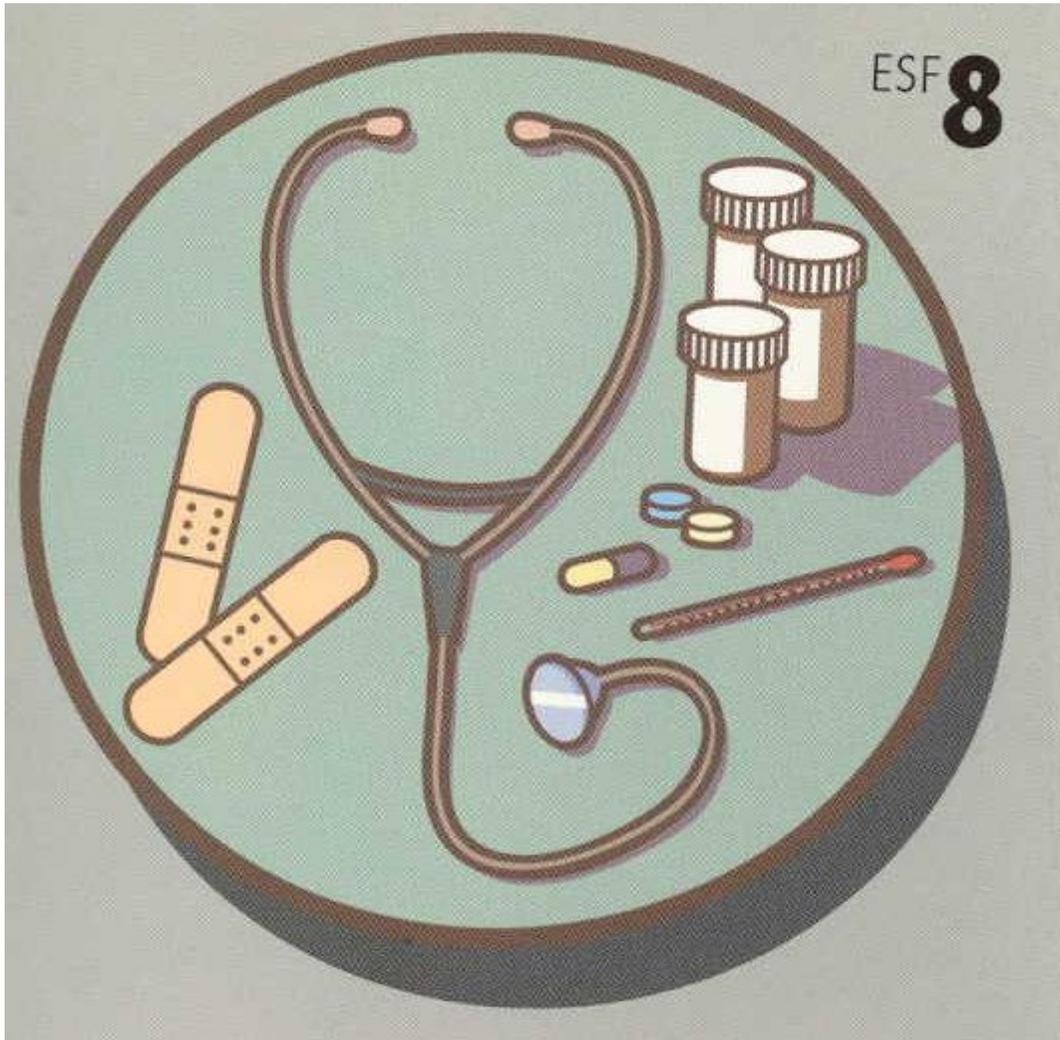


2015

EMERGENCY SUPPORT FUNCTION



HEALTH AND MEDICAL SERVICES

Emergency Support Function (ESF) 8 Health and Medical

Primary Agency: Florida Department of Health in Santa Rosa County

Support Agencies: Local EMS provider Ambulance Service
Northwest Florida Chapter, American Red Cross
Santa Rosa County Emergency Management
Santa Rosa Medical Center
Gulf Breeze Hospital
Jay Hospital
Santa Rosa County District Schools
Santa Rosa County Aging Services
Santa Rosa County Animal Services
Santa Rosa County Environmental Department (Mosquito Control)
Avalon Center of Lakeview Mental Health Services
District 1 Medical Examiner's Office (located at Sacred Heart Hospital)
Home Health Care Agencies
Local Funeral Homes

RECORD OF REVIEW AND CHANGES

| Date Revised | Pages/Topic Revised | Revised By |
|------------------|---|--|
| March 2010 | Page 3. Changed National Response Plan to National Response Framework. | Andy Anderson (SRCHD) |
| | Page 4. Under B Organizations add little b. | |
| | Page 8. 2. Special Needs Shelter Operations a. Accommodation: added Bennett Russell Elementary - Large Scale Event Sims Middle School- North end – Overflow / Backup | |
| | Page 9. 2. Special Needs Shelter Operations i. Clients should bring their own medicine supplies for 3 days. | |
| | Page 11. 1. PREPAREDNESS ACTIONS p. The Santa Rosa County IT Department will maintain the SpNS database. The EM will enter the clients into the database and the leads health department nurse will review and approve or disapprove the client for SpNS. | |
| | Page 18 2. support Agencies; o. Santa Rosa County Animal Services will maintain the pet friendly shelter. p. Santa Rosa County Animal Services maintain a list of animal shelters and vets. | |
| Feb 2012 | Removed support agencies: all public works, all LEAs, ARES, all air services, all FDs | Daniel Hahn |
| February 2014 | Review for Accreditation. | Andy Anderson (SRCHD) |
| January 12, 2015 | Changed “Santa Rosa County Health Department” to “Florida Department of Health in Santa Rosa County” throughout document. Page 7 D added ESF 8 missions per the State of FL ESF 8 Plan. Updated Appendix 2 with ESF 8 Appendix to CEMP 2014 State plan. | Michelle Hill |
| January 26, 2015 | Review all. <ul style="list-style-type: none"> • Page 5 2.b. added RERA • Page 10 1.d. added RERA and Health care Facility Assessment Teams • Page 11 2.c. updated with SMRT, MRC | Sandy Park-O’Hara, Barb McMillion, Mary Beverly, Michelle Hill |
| February 9, 2015 | Updated page 15 to say “ESF 6” instead of “Northwest Florida Chapter of the American Red Cross” per guidance from Amy Eden, Disaster Program Manager of Red Cross. | Michelle Hill |
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I. Purpose

The purpose of Emergency Support Function 8 (ESF 8) is to identify health and medical needs of the entire county before, during, and after a disaster. ESF 8 will :

- Coordinate the health and medical resources needed in responding to public health and medical care needs following a significant natural disaster or manmade event.
- Develop policy guidelines for sheltering people with special needs.
- Develop strategies to ensure adequate staffing for the Special Needs Shelter and the registration of people with special needs.
- Provide personnel and resources to support prevention, preparedness, protection, response, recovery and mitigation in support of the primary emergency management objectives.

