida.
3. Special grant opportunities may be available through federal agencies for certain incidents. In 2009, the FDOH received grant funding for response activities related to the novel H1N1 Influenza Pandemic. This grant funding allowed the department to disseminate funding to CHDs, in order to support response activities. This avenue of incident response funding is rare and should not be expected for most incidents. If future grant funding opportunities for incidents become available, the department will abide by the conditions of the grant for management of financial aspects of the response.
4. Direct federal funding is provided for some incidents and special events. This may be in the form of direct access to federal resource and response systems or through reimbursement from a federal agency. This circumstance is rare and would only apply when the federal government has lead authority for the incident response, and state and local authorities are acting in a supporting role. Specific criteria for eligible expenses would be communicated from the federal government and certain state activities such as labor would likely not be covered. The 2012 Republican National Convention National Security Special Event is an example of a directly funded event.
5. Responsible party private funding - though rare, some incidents are the fault of private parties, who are legally responsible for costs associated with the incident response. The 2009 Deepwater Horizon Oil Spill is an example of this circumstance. In these circumstances, the legal requirements documenting the private party's responsibilities and eligible expenses for reimbursement will be established by the lead agency.
6. The Emergency Management Assistance Compact (EMAC) provides for reimbursement for response activities in support of another state and is authorized through the official EMAC request process by the requesting state. Any FDOH response activities done in support of another state must be requested by the impacted state and authorized by the Division of Emergency Management. The EMAC process includes a process for estimating and negotiating costs for EMAC missions.

If an incident is eligible for reimbursement, the Division of Administration will complete the necessary reimbursement packages required by the reimbursing authority and submit a package on behalf of the FDOH.

Upon receipt of reimbursement funds, the Division of Administration will disseminate funds based on charge codes. The FDOH will utilize the same processes for distributing disaster reimbursement funds as it does to distribute federal grant funding on a routine basis.

If no funding source exists for response activities, expenses will be the responsibility of the purchasing CHD or Division. In this circumstance, response activities would be paid for through existing operational budgets within the FDOH. FDOH may submit a supplemental budget request to the legislature to seek funding for these expenses, as deemed appropriate by the State Surgeon General.

## F. **Logistical Management of Resources**

FDOH emergency logistics management (which includes management of personnel, pharmaceuticals, equipment, supplies and facilities) is organized to ensure that all functions are executed in a unified manner in order to reduce costs, ensure appropriate support actions, and optimize delivery time.

1. Logistical procedures for the mobilization, distribution and recovery of resources are maintained in the Logistics Support Standard Operating Guidelines maintained by the Bureau of Preparedness and Response.
2. Personnel assets are maintained in the Department's responder management system, Everbridge SERV-FL, which includes personnel available for emergency duty by role, organizational unit, and capabilities. The system is capable of alerting responders for mobilization.
3. Inventories of tangible goods are maintained in the Department's Inventory Resource Management System which includes materials caches across the state.
4. When FDOH resources are exhausted, the Department maintains contingency contracts and agreements with other state agencies, private vendors, and neighboring states to acquire additional resources.

# IX. TRAINING AND EXERCISE

A. Specific training and exercise activities associated with this plan are aligned with the current FDOH Multi-year Preparedness Training and Exercise Plan, as well as current related Department and federal guidance and requirements.

B. All FDOH employees receive baseline training on incident command as a part of new employee training as required in the DOHP 300-1-14. This includes:

1. IS -100.b-Introduction to the Incident Command System.
2. IS-700.a: National Incident Management System, An Introduction.
3. FDOH Public Health Preparedness Orientation.
4. Supervisory staff additionally take IS-200.b-ICS for Single Resources and Initial Action Incidents.

C. Training for this plans should focus on the ICS core competencies in order to assure FDOH employees are properly prepared to perform incident management roles:

1. Assume position responsibilities.
2. Lead assigned personnel.
3. Communicate effectively.
4. Ensure completion of assigned actions to meet identified objectives.

D. This plan shall be exercised and evaluated on an annual basis, either as a part of an actual incident response or through an exercise which meets the Department of Homeland Security Exercise and Evaluation Program (HSEEP) standards.

# X. PLAN DEVELOPMENT AND MAINTENANCE

A. The Division of Emergency Preparedness & Community Support, Bureau of Preparedness and Response maintains and makes available the current FDOH Public Health and Medical EOP base plan, annexes, and appendices. A diagram of the current annexes and appendices is maintained on the Department's plan repository website. Each component of the EOP is reviewed/updated at least once every two years to reflect procedure and capability changes as well as deficiencies identified for corrective action.

B. This plan is refined and improved through after-incident or after-exercise After Action Reports/Improvement Plans, lessons learned, and as roles and responsibilities change. The table in Attachment H, Record of Document Review, Maintenance and Distribution provides a high-level summary of FDOH EOP development and maintenance activities.

C. The Bureau of Preparedness and Response posts copies of the FDOH EOP on its planning repository website, and disseminates the link to key stakeholders. These stakeholders include local and state FDOH leaders, public health preparedness planners, and emergency management partners.

| Change to Plan | Date | Responsible Party |
|---|---|---|
| Complete re-write of the Emergency Operations Plan – The December 2011 FDOH Emergency Operations Base Plan Version 3.0 is abolished upon approval of this plan. | 10/5/14 | Cooksey, BPR |
| Removed all reference of Continuity of Operations (COOP) from Emergency Operations Plan – A stand-alone COOP plan is in progress and will be finalized in 2014. | 10/5/14 | Cooksey, BPR |
| Incorporated verbiage from approved Financial Management and Recovery SOP into Section VII and added language regarding new travel agent function. – The current FDOH Financial Management and Recovery SOG for Emergency Response Version 1.3 is abolished upon approval of this plan. | 10/5/14 | Cooksey, BPR |

# XI. AUTHORITIES AND REFERENCES

## A. **Florida Statutes and Codes**

1. Ch. 252.36, F.S. Emergency Management Powers of the Governor.
2. Section 381.0011, F.S., Public Health: General Provisions.
3. Section 154.001-.05, F.S., Public Health Facilities.
4. Ch. 381.00315, F.S. Public Health Advisories, Public Health, Quarantines Emergencies.
5. Ch. 381.0303, F.S. requirements for FDOH to coordinate staffing for special needs shelters.
6. Ch. 154.04, F.S. recognizes all County Health Department personnel as employees of the Department of Health and applies personnel rules established by the Department of Management Services.
7. Ch. 252. F.S. authorizes the Governor to delegate emergency responsibilities to the officers and agencies of the state and of the political subdivisions thereof prior to an emergency or threat of an emergency and shall utilize the services and facilities of existing officers and agencies of the state and of the political subdivisions thereof, including their personnel and other resources, as the primary emergency management forces of the state, and all such officers and agencies shall cooperate with and extend their services and facilities to the division, as required.
8. 64D-3.037, F.A.C., Authority of the FDOH County Health Department Director or Administrator and State Health Officer.
9. 64D-3.038, F.A.C., Quarantine Orders and Requirements.
10. Section 20.43(2), F.S., Surgeon General, Organizational Structure – Denotes State Surgeon General as the leader of the Department of Health.
11. Section 20.05(1)(b), F.S., Surgeon General, Authority – Authorizes State Surgeon General to delegate powers, duties and functions within the Department
12. Sections 943.0313(1)(a)(5), 943.0313(1)(a)(11), F.S., Domestic security oversight.
13. Section 768.28(9), F.S., State Agencies – Sovereign Immunity for State Officers and Employees.
14. Sections 404.051, 404.091, 404.101, 404.141, 404.161-2, 404.171, 404.20, F.S., FDOH radiation control powers.

## B. **FDOH Policies and Procedures**

1. DOHP 250-9-10 DOH Purchasing Policy and Procedures.
2. DOHP 56-44-11 DOH Purchasing Card Guidelines.
3. IOP 56-37-11 Internal Operating Procedure; Division of Administration, Finance and Accounting.
4. DOHP 6310-1-13 Health Alert Network.
5. DOHP 60-40-13 Emergency Duty and Deployment.

C. **Executive Orders**

1. Governors Executive Order (standard language utilized in emergency situations) directs all state, regional and local agencies to utilize their personnel "to assist in meeting the needs of the emergency and to place personnel under control of the State Coordinating Officer to meet the needs of the emergency" and authorizes state agencies to deviate from statutory requirements in order to meet the needs of the emergency.

D. **Related Response Plans**

1. State of Florida Comprehensive Emergency Management Plan, 2012.
2. Appendix VIII: Emergency Support Function 8 – Public Health and Medical Services, 2014.
3. Emergency Support Function 8 Public Health and Medical Services Standard Operating Procedures, November 2012.
4. State ESF8 Logistics Standard Operating Guidelines, 2013.
5. Florida Department of Health: Risk and Crisis Communications Annex.
6. Division of Information Technology (DIT) Disaster Recovery Plan and Guidelines (COOP-IT Plan), version 2.4, 2010.

E. **Related Preparedness Plans**

1. Florida's Public Health and Health Care System Preparedness Strategic Plan, 2014.
2. Florida Department of Health, Multi-year Preparedness Training and Exercise Plan.

# XII. ATTACHMENT LISTING

A. Public Health and Medical Core Missions by Hazard
B. Public Health and Medical Mission Ready Packages
C. Public Health and Medical Resources by Core Mission

# XIII. SUBORDINATE PLANS

A. State ESF8 Standard Operating Procedure
B. Logistics Support Standard Operating Guidelines
C. FDOH Continuity of Operations Plan
D. Public Health and Medical Assessment Standard Operating Procedure
E. Alternate Care Site Standard Operating Procedure
F. State Medical Response System Standard Operating Guide
G. Special Needs Sheltering Standard Operating Guide
H. Patient Movement Support Standard Operating Guide
I. Ambulance Deployment Standard Operating Procedure
J. Strategic National Stockpile Standard Operating Guide
K. Epidemiology Hurricane Toolkit
L. Radiological/Nuclear Incident Emergency Response Plan
M. Chemical Incident Annex
N. Deployment of Chempak Assets Standard Operating Guidelines
O. Rabies Prevention and Control Guide
P. Surveillance and Control of Mosquito-borne Diseases in Florida Guidebook
Q. Biomedical Waste Standard Operating Guidelines
R. Water Incident Standard Operating Guidelines
S. Food and Waterborne Disease Program Standard Operating Guidelines
T. Zoonotic Response Standard Operating Guidelines
U. Environmental Health Preparedness Program Response Guide
V. Florida Fusion Center Standard Operating Guidelines
W. Crisis and Risk Communications Plan
X. Fatality Management Response Plan
Y. Fatality Management Response in a Chemical, Radiological, or Nuclear Environment

## Public Health and Medical Core Missions by Hazard
## October 6th, 2014

| Hazard | Command and Control | Support and Coordination | **Mission #1:** Support local assessment and identification of public health and medical needs in impacted counties and implement plans to address those needs. | **Mission #2:** Coordinate and support stabilization of the public health and medical system in impacted counties. | **Mission #3:** Support sheltering of persons with medical and functional needs. | **Mission #4:** Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties. | **Mission #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. | **Mission #6:** Support monitoring, investigating and controlling potential or known threats to human health of environmental origin. | **Mission #7:** Develop, disseminate and coordinate accurate and timely public health and medical information. | **Mission #8:** Monitor need for and coordinate resources to support fatality management services. | **Mission #9:** Monitor need for and coordinate resources to support disaster behavioral health services. | **Mission #10:** Support responder safety and health needs. | **Mission #11:** Provide public health and medical technical assistance and support. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Air Quality (ozone/pollution advisories)** | N | Y | | | | | | X | X | | | X | |
| **Biological Disease Outbreak** | Y | Y | X | X | | | X | X | X | X | X | X | X |
| **Biological Terrorism - Communicable (including A, B & C agents)** | Y | Y | X | X | | | X | X | X | X | X | X | X |
| **Biological Terrorism - Non- Communicable (including A, B & C agents)** | Y | Y | X | X | | X | X | X | X | X | X | X | X |
| **Chemical Terrorism** | N | Y | X | X | | X | X | X | X | X | X | X | X |
| **Civil Disorder** | N | Y | X | X | | | | | X | X | X | X | X |
| **Communications Failure** | N | Y | | | | | | | X | | | X | |
| **Conventional Terrorism** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Cyber/Technical Incident** | N | Y | X | | | | X | X | X | | | X | X |
| **Dam failure** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Drought** | N | Y | | | | | X | X | X | | | X | X |
| **Earthquake** | N | Y | X | X | X | X | X | X | X | X | X | X | X |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Extreme Cold** | N | Y | | | X | | | | X | | | X | X |
| **Extreme Heat** | N | Y | | | X | | | | X | | | X | X |
| **Fires – Large-Scale (not Wildfire)** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Flood** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Food Borne Disease** | N | Y | X | X | | | X | X | X | X | | X | X |
| **Hailstorm** | N | Y | | | | | | | X | | | X | X |
| **Hazardous Materials Incident – Fixed Facility** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Hazardous Materials Incident – Transportation** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Hurricane/Tropical Storm** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Lightning** | N | Y | | | | | | | X | | | X | |
| **Mass Casualty Incidents** | ? | Y | X | X | | X | X | X | X | X | X | X | X |
| **Mass Population Surge** | N | Y | X | X | | | X | | X | | X | X | X |
| **Nuclear Attack** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Pandemic Influenza** | Y | Y | X | X | | | X | X | X | X | X | X | X |
| **Power Failure** | N | Y | X | X | X | X | X | X | X | | | X | X |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Radiological Incident – Fixed Facility** | Y | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Radiological Incident – Transportation** | Y | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Radiological Terrorism - Radiological Dispersal Device** | Y | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Severe Winter Storm** | N | Y | X | X | X | | X | | X | | | X | X |
| **Sewer Failure** | ? | Y | X | X | | | X | X | X | | | X | X |
| **Storm Surge** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Supply Disruption (water, food, pharmaceuticals)** | ? | Y | X | X | | | X | | X | | | X | X |
| **Tornado** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Wildfire** | N | Y | X | X | X | X | X | X | X | X | X | X | X |
| **Windstorm** | N | Y | | | | | | | X | | | X | X |