The ESF 8 Emergency Coordination Officer (ECO) is appointed by and located in the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa) and directs all aspects of health and medical support. ESF 8 resources are used when individual agencies are overwhelmed and County Emergency Response Team requests additional Health and Medical assistance.

I. Concept of Operations

A. GENERAL

1. Emergency Support Function 8 complies with the National Response Framework (NRF), and the National Incident Management System (NIMS). The NIMS guides the direction and control system adopted by the Division of Emergency Management, which functions as the official disaster prevention, protection, response, preparedness, recovery, and mitigation organization within Santa Rosa County.
2. In a large event requiring local or State mutual aid assistance, ESF 8 will work with its support agency counterparts to seek and procure, plan, coordinate and direct the use of any required assets.
3. Throughout the response and recovery periods, ESF 8 will evaluate and analyze information regarding medical and public health assistance requests for response; develop and update assessments of the health and public health situation and status in the impact area and undertake contingency planning to meet anticipated demands or needs.
4. When an event is focused in scope to a specific type or response mode (i.e., hospital evacuation, biological threat, hazardous materials release, pandemic disease or radiological event) technical and subject matter expertise may be provided by an appropriate person(s) from a supporting agency with skills pertinent to the type of event, who will advise and/or direct operations within the context of the Incident Command System structure.

Figure 12 – Incident Command System Structure: ESF 8 – Health and Medical

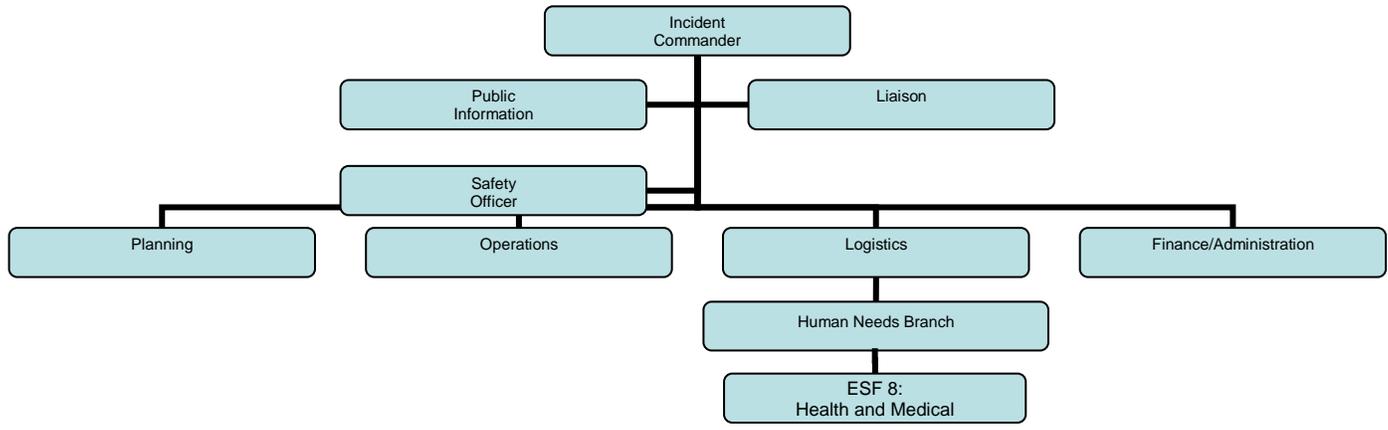
B. ORGANIZATION

1. COUNTY

- a. During an activation of the County Emergency Operations Center, support agency staff is integrated with the DOH-Santa Rosa staff to provide support that will allow for an appropriate, coordinated and timely response.
- b. During an emergency or disaster event, the Emergency Operations Center, Logistics Section Chief will coordinate the support resources from the support agencies with the Human Needs Branch Director.
- c. During the response phase, ESF 8 will evaluate and analyze information regarding health and public health assistance requests. Also, ESF 8 will develop and update assessments of the Health and Medical status in the impact area and do contingency planning to meet anticipate demands and needs.
- d. The DOH-Santa Rosa develops and maintains the overall ESF 8 Emergency Operations Plan and accompanying Appendices, Annexes and Standard Operating Guidelines that govern response actions related to emergencies. However, support agencies may develop and maintain their own similar documents for internal use, which must be compatible with and in support of the overall Emergency Operations Plan. All such documents will be in compliance with the National Response Framework, the National Incident Management System, the Incident Command System and the County Comprehensive Emergency Management Plan.

2. AREA

- a. The Human Needs Branch Director, in consultation with the requesting jurisdiction, may obtain additional Health and Medical resources via established mutual aid agreements.
- b. The Florida Department of Health serves as the lead agency for Health and Medical coordination and support and will designate a liaison (Regional Emergency Response Advisor) to the EOC from the Regional Office and/or the Regional Domestic Security Task Force (RDSTF). The liaisons (RERAs) have been trained to carry out ESF 8 responsibilities and will function as coordinators, assessors, and operational personnel in support of EOC or field activities.



3. STATE

- a. During an activation of the State Emergency Operations Center (State EOC), the Department of Health is the designated lead agency for State Health and Medical and will provide a liaison to facilitate requests for Health and Medical resources to local Emergency Operations Centers.
- b. During an emergency or disaster event, the primary and support agencies of ESF 8 at the State EOC will report to the Human Needs Branch Director who reports to the Operations Section Chief under the overall direction of the State Coordination Officer.
- c. During the response phase, ESF 8 will evaluate and analyze information regarding Health and Medical requests. Also, Emergency Support Function 8 will develop and update assessments of the Health and Medical situation and status in the impact area and do contingency planning to meet anticipated demands and needs.
- d. The Department of Health, the Office of Emergency Operations develops and maintains the overall ESF 8 Emergency Operations Plan and accompanying Appendices, annexes and Standard Operating Guidelines that govern response actions related to emergencies. However, support agencies may develop and maintain their own similar documents for internal use, which must be compatible with and in support of the overall Emergency Operations Plan. All such documents will be in compliance with the National Response Framework, the National Incident Management System, the Incident Command System and the County Comprehensive Emergency Management Plan.

C. ALERTS/NOTIFICATIONS

1. DOH-Santa Rosa will notify the County Warning Point (9-1-1 Center) when information comes to their attention indicating that an emergency or disaster situation is developing. The report will include all relevant information that is known at this time. Additional information should be reported as it becomes available.
2. The County Warning Point will notify the "on call" Emergency Duty Officer and/or Emergency Coordinating Officer (ECO) for ESF 8 when the county or an area of the County has been threatened or impacted by an emergency or disaster event as provided in the County Warning Point procedure. The on call person is at dispatch at the EOC.
3. ESF 8 will be activated or placed on standby upon notification by the County Emergency Management Office. The primary and support Health and Medical representatives or designees will jointly manage the emergency activities of ESF 8.
4. Upon instructions to activate ESF 8, DOH-Santa Rosa will implement procedures to notify and mobilize all personnel, facilities, and physical resources likely to be needed, based on the emergency circumstance.
5. Upon notification of a significant event, the Health Department representatives will be notified; and then EMS/ Disaster Medical Assistance Teams (DMAT), residential/medical facilities, and special needs population/assisted care shelter will be alerted as indicated. These representatives will alert all essential emergency response personnel assigned to the Emergency Operations Center as well as appropriate field personnel and agencies. Representatives for ESF-8 and essential emergency response personnel assigned to the Emergency Operations Center will be expected to report to duty within one hour of notification.
 - a. Hurricane Condition # 4 -- 72 Hours
 - The Health Department EOC liaison will be notified and report to the Emergency Operations Shelter for briefing by Division of Emergency Management staff.

- Other agencies involved in evacuation, sheltering, public assistance, will be notified and briefed as required.
- b. Hurricane Condition # 3 -- 48 Hours
 - The Incident Command at the Health Department will be notified of the current hurricane conditions and will start assignments as outlined in this plan.
 - The Special Needs Shelter assistant at the EM will notify Special Needs Verifier to report to the Emergency Operation Shelter.
 - The Special Needs Transportation Officer from the EM will contact transportation personnel to report to the school bus shop.
 - c. Hurricane Condition # 2 -- 24 Hours
 - All Special Needs Callers will report to the Emergency Operations Center.
 - EM Division ensures all Persons with Special Needs have been contacted and requests for evacuation are completed.
 - d. Hurricane Condition #1 -- 12 Hours
 - All preparation activities are completed.
6. In consultation with ESF 8, the EM Director will determine which shelter will be opened. When the decision is made by the Board of County Commissioners that shelters are needed, the Emergency Management Director will notify the School District Assistant Superintendent for Administrative Services who will then notify the schools to open for sheltering.

D. ACTIONS

1. Actions carried out by ESF 8 are grouped into phases of emergency management: prevention, preparedness, protection, response, recovery and mitigation. Each phase requires specific skills and knowledge to accomplish and requires significant cooperation and collaboration between all supporting agencies and the intended recipients of service. ESF 8 encompasses a full range of activities from training to the provision of field services. It also functions as a coordinator and, at times, assumes direct operational control of provided services. This support is categorized into four functional areas with responsibilities including the following:

- a. Public Health Services
 - Assessment of health/medical needs
 - Disease Control/Epidemiology
 - Health/medical care personnel, equipment and supplies
 - Food/drug/safety
 - Radiological/chemical/biological hazards (CBRNE)
 - Mental health and crisis counseling
 - Public health information release
 - Vector control/monitoring
 - Potability of water, wastewater and solid waste disposal
 - Victim identification/mortuary services
 - Medical Command and Control

Per the ESF 8 Appendix to the state CEMP, ESF 8 is tasked with the following missions:

- Support local assessment and identification of public health and medical needs in impacted counties and implement plans to address those needs.
- Coordinate and support stabilization of the public health and medical system in impacted counties.
- Support sheltering of persons with special needs.

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

b. EMS/DMAT

- Patient evacuation
- Emergency medical care personnel, equipment and supplies
- Emergency responder health and safety
- Mental health and crisis counseling

c. Residential/Medical Facilities

- Coordinate notification, information update and evacuation assistance to medical facilities within the county both pre- and post-impact
- Coordinate in-hospital care
- Provide updated census information and bed availability
- Detail facility needs for coordination with the State EOC

d. Special Needs Population/Assisted Care Shelter

- Assign responsibilities and establish procedures for governmental, volunteer agencies and individuals in preparing for and executing evacuation for the special needs population segment of Santa Rosa County that might be necessary during any manmade or natural emergency event.
- Coordinate registration, notification, transportation and sheltering of special needs population.
- Special Needs Shelters are a refuge for people with specific needs that cannot be met in other shelters but should not be considered a mini-hospital or nursing home. Persons with Special Needs will be admitted and need to be accompanied by a Caregiver. Clients will be referred to an alternate site if their needs are too complex to be met at the Special Needs Shelter or if their needs do not meet the minimum requirements. No one will be turned away from a shelter, however, anyone not requiring services provided in the Special Needs shelter will be informed about all the other shelters available to them.

2. Special Needs Shelter Operations

Special Needs Shelters are designed to care for the following:

- Persons with medical conditions that require observation, assessment and maintenance
- Persons with contagious health conditions that require minimal precautions or isolation which cannot be handled by local public shelter staff
- Persons with chronic conditions that require assistance with activities of daily living and do not require hospitalization

- Persons with the need for medications and/or vital sign readings on a regular basis
- a. Accommodations
- Bennett Russell Elementary - Large Scale Event
 - Sims Middle School- North end – Overflow / Backup
 - Milton Community Center - Small Scale Event

NOTE: Bennett Russell Elementary School has an emergency generator for providing power to run only essential medical equipment such as oxygen delivery systems, with priority being given to persons requiring this type equipment. This school has been designated as the Special Needs Evacuation Shelter.

- b. A shelter manager will be in charge of the Special Needs Shelter. The school principal shall provide access to necessary parts of the school (primarily hallways, gang bathrooms, cafeteria dining and, in some instances, classrooms) and inform the shelter manager which areas are off-limits. Shelter managers will be issued school keys when necessary.
- c. The school principal should ensure that as much of the off-limits area as possible is locked to prevent unauthorized entry. The school principal is not responsible for registering or dealing with the shelters. This is the Shelter Manager's responsibility. Once the school principal is satisfied that all is going well from a facilities viewpoint, he/she may leave the Shelter Manager in charge.
- d. The DOH-Santa Rosa, in coordination with the Director of Emergency Management, will determine when Special Needs sheltering will cease and will notify the Santa Rosa County District Schools Assistant Superintendent for Administrative Services when the shelter has closed.
- e. A very limited number of cots and blankets are available for use in the Special Needs Shelter. There may not be a cot available for everyone.
- f. Clients are responsible for bringing their own pillow, blanket, sleeping bag, egg crate, and any other special items that they may require.
- g. There are no hospital type beds and hospital beds will not fit in the doorway of the building.
- h. Clients should bring their own food and water supplies for 3 days. Food is not guaranteed to be available.
- i. Clients should bring their own medicine supplies for 3 days.
3. Medical Care
- a. The Special Needs Shelter is not a substitute for regular health care. Nurses are there to provide assistance only, not for providing all of the necessary care. If person(s) are under the care of a doctor or home health care agency, the medical care provider is responsible for discussing disaster evacuation with them.
- b. If clients receive home health care or hospice, their folders and nurses' names and telephone numbers need to be brought with them. Home health care agencies and Hospice should make every effort to assure that their clients receive continuity of care while in the shelter.