# Florida Department of Health

# Mission Ready Package Workbook


Bureau of Preparedness and Response

Version 1.0

September 2014

## Table of Contents

| 1. | Epidemiology Strike Team | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Provide disease surveillance, investigation and controls during assessment or recovery phases of a disaster in a defined geographic area. | b. | Mission:<br>-Disease surveillance<br>-Outbreak investigation<br>-Quarantine and Isolation<br>-Data Analysis<br>-Phlebotomy |
| c. | ESFs: 6,8,10,17 | d. | Limitations:<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles). |
| e. | Personnel: 8 (+2*) PAX<br>1-Type I Team Leader<br>1-Clerk<br>6-Field Epidemiologist (3 Type III, 3 Type II) personnel with expertise specific to request.<br><br>+2* when requesting multiple Type I teams<br>1-Data Manager<br>1-Branch Director | f. | Equipment:<br>8-Epidemiology kits<br>1-Laptop equipped with epidemiology information and standard Microsoft applications.<br>-Each member will have electronic equipment for collection of field data. |
| g. | Required Support:<br>-Logistical support for personnel.<br>-Rental vehicles (SUVs preferred for field work). | h. | Works With:<br>-Local ESF8<br>-County Health Department<br>-Hospital Infection Control<br>-Local Universities and schools in affected area |
| i. | N-Hour Sequence: N+18<br>-Upon alert, roster within 6 hours. After activation, deployment ready within 12 hours. | j. | Special Instructions:<br>-14 days deployable including travel.<br>-Team can be scaled down to 6 personnel if only one or two components of the mission are needed. |
| k. | Cost Per Day: Personnel: | Equipment: | Total: |