- c. Clients are responsible for bringing their medication and any medical supplies and equipment that they will need, including Depends, Chux, and urinals. Additionally, personal grooming items such as toothbrush, toothpaste, deodorant, are also recommended. A flashlight with spare batteries for all electronic devices would be helpful if a loss of power should occur. Books, magazines, cards or a game are also recommended to pass the time.

1. PREPAREDNESS ACTIONS

- a. Actions and activities that develop Health and Medical response capabilities may include planning, training, orientation sessions, and exercises for Emergency Support Function 8 personnel (i.e., County, State, Regional, and Federal) and other emergency support functions that will respond with ESF 8. This involves the active participation of inter-agency preparedness organizations, which collaborate on such activities on a regular basis.
- b. Jointly address with State Health and Medical the planning issues on an on-going basis to identify response zones, potential staging areas, and potential medical facilities and establish specialized teams.
- c. Conduct planning with ESF 8 support agencies, Regional Domestic Security Task Forces (RDSTF), and other emergency support functions to refine Health and Medical operations.
- d. Develop and refine procedures to be used in the following field surveys: Rapid Impact Assessment (i.e., recon), Community Health and Medical assessments by RERA and Healthcare Facility Assessment Teams (HFATs).
- e. Conduct training and exercise for EOC and Health and Medical Team members.
- f. Prepare and maintain emergency operating procedures, resource inventories, personnel rosters and resource mobilization information necessary for implementation of the responsibilities of the lead agency. Ensure lead agency personnel are trained in their responsibilities and duties.
- g. Develop and implement emergency response and Health and Medical strategies.
- h. Develop and present training courses for Emergency Support Function 8 personnel, provide information on medical facilities to the County Emergency Management and develop protocols for frequently provided services.
- i. Maintain liaison with support agencies.
- j. Conduct all hazards exercises involving Emergency Support Function 8.
- k. In order to meet the special needs of those persons who would need assistance during evacuations and sheltering because of physical or mental handicaps, each local emergency management agency in the state shall maintain a registry to provide for the voluntary registration of disabled persons/citizens located within the jurisdiction of the local agency.
- l. The registration shall identify those persons in need of assistance and plan for resource allocation to meet those identified needs. It further exists to assist the local emergency management agency in the identification of such persons. The Department of Children and Family Services shall provide registration information to all of its special needs clients and to all incoming clients as a part of the intake

process. The registry shall be updated annually. The registration program shall give disabled citizens the option of preauthorizing emergency response personnel to enter their homes during search and rescue operation, if necessary, to assure their safety and welfare following a disaster.

- m. On or before May 1 of each year, each electric utility in the state shall annually notify residential customers in its service area of the availability of the registration program available through their Emergency Management agency.
- n. All appropriate agencies and community based service providers, including home health agencies, will coordinate with Emergency Management which will collect registration information for people with special needs as part of their program intake process, establish programs to increase the awareness of the registration process, and educate clients about the procedures which may be necessary for their safety during disasters. Clients of state or federally funded service programs with physical or mental handicaps, in need of assistance in evacuation or when in shelters, shall register as Special Needs.
- o. The DOH-Santa Rosa will organize and run the Special Needs Shelter (SpNS).
- p. The Santa Rosa County IT Department will maintain the SpNS database. The EM special needs coordinator will enter the clients into the database and the lead health department nurse will review and approve or disapprove the client for SpNS.
- q. All records, data, information, correspondence and communications relating to the registration of disabled persons are confidential and exempt from providers of s. 119.07 (1), except that such information shall be available for other emergency response agencies, as determined by the local Emergency Management Director. This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.114.
- r. The Emergency Management staff will transport the trailers with shelter supplies to the designated shelter. An environmental health specialist and shelter nurse will inspect the shelter before its opening.

2. RESPONSE ACTIONS

- a. Coordinate operations at the ESF 8 office in the County Emergency Operations Center and/or at other locations as required.
- b. Establish and maintain a system to support on-scene direction and control and coordination with county EOC, regional task force and State EOC.
- c. Work with State ESF 8 to establish Mutual Aid procedures for the following resources: Disaster Medical Assistance Teams and State Medical Assistance Teams for medical support and DMORT for mass fatality support.
- d. Support Health and Medical RDSTF in the investigation of a terrorist attack.
- e. Preposition response resources when it is apparent that health and medical resources will be necessary. Relocate health and medical resources when it is apparent that they are endangered by the likely impacts of the emergency situation.
- f. Monitor and direct Health and Medical resources and response activities.

- g. Participate in EOC briefings, Incident Action Plans, Situation Reports and meetings.
- h. Coordinate with support agencies, as needed, to support emergency activities.
- i. Obtain State resources through the State Comprehensive Emergency Management Plan (CEMP); coordinate all resources into the affected areas from designated staging areas.
- j. Coordinate with other County ESFs to obtain resources and to facilitate an effective emergency response among all participating agencies.
- k. ESF 8 will not release medical information on individual patients to the general public to ensure patient confidentiality protection, in accordance with the H.I.P.A.A Act.
- l. Appropriate non-specific information on casualties/patients will be provided to the American Red Cross for inclusion in the Disaster Welfare Information System, to ESF 14 for informational releases and to ESF 5 for development of Situation Report for dissemination to the State EOC.

3. RECOVERY ACTIONS

The activities of ESF 8 should assist systems in returning to normal pre-event status. *See Annex ESF 8-B, the State of Florida Comprehensive Emergency Management Plan 2004, Appendix VIII ESF 8-Health and Medical Services.*

- a. Continue to provide support as required until response activities are concluded or until they can be managed and staffed by the primary incident agency or jurisdictions.
- b. Continue to provide support as required to support the recovery phase.
- c. Initiate financial reimbursement process for these activities when such support is available.

4. MITIGATION ACTIONS

The activities of ESF 8 would reduce or eliminate hazards. *See Annex ESF 8-B, the State of Florida Comprehensive Emergency Management Plan 2004, Appendix VIII ESF 8-Health and Medical Services.*

- a. Identify and seek funds for retrofitting critical facilities and providing auxiliary power.
- b. Provide personnel with the appropriate expertise to participate in activities designed to reduce or minimize the impact of future disasters.

E. DIRECTION AND CONTROL

1. Emergency Support Function 8 complies with the National Response Framework, and the National Incident Management System (NIMS). The NIMS guides the direction and control system adopted by the Division of Emergency Management, which functions as the official disaster prevention, protection, response, preparedness, recovery, and mitigation organization within Santa Rosa County.
2. The ESF 8 system operates at two levels 1) County Emergency Operations Center; and 2) Field operations.
3. During emergency activations, all management decisions regarding County or regional response are made at the County Emergency Operations Center by the ESF 8 coordinator. Under the Incident Command System structure, the Planning, Logistics, Finance/Administration, and Operations Section Coordinators and staff at the County

Emergency Operations Center assist the commander in carrying out the overall mission. Sections, Units, Teams, staffing levels, etc. are modular and scalable, depending on the type, size, scope and complexity of the emergency or disaster event.

4. A staffing directory and the ESF 8 Emergency Operations Plan, its accompanying Appendices, Annexes and Standard Operating guidelines are maintained by the DOH-Santa Rosa with status of the call lists updated at least monthly and all other documents at least annually.
5. All Health and Medical field volunteer personnel are subordinate to the ESF 8 at the County Emergency Operations Center.
6. In accordance with a mission assignment from ESF 8, and further mission tasking by a local primary agency, each support organization assisting ESF 8 assignment will retain administrative control over its own resources and personnel but will be under the operation control of ESF 8. Delegation of mission operational control may be delegated to a Management Support Unit, Multi-Agency Coordination Team or a local entity.

F. RESPONSIBILITIES

1. PRIMARY AGENCY – FLORIDA DEPARTMENT OF HEALTH IN SANTA ROSA COUNTY (ESF 8)

- a. Provide leadership in directing, coordinating and integrating overall County efforts to provide Health and Medical assistance to affected areas and populations.
- b. Staff and operate a National Incident Management system compliant command and control structure (i.e., Incident Command System) to assure that services and staff are provided to areas of need.
- c. Coordinate and direct the activation and deployment of County agencies Health and Medical service personnel, supplies, and equipment and provide certain direct resources.
- d. Evaluate the emergency situation, make strategic decisions, and identify resource needs and secure resources required for field operations.
- e. Coordinate supplemental assistance in identifying and meeting the Health and Medical needs of disaster victims.
- f. Implement the organization, assignment and staffing at the facilities at which ESF 8 is required to be located.
- g. Coordinate response for:
 - Safety of food and drugs
 - Potable water/wastewater/solid waste
 - Victim identification/mortuary services
- h. Provide the coordination of the following resources:
 - Medical equipment and supplies
 - Nurses/RN/LPN
 - Health administrators
 - Pharmacy services
 - Physicians
 - Environmental health specialists

- Laboratories and laboratory personnel
 - Nutritional services
 - Epidemiology
 - Mental health workers
 - Radiation monitoring
 - Disaster response expertise
 - Dental
 - Immunizations
 - Discharge planning at the Special Needs Shelter
 - Outreach capability
 - Public information and education
- j. Coordinate response and location of deployed DMAT teams.
- k. Communicable disease, epidemiology and environmental health issues are a routine responsibility of the DOH-Santa Rosa.
- l. Medical equipment and supplies will be obtained from local vendors where possible. If they are unable to be reached for needed items, ESF 8 will utilize the State Emergency Operations Center for other resources.
- m. Health Department nurses will staff the Special Needs Shelter as needed. Their duties will include administering aid, assisting in triage/screening and displaced persons assignment, keeping patient records, evaluating sanitary conditions of shelters, and consulting with environmental health specialists as needed.

2. SUPPORT AGENCIES

(NOTE: Each Support Agency should review its own roles and responsibilities and revise in conjunction with the Department of Health)

Support agencies will provide assistance to the Emergency Support Function with services, staff, equipment, and supplies that complement the entire emergency response effort as the County Emergency Response Team addresses the consequences generated by the hazards that may impact the County (i.e., severe weather, tropical cyclones, environmental biological, terrorism, technological, and mass migration, etc.). Because services and resources are subject to change from time to time, emergency coordinators are responsible for frequently updating their resources capabilities with the Emergency Support Function 8.

- a. Santa Rosa County local EMS Provider (Local EMS provider) coordinates the evacuation of patients from disaster areas when deemed appropriate, transport of victims to medical facilities outside the at risk area in accordance with approved Trauma Transport Protocols, transport needs with ESF 1, and coordinates the following resources: ALS/BLS vehicles, Emergency Medical Technicians, and Paramedics, EMS procurement, aircraft transport and ensures the health and safety of emergency responders in accordance with ESF 8 SOP and medical support such as:
- In the event any shelter is in need of oxygen, oxygen supplies or delivery devices, the local EMS provider will make arrangements to supply all items.
 - Provide on request Paramedic with appropriate training to administer tetanus shots in the field, primarily in large recovery areas.
 - Provide support to special needs shelter clients by coordinating with the Health Department to verify residence readiness/condition post disaster event.

- Provide for Critical Incident Stress Debriefing (CISD) for emergency response personnel.
 - Provide support personnel and ambulance to each shelter location, based on availability with the goal that each shelter has at least one ALS ambulance.
 - Provide at a minimum of one Emergency Medical Technician to the Emergency Operations Center when activated or as directed by Emergency Management Director or designee.
 - Provide oxygen support by refilling cylinders, loaning cylinders, or deliver if necessary, provided equipment/supplies/manpower are available.
- b. Santa Rosa County Environmental Department (Mosquito Control) provides consultation and advice in the management of invertebrate pests of public health importance, support in vector control as needed and required, conducting field investigations and laboratory analysis of relevant samples, providing vector control equipment and supplies; coordinates with Environmental Health to provide technical assistance and consultation on protective actions regarding vector-borne diseases.
- c. Hospitals (Jay, Santa Rosa, Gulf Breeze) will:
- Provide contact information regarding Hospital Incident Command structure upon EOC activation.
 - Provide, as required, staff representation to Emergency Support Function 8 to participate in ongoing planning and decision making.
 - Report number/types of beds available and type of emergencies observed to ESF 8 pre storm and post storm.
- d. Emergency Support Function 6 Mass Care
- Coordinate special needs shelter support (food, ice and water under Emergency Support Function 6)
 - Coordinate/provide support (food, ice and water) during public health emergencies at designated Points of Dispensing for Health and Medical staff providing support.
 - Coordinate with DOH-Santa Rosa Environmental Health Division to provide inspections of mass feeding area involved in food preparation and distribution.
 - American Red Cross and other community agencies (Emergency Support Function 6) will provide field support to emergency response personnel (food, water, basic assistance, etc.)
- e. Santa Rosa County Division of Emergency Management will provide EOC support, conduct briefings, direct needs assessments, distribute key information, and serve as liaison to the State EOC to request resources.
- SRC EM Director in coordination with DOH-Santa Rosa will determine when the Special Needs Shelter is opened and closed.
 - SRC DEM will perform/coordinate the following functions:
 - (1) Special Needs Coordinator: Calls Special Needs agencies (Home health, ALFs, nursing homes, etc), makes copies of the current special needs registrants forms which indicates each person's shelter and transportation needs, coordinates needed resources through both private and public sectors on local and state lands. Oversees the entire special needs evacuation process.
 - (2) Special Needs Coordinator Assistant: Assists in calling Special Needs Agencies, making copies of the current special needs registrants' forms and distributes them to the Special Needs Transportation Office and the EMS Coordinator. Sorts the "Request for Evacuation Assistance" forms and maintains control of them until needed by EMS, Transportation and

the Special Needs Coordinator. Makes other copies as required for the evacuees' return home.