| 2. | Environmental Health Strike Team Type I | | |
|---|---|---|---|
| a. | Task and Purpose:<br>To identify and reduce environmental threats to human health from water, food, waste and air. | b. | Mission:<br>Provide up to 80 environmental services per day. |
| c. | ESFs: 6,8,10,11,17 | d. | Limitations:<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles). |
| e. | Personnel: 16 PAX<br>2-Team Leader (Environmental Health Type II Disaster Generalist or above)<br>1-Team Supervisor (Environmental Health Type II Disaster Generalist or above, can act as backup team leader)<br>12 Environmental Health Disaster Generalists (Environmental Health Type III Disaster Generalist or above)<br>1-Clerk/Data Managers | f. | Equipment:<br>-Environmental Health Strike Team Go Kits (based on mission requirements).<br>-10 Laptops |
| g. | Required Support:<br>-Logistical support for personnel.<br>-Rental vehicles (SUVs preferred for field work). | h. | Works With:<br>-Environmental Health County Director<br>-Regional Emergency Response Advisor<br>-Local Environmental Health<br>-Local ESF8<br>-Bureau of Radiation Control |
| i. | N-Hour Sequence: N+24<br>-Upon alert, roster within 18 hours.<br>-After activation, deployment ready within 6 hours. | j. | Special Instructions:<br>-Based on Florida Department of Health Asset Typing.<br>-Teams of Generalists should be able to handle most critical environmental health needs, but teams can also be customized to fit specific mission requirements in primary environmental health areas: Food, Water, Sewage, Indoor Air, Vector/Zoonotic, Facilities, Chemical/Toxicology and Radiological.<br>-Mission requests must specify if team specialty is needed.<br>-14 days deployable including travel. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 3. | Environmental Health Strike Team Type II | | |
|---|---|---|---|
| a. | Task and Purpose:<br>To identify and reduce environmental threats to human health from water, food, waste and air. | b. | Mission:<br>Provide up to 60 environmental services per day. |
| c. | ESFs: 6,8,10,11,17 | d. | Limitations:<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles). |
| e. | Personnel: 11 PAX<br>1- Team Leader (Environmental Health Type II Disaster Generalist or above)<br>1-Team Supervisor (Environmental Health Type II Disaster Generalist or above)<br>8-Environmental Health Disaster Generalists (Environmental Health Type III Disaster Generalist or above)<br>1-Clerk/Data Managers | f. | Equipment:<br>-Environmental Health Strike Team Go Kits (based on mission requirements).<br>-10 Laptops |
| g. | Required Support:<br>-Logistical support for personnel.<br>-Rental vehicles (SUVs preferred for field work) | h. | Works With:<br>-Environmental Health County Director<br>-Regional Emergency Response Advisor<br>-Local Environmental Health Officials<br>-Local ESF8<br>-Bureau of Radiation Control |
| i. | N-Hour Sequence: N+24<br>-Upon alert, roster within 18 hours.<br>-After activation, deployment ready within 6 hours. | j. | Special Instructions:<br>-Based on Florida Department of Health Asset Typing.<br>-All vehicles must be SUV's for field work.<br>-Teams of Generalists should be able to handle most critical environmental health needs, but teams can also be customized to fit specific mission requirements in primary environmental health areas: Food, Water, Sewage, Indoor Air, Vector/Zoonotic, Facilities, Chemical/Toxicology and Radiological.<br>-Mission requests must specify if team specialty is needed.<br>-14 days deployable including travel. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 4. | Environmental Health Strike Team Type III | | |
|---|---|---|---|
| a. | Task and Purpose:<br>To identify and reduce environmental threats to human health from water, food, waste and air. | b. | Mission:<br>Provide up to 40 environmental services per day. |
| c. | ESFs: 6,8,10,11,17 | d. | Limitations:<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles). |
| e. | Personnel: 9 PAX<br>1- Team Leader (Environmental Health Type II Disaster Generalist or above)<br>1-Backup Team Leader (Environmental Health Type II Disaster Generalist or above)<br>6-Environmental Health Disaster Generalists (Environmental Health Type III Disaster Generalist or above)<br>1-Clerk/Data Managers | f. | Equipment:<br>-Environmental Health Strike Team Go Kits (based on mission requirements).<br>-10 Laptops |
| g. | Required Support:<br>-Logistical support for personnel.<br>-Rental vehicles(SUVs preferred for field work) | h. | Works With:<br>-Environmental Health County Directors<br>-Regional Emergency Response Advisors<br>-Local Environmental Health<br>-Local ESF8<br>-Bureau of Radiation Control |
| i. | N-Hour Sequence: N+24<br>-Upon alert, roster within 18 hours.<br>-After activation, deployment ready within 6 hours. | j. | Special Instructions:<br>-Based on Florida Department of Health Asset Typing.<br>-Teams of Generalists should be able to handle most critical environmental health needs, but teams can also be customized to fit specific mission requirements in primary environmental health areas: Food, Water, Sewage, Indoor Air, Vector/Zoonotic, Facilities, Chemical/Toxicology and Radiological.<br>-Mission requests must specify if team specialty is needed.<br>-14 days deployable including travel. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 5. | Behavioral Health Assessment Team Type III | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Provide initial behavioral health assessments of impacted area(s) and determine what local resources are available and what other teams may be needed to provide education and support services for managing disaster related stressors. | b. | Mission:<br>Assess behavioral health needs of specific groups or population and recommend appropriate intervention. |
| c. | ESFs: 6, 8 | d. | Limitations:<br>-Unfamiliar with impact area.<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles). |
| e. | Personnel: 4 PAX<br>1-Type I Team Leader<br>1-Type I Clinician<br>2-Type III Advanced Responders | f. | Equipment:<br>-Disaster Behavioral Health Go-Kit<br>-Laptop (Team Leader only) |
| g. | Required Support:<br>-Logistical support for personnel.<br>-Rental vehicles. | h. | Works With:<br>-Essential Service Centers (Florida Specific)<br>-Disaster Recovery Center<br>-Local Emergency Management<br>-Local County Health Department<br>-Local ESF8 |
| i. | N-Hour Sequence: N+54<br>-Alert- 36 hours prior.<br>-Upon Emergency Operations Center notification, full roster within 6 hours, report to staging area within 12 hours. | j. | Special Instructions: |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 6. | Post-Impact ESF8 Assessment Team | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Conduct field assessments of healthcare facilities to determine operational status and potential resource needs following impact. | b. | Mission:<br>Determine immediate life-safety impacts from the incident; identify short-term issues that could evolve to life-safety consideration and forecast potential resource needs to mitigate issues for each facility. |
| c. | ESFs: 8 | d. | Limitations:<br>-Unfamiliar with impact area.<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles). |
| e. | Personnel: Mission dependent<br>1-Assessment Team Leader<br>1-Tactical Planner<br>1 or 2-Data Processor<br>5 Assessors (scalable based on incident) | f. | Equipment:<br>-Geographic Information System tools<br>-Communications equipment<br>-Laptop(s) |
| g. | Required Support:<br>-Logistical support for personnel.<br>-Vehicles. | h. | Works With:<br>-ESF5<br>-Healthcare Regulatory Agency<br>-Regional Emergency Response Advisors<br>-Local ESF8 Liaison<br>-Local Emergency Management<br>-County Health Departments<br>-Assisted Living Facilities<br>-Hospitals |
| i. | N-Hour Sequence:<br>-Timeframe for deployment will be dependent on the nature of the incident and safety conditions.<br>-The goal is to conduct all initial post-impact assessments within 72 hours of impact.<br>- Assessment will begin within 24 hours of safe entry into an impacted county. | j. | Special Instructions:<br>-Team maybe requested to pre-position based on the potential for damage following an impact. However, team safety and health will remain the top priority and all measures will be taken to ensure that pre-staging will be in a safe environment. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 7. | Special Needs Shelter Management Team | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Activate, operate and demobilize shelters. | b. | Mission:<br>Set up Special Needs Shelter for 50-100 people. |
| c. | ESFs: 8, 6 | d. | Limitations:<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles).<br>-Management of shelter only, no clinical care is provided.<br>-Some personnel could have limited or no experience. |
| e. | Personnel: 8 PAX (minimum)<br>2-Shelter Unit Leads (Licensed or Unlicensed Personnel)<br>2-Medical Managers (Licensed Personnel)<br>2-Logistic Managers (Unlicensed Personnel)<br>2-Clerical Personnel | f. | Equipment:<br>-Use equipment provided in the impacted county's Special Needs Shelter cache. If this is depleted they will request closest non affected cache.<br>-Laptop |
| g. | Required Support:<br>-Vehicle<br>-General shelter staff | h. | Works With:<br>-Regional Emergency Response Advisor<br>-Regional Special Needs Consultant<br>-Local County Health Department<br>-Local Emergency Management<br>-Local ESF8 |
| i. | N-Hour Sequence: N+24<br>-Upon alert, full roster within 6 hours.<br>-After activation, deployment ready within 18 hours. | j. | Special Instructions:<br>-Based on Florida Department of Health Asset Typing.<br>-5 days deployable including travel. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 8. | Special Needs Shelter Clinical Augmentation Team | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Assist with shelter operations and segment existing shelter staff. | b. | Mission:<br>Assist existing Special Needs Shelter for 50-100 people. |
| c. | ESFs: 8, 6 | d. | Limitations:<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles).<br>-Some personnel could have limited or no experience. |
| e. | Personnel: 20 PAX (minimum)<br>2-Team Leaders (Licensed Personnel)<br>2-Team Leaders (Unlicensed Medical Personnel)<br>8-Licensed Medical Personnel<br>8-Unlicensed Medical Support Personnel | f. | Equipment:<br>-Use assets provided in the impacted county's Special Needs Shelter cache. If this is depleted will request closest non affected cache. |
| g. | Required Support:<br>-Vehicle<br>-Management Team for shelter | h. | Works With:<br>-Regional Emergency Response Advisor<br>-Regional Special Needs Consultant<br>-Local County Health Department<br>-Local Emergency Management<br>-Local ESF8 |
| i. | N-Hour Sequence: N+24<br>-Upon alert, full roster within 6 hours.<br>-After activation, deployment ready within 18 hours. | j. | Special Instructions:<br>-Based on Florida Department of Health Asset Typing.<br>-5 days deployable including travel. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 9. | Special Needs Shelter Logistics Augmentation Team | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Assist with non-medical shelter operations and augment existing shelter staff. | b. | Mission:<br>Assist existing Special Needs Shelter for 50-100 people. |
| c. | ESFs: 8, 6 | d. | Limitations:<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles).<br>-Some personnel could have limited or no experience. |
| e. | Personnel: 10 PAX (minimum)<br>2-Team Leaders (Unlicensed Personnel)<br>8-Unlicensed Medical Support Personnel | f. | Equipment:<br>-None |
| g. | Required Support:<br>-Vehicle | h. | Works With:<br>-Regional Emergency Response Advisor<br>-Regional Special Needs Consultant<br>-Local County Health Department<br>-Local Emergency Management<br>-Local ESF8 |
| i. | N-Hour Sequence: N+24<br>-Upon alert, full roster within 6 hours.<br>-After activation, deployment ready within 18 hours. | j. | Special Instructions:<br>-Based on Florida Department of Health Asset Typing.<br>-5 days deployable including travel. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 10. | Special Needs Shelter Response Team | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Activate and provide command structure and coordinate shelter activities, operate and demobilize shelters. | b. | Mission:<br>Fully set up and operate Special Needs Shelter for 50-100 people. |
| c. | ESFs: 8, 6 | d. | Limitations:<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles).<br>-Some personnel could have limited or no experience. |
| e. | Personnel: 28 PAX (minimum)<br>2-Shelter Unit Leaders (Licensed or Unlicensed Personnel)<br>2-Medical Managers (Licensed Personnel)<br>2-Logistics Managers (Unlicensed Personnel)<br>2- Clerical Personnel<br>2-Team Leaders (Licensed Personnel)<br>2-Team Leaders (Unlicensed Medical Personnel)<br>8-Liceansed Medical Personnel<br>8-Unliceansed Medical Personnel | f. | Equipment:<br>-Laptop(s)<br>-Use assets provided in the impacted county's Special Needs Shelter cache. If this is depleted will request closest non affected cache. |
| g. | Required Support:<br>-Vehicle | h. | Works With:<br>-Regional Emergency Response Advisor<br>-Regional Special Needs Consultant<br>-Local County Health Department<br>-Local Emergency Management<br>-Local ESF8 |
| i. | N-Hour Sequence: N+24<br>-Upon alert, full roster within 6 hours.<br>-After activation, deployment ready within 18 hours. | j. | Special Instructions:<br>-Based on Florida Department of Health Asset Typing.<br>-5 days deployable including travel. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 11. | Florida Emergency Mortuary Operations Response System | | |
|---|---|---|---|
| a. | Task and Purpose:<br>To provide a statewide fatality management resource when an incident of such proportion occurs as to overwhelm local medical examiner resources. | b. | Mission:<br>To identify the dead, preservation of evidence, return of human remains to families, and prevention of the spread of infectious disease. |
| c. | ESFs: 8, 16 | d. | Limitations:<br>-With two-week rotations being the anticipated normal period of member activation, Florida Emergency Mortuary Operations Response System Teams can reasonably expect to manage an event for approximately one month. If the period of activation is anticipated to require multiple months of support, the Disaster Mortuary Operational Response Team activation may be appropriate and requested. |
| e. | Personnel: Less than 130 members.<br>-Fatality Management Assessment Team<br>-Medical Examiner Command Coordination: 6 members<br><br>Unit Specialties include:<br>-Disaster Portable Morgue Unit: 12 members<br>-Victim Information Unit: 32 members<br>-Morgue Identification Unit: 78 members | f. | Equipment:<br>-Disaster portable morgue cache<br>-Ford F350 with KUV body<br>-28 foot Pace American Trailer<br>-2 Windows servers<br>-Propane powered generator<br><br>Note-For complete list please contact Florida Department of Health, Bureau of Preparedness and Response. |
| g. | Required Support:<br>-Structure for Incident Morgue site<br>-Floor space (minimal size of 10,000 - 12,000 square feet)<br>-Human remains refrigerated storage<br>-Drivers with Commercial Driver's License to move trailers<br>-Fuel service contracts<br>-Waste service contract<br>-Water supply<br>-Electrical services<br>-Communication services<br>-Security personnel<br>-Staff will need logistical support for meal service, restrooms and sleeping accommodations. | h. | Works With:<br>-Local Medical Examiner authority<br>-Local Coroner |
| i. | N-Hour Sequence:<br>-The Medical Examiner's preferences will dictate the level of response provided and the Teams to be activated. | j. | Special Instructions:<br>-Each team is deployable as an individual unit/asset.<br>-Activation of the Florida Emergency Mortuary Operations Response System assets must be approved by Florida Department of Health. If local Emergency Operations Center is unable to provide assistance as requested, Florida Department of Health will execute necessary procurement in support of team activation.<br>-Temporary facilities must meet certain requirements for size, layout, support infrastructure and contracted services.<br>-Number of deceased dictates the number of refrigerated trailers needed.<br>-Separate refrigerated trailers will be designed for processed vs. unprocessed human remains.<br>-Florida Emergency Mortuary Operations Response System does not possess the capability or equipment to enter chemical, biological, radiological, nuclear or explosive contaminated sites or handle contaminated human remains. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 12. | Florida Emergency Mortuary Operations Response System Disaster Portable Morgue Unit | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Assist and support the local District Medical Examiner Office, Florida Department of Law Enforcement and other responding agencies, in the event of a mass fatality incident as directed by the Florida Department of Health. | b. | Mission:<br>-Discovery, documentation, and subsequent recovery of all artifacts involving human remains. As part of this effort, a human remains staging area may be formed to assist the ICS Commander.<br>-Once remains are recovered, transportation to the morgue site will occur. Once at the morgue site the admitting process will begin immediately for identification of human remains. |
| c. | ESFs: 8, 16 | d. | Limitations:<br>-The Disaster Portable Morgue Unit is not a hardened structure. It is a cache of equipment that must be setup in an appropriate building which can provide HVAC systems, security, and allow for appropriate decontamination procedures for biological waste |
| e. | Personnel: 12 PAX | f. | Equipment:<br>-Computers<br>-Generators<br>-Human Remains Gathering Equipment<br>-DNA Equipment<br>-Freezer for DNA Specimens<br>-Digital Body X-Ray System(s)<br>-Photography Equipment<br>-Pathology Equipment<br>-Dental X-Ray Equipment<br>-Fingerprint Instrument Kit<br>-Embalming Instrument Kit<br>-Anthropology Equipment<br><br>Note- For complete list please contact Florida Department of Health, Bureau of Preparedness and Response. |
| g. | Required Support:<br>-Structure for Incident Morgue site.<br>-Floor space (minimal size of 10,000 - 12,000 square feet).<br>-Equipment accessibility.<br>-Human remains refrigeration storage.<br>-Electrical services.<br>-Fuel service contract.<br>-Water supply.<br>-Sanitation/Draining.<br>-Waste service contract.<br>-Communications services.<br>-Staff will need logistical support for meal service, restrooms and sleeping accommodations. | h. | Works With:<br>-Local Medical Examiner authority<br>-Local Coroner |
| i. | N-Hour Sequence:<br>-The Medical Examiner's preferences will dictate the level of response provided. | j. | Special Instructions:<br>-Activation of the Florida Emergency Mortuary Operations Response System assets must be approved by Florida Department of Health. If local Emergency Operations Center is unable to provide assistance as requested, Florida Department of Health will execute necessary procurement in support of team activation.<br>-Number of deceased dictates the number of refrigerated trailers needed.<br>-Separate refrigerated trailers will be designed for processed vs. unprocessed human remains.<br>-Florida Emergency Mortuary Operations Response System does not possess the capability or equipment to enter chemical, biological, radiological, nuclear or explosive contaminated sites or handle contaminated human remains. |
| k. | Cost Per Day: Personnel: Equipment: Total: | | |