NOTE: Once the order to commence Special Needs evacuation is issued, the School District's Assistant Superintendent for Administrative Services will be notified to open the school and the Division of Emergency Management and will begin moving the Special Needs trailer with required equipment to the Special Needs Evacuation Shelter at Bennett Russell Elementary.

- Verifiers/Callers: Calls all pre-registered Special Needs clients after the order to evacuate has been given. Takes telephone requests for evacuation sheltering and/or transportation assistance from non-preregistered Special Needs clients.
- f. Santa Rosa County District Schools
- Provide facilities and services for Special Needs Shelter.
 - If it appears that evacuation transportation may be required, the School District's Director of Transportation will be notified.
 - The Santa Rosa County District Schools will provide buses and drivers equipped with lift gates to transport individuals confined to wheelchairs to the Special Needs Shelter.
 - Standard School Buses - The Santa Rosa County District Schools will provide standard sized school buses and drivers to transport ambulatory handicapped individuals to the Special Needs Shelter.
 - Drivers will ensure that all vans are prepared for emergency evacuation and be on stand-by for evacuation assignment prior to and following a disaster.
 - Other transportation directives are included in ESF 1 (Transportation)
- g. Department of Elderly Affairs
- Ensure clients are registered as Special Needs Clients as appropriate.
 - Monitor status of clients at the shelter and assist with their discharge.
- h. Santa Rosa County Animal Services will maintain the pet friendly shelter and maintain a list of animal shelters and vets.
- i. Avalon Center of Lakeview Mental Health Services will provide mental health and crisis counseling as requested.
- j. District 1 Medical Examiner's Office will assure the provision for decedent identification and mortuary services including temporary morgue services in accordance with established, victim identification protocol, preparing and disposing of remains, coordinate with the ARC on victim identification, mortuary protocol for family notification in accordance with established ARC procedures, and provide mortuary services through the local funeral homes.
- k. Home Health Care Agencies
- Ensure that an updated list of special need clients in their care is current.
 - Operations Managers at each agency will maintain close frequent liaison with the DOH-Santa Rosa and the Division of Emergency Management.
 - The agency will fully cooperate with local Emergency Management authorities during the emergency.
 - Provide care for their patients in any Shelter before, during, and after the event.
- l. Local Funeral Homes will provide mortuary services and advise ESF 8 of status and observations.

G. FINANCIAL MANAGEMENT

1. ESF 8 is responsible for managing financial matters related to resources that are procured and used during an event. During a response, each agency/department is responsible for recording and tracking its own expenditures and seeking reimbursement from the appropriate resource after the event. If a federally declared disaster exists, then a reimbursement formula is established by the Federal Emergency Management Agency that may be as much as 100 percent, but usually does not exceed 75 percent.
2. This section will coordinate closely with the Logistics Section to ensure that procurements and staff hours are properly documented and processed for payment and potential reimbursement. It will also be responsible for following up all financial issues after response has ceased by coordinating with Department of Public Safety fiscal and personnel management officials, the State Division of Emergency Management fiscal agents and the Federal Emergency management Agency fiscal agents and directly with vendors as necessary.
3. Expenditures by support entities will be documented by those entities and submitted directly to the Finance/Administration Section or a designated Finance Service officer as soon as possible.

H. REFERENCES AND AUTHORITIES

- State Emergency Support Function 8 annex
- Florida Statutes 1993, Emergency Management, chap. 252 (252.31- 52.61)
- Florida SS 911 (1993)
- The Federal Response Plan for P.L. 93-288 (1992)
- Regional Domestic Security Task Forces, Section 943.0312, F.S.
- Florida Field operations Guide (FFOG)
- DHS Homeland Security Act (2002)
- HSPD-5, Management of Domestic Incidents
- HSPD-8, National Preparedness Goal
- DHS National Incident Management System (2004)
- DHS National Response Framework (March 22, 2008)
- Public Law-288

Appendix 1

STATEMENT OF CONCURRENCE

EMERGENCY SUPPORT FUNCTION #8 - HEALTH AND MEDICAL SERVICES

The signature appearing below indicates the individual has the authority to commit resources of the agency represented and agrees to the functions and tasks prescribed for this ESF. Furthermore, concurrence also indicates adequate coordination with the Support Agencies listed during the four phases of emergency management (Preparedness, Response, Recovery and Mitigation). Should a Support Agency not accept their respective roles in this ESF, please notify the Division of Emergency Management by annotating the list below before completing and returning it to DEM for inclusion in the SRC ESF Plan.

PRIMARY AGENCY: Florida Department of Health in Santa Rosa County

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SUPPORTING AGENCY: Santa Rosa County Division of Emergency Management

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Appendix 2: **APPENDIX VIII: ESF8 – PUBLIC HEALTH AND MEDICAL SERVICES 2014**

PRIMARY AGENCY: Department of Health

SUPPORT AGENCIES AND ORGANIZATIONS:

Agency for Health Care Administration (AHCA), Agency for Persons with Disabilities (APD), Department of Elder Affairs (DOEA), Department of Children & Families (DCF), Department of Agriculture & Consumer Services (DOACS), Department of Business & Professional Regulation (DBPR), Department of Environmental Protection (DEP), Department of Veteran Affairs, State Fire Marshal, Medical Examiner Commission (FDLE), Office of the Attorney General (AG), University of Florida Maples Center for Forensic Medicine (FEMORS), State University Laboratories, Florida Hospital Association, Florida Healthcare Association, Florida Assisted Living Association, End-Stage Renal Disease Network, Poison Information Center Network, Florida Association of Community Health Centers, Florida Pharmacy Association, Florida Crisis Consortium, Red Cross, Florida Fire Chiefs Association.

I. INTRODUCTION

The purpose of ESF8, Public Health and Medical Services, is to coordinate plans, procedures and resources as a part of the State Emergency Response Team to assure Florida can meet a core set of operational missions:

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

10. Support responder safety and health needs.

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

II. CONCEPT OF OPERATIONS

A. GENERAL

State ESF8 will operate under the following principles in order to implement the core missions. These principles serve as the general concept of operations for State ESF8 and are further described in supporting plans and procedures.