| 13. | Florida Emergency Mortuary Operations Response System Victim Information Unit | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Assist and support the local District Medical Examiner Office, Florida Department of Law Enforcement and other responding agencies, in the event of a mass fatality incident as directed by the Florida Department of Health. | b. | Mission:<br>-Establishing and managing a call center, if needed.<br>-Collect antemortem information through interviews with the Next-of-Kin.<br>-Transfer necessary information to the Next-of-Kin and assist the Medical Examiner with notification, if requested.<br>-Coordinating the exchange of information from the Morgue Identification Center. |
| c. | ESFs: 8, 16 | d. | Limitations:<br>-Should not be established near disaster site or at a law enforcement operations center. Retail store space which can be rented for a short period is ideal. |
| e. | Personnel: 32 PAX | f. | Equipment:<br>-Administrative supplies<br>-Telephone headsets<br>-Printers<br><br>Note- For complete list please contact Florida Department of Health, Bureau of Preparedness and Response. |
| g. | Required Support:<br>-Security personnel.<br>-Internet accessibility.<br>-Office equipment (computers, fax, copy machine, desks, chairs, etc.).<br>-Phone lines.<br>-Two-way communication equipment for contact with Morgue Unit.<br>-Staff will need logistical support for meal service, restrooms and sleeping accommodations.<br>-Television or radio for latest news updates. | h. | Works With:<br>-Local Medical Examiner authority<br>-Local Coroner |
| i. | N-Hour Sequence:<br>-The Medical Examiner's preferences will dictate the level of response provided. | j. | Special Instructions:<br>-Based on Florida Department of Health Asset Typing.<br>-Activation of the Florida Emergency Mortuary Operations Response System assets must be approved by Florida Department of Health. If local Emergency Operations Center is unable to provide assistance as requested, Florida Department of Health will execute necessary procurement in support of team activation.<br>-Temporary facilities must meet certain requirements for size, layout, support infrastructure and contracted services. 4,000 square feet is suggested.<br>-Special considerations include: Restrooms for the families, private rooms for consultation and interviews, food and beverages for family members.<br>-Florida Emergency Mortuary Operations Response System does not possess the capability or equipment to enter chemical, biological, radiological, nuclear or explosive contaminated sites or handle contaminated human remains. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 14. | Florida Emergency Mortuary Operations Response System Morgue Identification Center Unit | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Assist and support the local District Medical Examiner Office, Florida Department of Law Enforcement and other responding agencies, in the event of a mass fatality incident as directed by the Florida Department of Health. | b. | Mission:<br>The Morgue Identification Center Unit coordinates the remains identification processing functions including:<br>-Postmortem data entry from Morgue Units.<br>-Victim Identification Program data analysis of ante and postmortem indicators for leads to identification.<br>-Antemortem Fingerprint and Odontology Teams<br>-Coordination of body x-ray comparisons.<br>-Channeling positive identification reports to the Medical Examiner.<br>-File management of disaster victim information<br>-Victim Identification Program antemortem missing person reports.<br>-Presumptive death certificates, if applicable. |
| c. | ESFs: 8, 16 | d. | Limitations:<br>-Morgue Identification Center should not be a public location. |
| e. | Personnel: 78 PAX | f. | Equipment:<br>-Administrative supplies<br>-Printers<br>-Scanners<br><br>Note- For complete list please contact Florida Department of Health, Bureau of Preparedness and Response. |
| g. | Required Support:<br>-Security Personnel.<br>-Office equipment (computers, high resolution fax, color copy machine, color laser printer, desks, chairs, etc.).<br>-Multiple hard phone lines for phone, fax and internet access.<br>-Two way communications equipment.<br>-Private rooms for consultation and interviews.<br>-Television or radio for latest news and situational updates.<br>-Staff will need logistical support for meal service, restrooms and sleeping accommodations. | h. | Works With:<br>-Local Medical Examiner authority<br>-Local Coroner |
| i. | N-Hour Sequence:<br>-The Medical Examiner's preferences will dictate the level of response provided. | j. | Special Instructions:<br>-Based on Florida Department of Health Asset Typing.<br>-Activation of the Florida Emergency Mortuary Operations Response System assets must be approved by Florida Department of Health. If local Emergency Operations Center is unable to provide assistance as requested, Florida Department of Health will execute necessary procurement in support of team activation.<br>-Temporary facilities must meet certain requirements for size, layout, support infrastructure and contracted services. 1000 square feet is the suggested minimum.<br>-Florida Emergency Mortuary Operations Response System does not possess the capability or equipment to enter chemical, biological, radiological, nuclear or explosive contaminated sites or handle contaminated human remains. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 15. | Ambulance Strike Team | | |
|---|---|---|---|
| a. | Task and Purpose:<br>To marshal and deploy ground and air emergency medical transportation services assets during incident response. | b. | Mission:<br>Augmentation of day to day emergency medical transportation services. Patient and medical facility evaluation support, patient triage, treatment and transport. |
| c. | ESFs: 4, 8, 9 | d. | Limitations:<br>-Deployments are subject to weather conditions and safety considerations.<br>-Availability of emergency medical service assets may be limited during disaster due to competing operational commitments. |
| e. | Personnel: 12 (minimum)<br>2-Ambulance Strike Team Leaders with separate vehicles and:<br><br>Advanced Life Support- 5 Emergency Medical Technicians and 5 Paramedics<br><br>or<br><br>Basic Life Support- 10 Emergency Medical Technicians (minimum) | f. | Equipment:<br>Five ground/air ambulance of the same type. |
| g. | Required Support:<br>Expected to be self-sufficient for up to 72 hours or have a plan to be supported in the response area. Requesting entity should work to provide logistical support beyond the 24 hour mark for the deployed resource. | h. | Works With:<br>-Local EMS Providers<br>-Health Care Facilities<br>-Hospitals |
| i. | N-Hour Sequence:<br>Mission dependent | j. | Special Instructions: |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 16. | Logistic Support Team | | |
|---|---|---|---|
| a. | Task and Purpose:<br>To provide forward logistical support to deployed ESF8 personnel in a rapid and precise manner, as well as coordinate any further logistical needs in the field or any forward environment. | b. | Mission:<br>To provide and set up the necessary equipment required to establish a Forward Operating Base for deployed personnel to maintain continuity of operations. |
| c. | ESFs: 8 | d. | Limitations:<br>-Possibility of not enough personnel to efficiently establish and operate a field team.<br>-Must have resupply after 96 hours of food, water, fuel, and hygiene items to maintain operations. |
| e. | Personnel: 6 PAX<br>1-Forward Logistics Branch Director<br>1-Ground Support Unit Leader<br>1-Facilities Unit Leader<br>1-Supply Unit Leader<br>1-Communications Leader<br>1-Communications Technician | f. | Equipment:<br>-2006 GMC Kodiak 4500 Crew Cab with 100 gallon tank with electric fuel pump<br>-2008 Chevy Silverado 1500 Crew Cab 4x4 with 50 gallon electric diesel fuel tank and 12000 lb. winch with air compressor<br>-26 foot Wells Cargo Trailer<br>-Generator (Diesel) trailer<br>-1 5k Gas generator<br>-2 5 kw Diesel generators<br>-Pop up canopy's<br>-Tables and chairs<br>-Cots<br>-Inflatable tents<br>-Fans<br>-Power tools<br>-300 Meals Ready to Eat<br>-300 gallons bottled water<br>-3 Satellite phones<br><br>Note- For complete list please contact Florida Department of Health, Bureau of Preparedness and Response. |
| g. | Required Support:<br>Must have at a minimum 10,000 SQFT of outdoor space to fully deploy Forward Operating Base to include all facilities and necessary parking area for vehicles, trailers, and generators. | h. | Works With:<br>-Post-Impact ESF8 Assessment Team<br>-Regional Emergency Response Advisors<br>-Local Emergency Management<br>-Local County Health Departments<br>-Information Technology Field Operations and Incident Response Team |
| i. | N-Hour Sequence: N+8<br>-Upon alert, roster within 4 hours.<br>-After activation, deployment ready within 4 hours. | j. | Special Instructions:<br>-Must coordinate with a local point of contact in the impact area for suggested potential site location(s) of Forward Operating Base. |
| k. | Cost Per Day: Personnel: Equipment: Total: | | |