In addition, ESF8 maintains a standard operating procedure (SOP) which describes the processes for implementation of this appendix and supports all ESF8 core missions. The processes established in the ESF8 SOP are designed to:

- Implement appropriate incident management structure using Incident Command System principles to manage state-level public health and medical functions in support of the State Emergency Response Team (SERT).
- Ensure coordinated situational awareness at the local, state and federal level.
- Identify, procure, deploy, and direct the use of public health and medical resources from local, regional, state, interstate and federal entities to meet local mission needs.

The State ESF8 core mission concept of operations is to:

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.
 - Tier 1: Assisted Living Facilities, Adult Family Care Homes, Intermediate Care Facilities, Residential Treatment Facilities, Hospice Facilities, Crisis Stabilization Units
 - Tier 2: Dialysis Centers and Nursing Homes
 - Tier 3: Hospitals
- 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 assessed first.
 - Tier 1: Hospitals (No-report)
 - Tier 2: Hospitals
 - Tier 3: Assisted Living Facilities, Adult Family Care Homes,

Intermediate Care Facilities, Residential Treatment Facilities, Hospice
Facilities, Crisis Stabilization Units
Tier 4: Dialysis Centers and Nursing Homes

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. Special Needs Shelters will be monitored and supported through augmentation of staff, supplies and equipment.

- Coordinate statewide reporting on special need shelter status, census of clients and caregivers, and staffing levels.
- 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.
- Facilitate the deployment of special needs shelter discharge planning teams maintained by the Department of Elder Affairs.
- If catastrophic circumstances warrant, coordinate with state and federal authorities to implement and staff state managed co-located or special needs shelters.
- Assist local jurisdictions in coordinating transportation for shelter clients to needed medical service locations.
- Assist local jurisdictions with investigation and medical management of reported disease outbreaks in shelters.

b. State ESF8 may support, as requested, the augmentation of medical personnel, supplies and equipment to meet the health and medical needs of individuals in general population shelters when available resources are exhausted,

c. 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. ESF8 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. State ESF8 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 Action Teams (SATs) and Joint Patient Assessment and Tracking (JPATS) Strike Teams.
- Department of Defense (DOD) Disaster Aeromedical Staging Facility (DASF)

5. Support monitoring, investigating and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and nonmedical 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 Executive Orders as necessitated by an incident to implement and enforce NPIs.
 - Through the authority of the State Health Officer, issue isolation and quarantine orders.
 - Provide statewide guidance for implementing and enforcing isolation (i.e., restriction of movement of ill persons) and quarantine (i.e., restriction, testing, treatment, destruction, 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.
 - Provide coordinated statewide information to the public regarding NPIs.

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

a. Support environmental health functions to:

- 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.
- Prevent food borne illness.
 - Review and monitor data from the various surveillance systems and report any indication of outbreaks to county health departments.
 - Provide lab analysis of environmental samples and clinical specimens.
 - Support local environmental health assessments to identify food safety concerns.
- Prevent human disease from animals, insect and tick vectors.
 - Provide guidance and develop recommendations for responders, the general public clinicians (e.g., physicians and veterinarians) and other stakeholders.
 - Review and monitor data from various surveillance systems for indication of human disease risk from animals and vectors and share findings with county health departments and other stakeholders.

- Participate in local, state, and federal analysis, recommendation and approval for emergency vector control pesticide applications when necessary.
- 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.).
- 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.

b. 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.

c. 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 DOH 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 may 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.

- 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. 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 ESF8.

- Provide incident specific responder safety and health guidance and protective measures (personal protective equipment, countermeasures, etc.).
- Monitor the health and wellness of ESF8 responders during

- deployments, including subsequent follow-up as required.
 - Ensure a process is in place for ESF8 responders to receive medical care should an injury occur in the field.
- b. Support the State Emergency Response Team (SERT) by providing incident based health and safety information/considerations for dissemination to other responding entities.
- Provide recommendations for safety messaging, personal protective equipment and medical countermeasures to SERT responder safety personnel based on the incident.
 - Advise the SERT on the public health and medical implications of response strategies.
 - Serve as technical specialists for specific questions during an incident.
11. Provide public health and medical technical assistance and support.
- a. Establish and operate a state-level incident management structure to execute the public health and medical functions of the state response including developing, verifying and maintaining statewide situational awareness and resource management.
- Integrate public health and medical subject matter into response efforts as technical specialists.
 - Establish and operate a medical advisory group to provide recommendations on response actions with significant public health and/or healthcare implications.
- b. Through the authority of the State Health Officer, declare public health emergencies to ensure legal capability to implement or enforce response actions.
- c. Facilitate resolution of policy or legal aspects of response (e.g., waiver of rules, Executive Orders) in order to meet the needs of the response.
- d. Represent public health and medical interests on the State Assistance Team.
- e. Provide public health and medical logistical resources and support.
- Augment or re-establish local ESF8 capability in a county emergency operations center if necessary through coordinating staff deployments.
 - 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.
 - Establish or re-establish video, voice and data communications for public health and medical operations in the field through mobile information technology resources.
 - Restore traditional information technology business systems in impacted DOH facilities.
 - Facilitate the acquisition of federal and out-of-state public health and medical resources.
 - Establish and maintain field based facilities for operations, logistical support and/or responder management.

- Recover deployed public health and medical assets.
- f. Assist public health and medical system with seeking reimbursement for eligible expenses when appropriate.
- Seek appropriate funding source for incident public health and medical expenditures.
 - Provide a mechanism (e.g., establishing financial codes) to track and report statewide public health and medical expenditures toward the response.

B. ORGANIZATION

1. ESF8 is comprised of the Florida Department of Health (Lead), and numerous support agencies and organizations. The roles and responsibilities of each agency are documented in Section III: Responsibilities of this appendix.
2. When ESF8 is activated by the SERT, necessary personnel from the agencies and organizations within ESF8 are organized into a single ESF8 coordinating structure led by the DOH Emergency Coordination Officer (ECO) who serves as the lead representative for ESF8.
3. ESF8 reports to the Emergency Services Branch Director.
4. When necessary, federal ESF8 resources will be integrated into the state ESF8 response structure.