| 17. | Information Technology Disaster Preparedness Consultant | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Restore mission critical Information Technology services at existing or alternate facilities. Provide data and voice communication to deployed ESF8 teams | b. | Mission:<br>-Infrastructure communications failure<br>-Server failure/Data corruption and recovery<br>-Phone system outage<br>-MED82 radio and Radio over Internet Protocol support<br>-Information Technology staffing/personnel issues<br>-Utilities failure: Air Conditioning or Power<br>-Asset acquisition, recovery and sanitation |
| c. | ESFs: 8 | d. | Limitations:<br>-Equipment readiness due to limited funding for proper refresh.<br>-Current satellite and Voice over Internet Protocol vendor lack proper data recovery support capability and unable to accurately meet requirements of all deployment scenarios. |
| e. | Personnel: 9 PAX<br>-1 per Region (seven)<br>-1 Logistics support personnel<br>-1 Team Manager<br><br>Note- Deployments involve initial two man team and one Mobile Command Unit/Regional resource | f. | Equipment:<br>8-Ford F350 Crew Cab 4x4<br>1-2006 International Semi-truck<br>6-22 to 24 foot Mobile Communications Unit that can serve as a field office or small Command Post<br>1-40 foot trailer that can be utilized as a field Command Post, training facility, etc. (Region 5 Mobile Command Unit)<br>1-43 foot 5th wheel cargo trailer<br>-Logistics & mass deployment equipment staged at State Logistics Resource Center in Orlando<br><br>Each trailer has:<br>-On-board commercial generator(s)<br>-High speed satellite<br>-Air conditioning<br>-Necessary infrastructure hardware to provide Florida Department of Health network connectivity or Non Florida Department of Health internet feed<br>-Voice over Internet Protocol Phones<br>-Video Teleconferencing<br>-MED82/Radio over Internet Protocol (upon request) |
| g. | Required Support:<br>-Self-sufficient team. Depending on circumstances will need food/water/ice for team members after 72 hours and fuel delivery after 24-48 hours. | h. | Works With:<br>-Regional Emergency Response Advisor<br>-Logistics Support Team<br>-Local County Health Departments<br>-System Administrators<br>-Continuity of Operations Planner/Data Recovery Planners<br>-Office of Information Technology Program Managers |
| i. | N-Hour Sequence:<br>All regional equipment is pre-staged and ready for immediate deployment. Personnel responsible for monitoring mobile phones 24/7/365 unless on annual leave. | j. | Special Instructions: |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 18. | Strategic National Stockpile Receipt Stage Store Team | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Receive, stage and store materials from the Strategic National Stockpile. | b. | Mission:<br>-Accept custody of the Strategic National Stockpile<br>-Receiving, storing and staging of Strategic National Stockpile assets.<br>-Distribution of Strategic National Stockpile assets to approved Local Distribution Sites in impacted areas.<br>-Recovery and reconstitution of Strategic National Stockpile assets. |
| c. | ESFs: 7, 8, 16 | d. | Limitations:<br>-Can only sustain operations for a limited amount of time due to team depth. |
| e. | Personnel: 21 PAX<br>1-Branch Director<br>1-Deputy Branch Director<br>1-Planning Liaison<br>1-Safety Officer<br>1-Infrastructure Unit Leader<br>1-IT and Communications Specialist<br>1- Supply Specialist<br>1-Material Unit Leader<br>6-Receive/Pick Team Members<br>1-Pharmacy Unit Lead<br>1-Inventory Unit Leader<br>1-Order Triage Specialist<br>1-Distribution Unit Leader<br>1- Shipping Unit Leader<br>1-Transportation Unit Leader<br>1-Ground Transportation Specialist | f. | Equipment:<br>-26 foot Wells Cargo Trailer<br>-2 Honda 6500 watt gas generator<br>-2 Pallet Jacks<br><br>-Refrigeration or freezer units would be ordered on an as needed basis for RSS facilities without these capabilities.<br>• Anthrax vaccine will arrive in either Vaxicool (portable vaccine refrigerator) or Endurotherm containers (3 day temperature stable container)<br>• Storage will only be required if containers are opened (Endurotherm) or power fails (Vaxicool)<br><br>Note- The Florida Department of Health has 3 RSS Trailers.<br>1-Located in Leon County.<br>1-Located in Orange County.<br>1-Located in Miami-Dade County.<br><br>Note- For complete list please contact Florida Department of Health, Bureau of Preparedness and Response. |
| g. | Required Support:<br>-Public Information Officer<br>-Planning Liaison<br>-Finance and Administration<br>-Transportation for team. | h. | Works With:<br>-Center for Disaster Control and Prevention<br>• Receipt Stage Store Task Force<br>• Stockpile Service Advanced Group<br>-U.S. Marshals Service<br>-Bureau of Public Health Pharmacy<br>-State Department of Health Office of Communication<br>-Information Technology Disaster Preparedness Consultants<br>-State Department of Emergency Management<br>-State Department of Law Enforcement<br>-Local County Health Department<br>-Local Emergency Management |
| i. | N-Hour Sequence:<br>N+8 | j. | Special Instructions:<br>-Operations are expected to last up to 8 days, with 2 staffing shifts per day.<br>-Personnel can be deployed out of state as single resources if needed.<br>-Requesting state will need to provide Law Enforcement Agents to escort package unless specified/coordinated otherwise. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

| 19. | Western Shelter Gatekeeper | | |
|---|---|---|---|
| a. | Task and Purpose:<br>Provide a climate controlled Emergency Operation Center or billeting for staff and a medical mass-casualty triage or surge field hospital for injured incident victims. | b. | Mission:<br>Provide:<br>-50 Beds for patients<br>-20 Beds for staff |
| c. | ESFs: 8 | d. | Limitations:<br>-Not self-sustaining (need lodging or camp space including food and water rations, fuel support for vehicles). |
| e. | Personnel:<br>Advanced Logistics Response Team:<br>To provide logisticians for equipment set up-<br>5-7 PAX<br><br>OR<br><br>State Medical Response Team:<br>To provide logisticians for equipment set up and medical staff to run facility-<br>35 PAX | f. | Equipment:<br>-53 foot Gatekeeper Trailer with generator mounted on the front and custom lift gate.<br>-Roof mounted observation platform<br>-3 Remote controlled awnings<br>-6 GK 1935 Shelters (19'x35'x11' high)<br>-10 Bunk Beds<br>-50 E-Beds<br>-6 Insulated Wall Panels (1 package per shelter)<br>-Hygiene Centers, showers and toilets<br>-6 Air Plenum's Air Distribution<br>-6 Electric Distribution Kits<br>-20' Box Truck per State Medical Response Team to transport medical supplies.<br>-Passenger vans to transport team members.<br><br>Note- The Florida Department of Health has 3 Gatekeeper Systems.<br>1-Located in Walton County.<br>1-Located in Orange County.<br>1-Located in Broward County. |
| g. | Required Support:<br>-Need large area to set up<br>-Fuel for generators<br>-Semi truck rental<br>-Staff to run operation (if the Advanced Logistical Response Team is requested) | h. | Works With:<br>-Local County Health Departments<br>-Hospitals<br>-Local Emergency Management<br>-Local ESF8 |
| i. | N-Hour Sequence:<br>Advanced Logistics Response Team: N+8<br>-Setup of 1 Gatekeeper: N+20<br><br>or<br><br>State Medical Response Team: N+8<br>-Setup of 1 Gatekeeper: N+14 | j. | Special Instructions:<br>-200 gallon diesel fuel cell can hold up to 72 hours' worth of fuel.<br>-Trailer awnings automatically retract in winds over 20 mph. |
| k. | Cost Per Day: Personnel: Equipment:<br>Total: | | |

# Public Health and Medical Resources by Core Mission

## October 6th, 2014

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|---|---|---|---|---|---|---|---|---|---|---|---|
| Accountant | | | | | | | | | | | X |
| Administrative Assistant | X | X | X | X | X | X | X | X | X | X | X |
| Advanced Emergency Medical Tech | | X | X | X | | | | | | | |
| Air Medical Transport Manager | | X | X | X | | | | | | | |
| Air Medical Transport Mechanic | | X | X | X | | | | | | | |
| Air Medical Transport Paramedic | | X | X | X | | | | | | | |
| Air Medical Transport Physician | | X | X | X | | | | | | | |
| Air Medical Transport Pilot | | X | X | X | | | | | | | |
| Air Medical Transport RN | | X | X | X | | | | | | | |
| Ambulance Strike Team | | X | | X | | | | | | | |
| Assessor | X | | | | | | | | | | |
| Behavioral Health Assessment Team Type III | | | | | | | | | X | | |
| County Health Department Administrator / Director | X | X | X | | X | X | X | | | X | X |
| County Health Department Business Manager | X | X | X | | X | X | X | | | X | X |
| County Health Department Environmental Health Manager | X | X | X | | X | X | | | | X | X |
| County Health department Nursing Director | X | X | X | | X | X | | | | X | X |
| County Health Department Preparedness Manager | X | X | X | X | X | X | | X | X | X | X |
| Data Entry Staff | X | | X | X | X | X | X | | | | X |

# Public Health and Medical Resources by Core Mission

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|---|---|---|---|---|---|---|---|---|---|---|---|
| Dental Assistant / Hygienist | | X | | X | | | | | | | |
| Dentist | | X | | X | | | | | | | |
| Dialysis Technician | | X | | X | | | | | | | |
| Dietician / Nutritionist | | X | X | X | | | | | | | |
| Disease Intervention Specialist | | X | | | X | X | | | | | |
| Dispatcher | | X | | X | | | | | | | |
| Emergency Manager | X | X | X | X | X | X | X | X | X | X | X |
| Emergency Medical Technician | | X | X | X | | | | | | | |
| EMS Physician | | X | X | X | | | | | | | |
| Environmental Health, Air Specialist | | | | | | X | | | | | |
| Environmental Health, Food Safety Specialist | | | | | | X | | | | | |
| Environmental Health, Inspectors | | | | | | X | | | | | |
| Environmental Health, Radiation Specialist | | | | | | X | | | | | |
| Environmental Health, Sanitation Specialist | | | | | | X | | | | | |
| Environmental Health, Sewage Specialist | | | | | | X | | | | | |
| Environmental Health, Water Specialist | | | | | | X | | | | | |
| Environmental Health Strike Team Type I | | | | | | X | | | | | |
| Environmental Health Strike Team Type II | | | | | | X | | | | | |

# Public Health and Medical Resources by Core Mission

## October 6th, 2014

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|---|---|---|---|---|---|---|---|---|---|---|---|
| Environmental Health Strike Team Type III | | | | | | X | | | | | |
| Epidemiology Data Manager | | | | | X | X | | | | | |
| Epidemiology Interviewer | | | | | X | X | | | | | |
| Epidemiology Strike Team | | | | | X | | | | | | |
| Epidemiologist | | | | | X | X | | | | | |
| ESF8 Coordinator | X | X | X | X | X | X | X | X | X | X | X |
| File Clerk | X | | X | X | X | X | X | | | | X |
| Florida Emergency Mortuary Operations Response System | | | | | | | | X | | | |
| Florida Emergency Mortuary Operations Response System Disaster Portable Morgue Unit | | | | | | | | X | | | |
| Florida Emergency Mortuary Operations Response System Victim Information Unit | | | | | | | | X | | | |
| Florida Emergency Mortuary Operations Response System Morgue Identification Center Unit | | | | | | | | X | | | |
| Funeral Director | | | | | | | | X | | | |
| Funeral Service Worker | | | | | | | | X | | | |
| GIS Specialist | X | X | | | | | | | | | |
| Health Officer | X | X | X | X | X | X | X | X | X | X | X |
| Health Physicist | | | | | | X | | | | | |
| Healthcare Technician | | X | X | | | | | | | | |

# Public Health and Medical Resources by Core Mission

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|---|---|---|---|---|---|---|---|---|---|---|---|
| Home Health Aide | | X | X | | | | | | | | |
| Human Resource Manager | | | | | | | | | | | X |
| Information Technology Disaster Preparedness Consultant | | | | | | | | | | | X |
| Information Technology Specialist | X | X | X | X | X | X | X | X | X | X | X |
| Laboratorian | | | | | X | X | | | | | |
| Laboratory Tech | | | | | X | X | | | | | |
| Logistic Support Team | | | | | | | | | | | X |
| Media specialist | | | | | | | X | | | | |
| Medical Assistant | | X | X | | | | | | | | |
| Medical Director | | X | X | X | X | X | X | X | X | X | X |
| Medical Examiner | | | | | | | | X | | | |
| Mental Health Counselor | | | | | | | | | X | | |
| Nuclear Medicine Technologist | | | | | | X | | | | | |
| Nurse - Advanced Registered Nurse Practitioner | X | X | X | X | X | | | | | X | |
| Nurse - Certified Nursing Assistant | X | X | X | X | X | | | | | X | |
| Nurse - Licensed Practical Nurse | X | X | X | X | X | | | | | X | |
| Nurse - Nurse Manager | X | X | X | X | X | | | | | X | |
| Nurse - Registered Nurse | X | X | X | X | X | | | | | X | |
| Occupational Health and Safety Technician | | | | | | | | | | X | |
| Paramedic | X | X | X | X | X | | | | | X | |
| Pathologist | | | | | X | X | | X | | | |
| Pharmacist | | | | | X | X | | | | | |

# Public Health and Medical Resources by Core Mission

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|---|---|---|---|---|---|---|---|---|---|---|---|
| Pharmacy Tech | | | | | X | X | | | | | |
| Phlebotomist | | | | | X | X | | | | X | |
| Physician | | X | | X | X | X | | | | | |
| Physician – Infectious Disease | | X | | X | X | X | | | | | |
| Physician – Primary Care | | X | | X | X | X | | | | | |
| Physician – Public Health | | X | | X | X | X | | | | | |
| Physician Assistant | | X | X | X | X | X | | | | | |
| Physician- Emergency Medicine | | X | | X | | | | | | | |
| Post-Impact ESF8 Assessment Team | X | X | | | | | | | | | |
| Preparedness Planner / Coordinator | X | X | X | X | X | X | X | X | X | X | X |
| Press Secretary | | | | | | | X | | | | |
| Psychologist | | | | | | | | | X | | |
| Public Information Officer | | | | | | | X | | | | |
| Radiation Injury Specialist - MD | | | | | | X | | | | | |
| Radiation Injury Specialist - nurse | | | | | | X | | | | | |
| Radiologic Technician | | | | | | X | | | | | |
| Receptionist | | | | | | | | | | | |
| Respiratory Therapist | | | X | | X | X | | | | | |
| Social Worker | | | X | | | | | | X | | |
| Sonographer | | X | | | | | | | | | |
| Special Needs Shelter Management Team | | | X | | | | | | | | |
| Special Needs Shelter Clinical Augmentation Team | | | X | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| Special Needs Shelter Logistical Augmentation Team | | | X | | | | | | | | |
| Special Needs Shelter Response Team | | | X | | | | | | | | |
| Strategic National Stockpile Receipt Stage Store Teams | | X | | | X | | | | | | X |
| Surgical Technician | | X | | | | | | | | | |
| Toxicologist | | | X | | | | | | | | |
| Veterinarian | | | X | | | | | | | | |
| Veterinarian Technician | | | X | | | | | | | | |
| Western Shelter Gatekeeper | | X | | | | | | | | | X |

From FDOH Mission Ready Package Workbook