C. OPERATIONAL OBJECTIVES

1. Preparedness Objectives
 - a. Maintain and implement the Florida Public Health and Healthcare Preparedness Strategic Plan to manage risk and build response capabilities.
 - b. Develop integrated plans and procedures among local, state, interstate and federal partners to carry out the core missions of ESF8 during a response.
 - c. Conduct and participate in trainings and exercises to validate, test and improve plans and procedures.
 - d. Administer public health and medical preparedness funding to build statewide response capabilities.
 - e. Identify, develop, acquire, stage and train the necessary resources to implement plans and procedures.
 - f. Coordinate with the State Watch Office and the Florida Fusion Center to detect, prevent and prepare for incidents and events impacting the state.
2. Response Objectives
 - a. Implement plans and procedures to support the local public health and

medical system.

b. Activate and deploy personnel, supplies and equipment to support local needs. ESF8's primary and support agencies maintain the following resources to support incident response and can procure additional resources as necessary for the response:

i. Epidemiology Strike Teams – At full capability this team is able to conduct surveillance and investigation efforts in a defined geographic area. Teams have the capacity to perform activities related to disease surveillance, outbreak investigation, quarantine and isolation, data analysis and phlebotomy.

ii. Environmental Health Strike Teams – At full capability this team is able to provide up to 80 environmental health services per day. Each team includes a supervisor level position for liaison with local structure. A team has the capacity to perform activities related to the following subject areas: food, water, sewage, indoor air, vectors, zoonotic, facilities, and chemicals and toxicology.

iii. Special Needs Shelter Teams – A team can perform a variety of management, operations and augmentation functions for a special needs shelter.

iv. Disaster Behavioral Health Assessment Teams - Provide on-scene assessment of the need for behavioral support services to victims, survivors, responders and the public in communities impacted by traumatic incidents.

v. Behavioral Health Intervention Providers – Through the Florida Crisis Consortia single resource providers or ad hoc teams skilled in psychological first aide, spiritual care, critical incident stress management, pediatric disaster behavioral health, school crisis intervention and mental health can be deployed, and are available for identified behavioral health needs based on assessments.

vi. Fatality Management Teams – Provide initial scene response and evaluation, processing the scene, temporary morgue operations and administration, the roles of various forensic units within the morgue (e.g., pathologist, anthropologist, odontologist, radiologist, fingerprint specialist, DNA analyst, funeral director, and others), victim identification, disposition of human remains (i.e., embalming/casketing), personal effects and evidence collection.

vii. Medical Surge Providers – Individual clinical providers or teams can provide medical surge capability for clinical services including, emergency and critical care. Personnel can be utilized to augment licensed medical facilities or support public health response activities in the community such as shelter operations or alternate care sites.

viii. Ambulance Strike Teams – Provide emergency medical services

including patient triage and transport. These teams can be built from the existing ground ambulance units, air ambulances and trained ambulance strike team leaders across the state. Deployment of ground ambulances is coordinated with ESFs 4 & 9 and the Florida Air Ambulance Association.

ix. Medical Reserve Corps – These individuals include government employees, volunteers and private medical providers who can be integrated into response efforts for a variety of roles to address public health and medical workforce surge.

x. Radiological Emergency Response Teams - Radiation Control inspectors are located in the following areas: Jacksonville, Tampa, Orlando, Miami, Lantana, Pensacola, Ft. Myers, and Tallahassee. Two county offices have radiation control programs: Polk and Broward. Each inspector has an emergency kit that contains equipment appropriate to manage a radiological response.

xi. Special Needs Shelter Discharge Planning Teams – Coordinate with special needs shelters to discharge clients from shelters to appropriate facilities.

xii. Health Care Assessment Teams – HCATs are a resource from the Agency for Health Care Administration designed to inspect evacuated healthcare facilities that have sustained damage in accordance with the Health Care Facility Damage Assessment Guidelines. HCATs teams are composed of an architect and an electrical engineer.

xiii. Assessment Taskforce – Comprised of multiple agency resources to perform post-impact health and medical assessments. Responsibilities include: assigning and prioritizing assessments for each operational period in coordination with local and federal officials; assembling multi-agency assessment teams as necessary; conducting assessments; consolidating and reporting assessment findings; coordinating assessment findings and other pertinent information impacting the assessment process (i.e., accessibility, safety, and rumor control). The Assessment Task Force will be deployed as directed by the State ESF8 ECO.

xiv. County Augmentation teams for ESF8 and County Health Departments - Personnel experienced in senior level operations of a county health department or county ESF8 function to replace or augment staff in the impacted county for relief during the incident response.

xv. RSS (Receive, Stage and Store) Management Team - An RSS operated by the Florida Department of Health is established to receive material from the Strategic National Stockpile. The RSS receives, stages, stores and distributes pharmaceuticals, medical supplies and equipment to the affected area.

xvi. Mobile Medical Field Units – Three 50-bed units that can be used as shelters, alternate medical treatment site or triage centers.

xvii. Chempack Chemical Antidote Caches – 108 forward placed chemical nerve agent antidote containers prepositioned in 67 designated locations to include hospitals, EMS stations and warehouse facilities.

xviii. Mass Casualty Trailers - 23 enclosed trailers with medical supplies and equipment needed in trauma situations for mass casualty incidents.

xix. Medical Supplies and Equipment Caches – A broad range of medical supplies and equipment including pharmaceuticals, ventilators and medical supplies strategically placed across the state.

xx. Mobile Communications Units - 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 disaster response technicians.

c. Activate operational systems to aid gathering, collecting, analyzing and reporting incident information. ESF8's primary and support agencies maintain the following systems:

i. BioWatch Detection System – BioWatch is a federally-managed, locally-operated, nationwide environmental bio-surveillance system designed to detect the intentional release of select aerosolized biological agents. The program operates in more than 30 high threat metropolitan areas across the country, including three in Florida. The program focuses on detection of a biological attack. Detection is critical to the successful treatment of affected populations and provides public health decision makers more time and thereby more options in responding to, mitigating and recovering from a bioterrorist event.

ii. ESSENCE Syndromic Surveillance System – The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) is a biosurveillance system that collects: emergency department chief complaint data from participating hospitals and urgent care centers in Florida (172 hospitals and urgent care centers report daily); all calls from the Florida Poison Information Center Network (reported every ~20 minutes); all reportable disease data from the Merlin database (reported hourly); and all mortality data from the Florida Office of Vital Statistics (reported daily). The objective of this surveillance system is to provide the epidemiologist with the data sources and analytic tools (e.g., automated alerting and data visualization) needed to identify outbreaks or unusual trends more rapidly, leading to a timelier public health response.

iii. SERV-FL – SERV-FL is an Everbridge application that serves as the Department of Health’s alert, notification and responder management system. It has the capability to mass alert public health and medical personnel by organization, response role or skills and capabilities.

iv. Inventory Resource Management System – IRMS is the inventory system in operation for the DOH Bureau of Statewide Pharmaceutical Services in conjunction with the DOH Bureau of Preparedness and Response and the State Medical Response Teams. IRMS is an enterprise solution suite in a hosted environment with a centralized warehouse management system that provides real time visibility of all pharmaceutical and emergency response assets throughout the State of Florida. IRMS is an emergency management resource that increases the efficiency and asset visibility of Florida's response to any large scale emergency event.

v. EMResource – EMResource is a communications and resource management solution that streamlines regional communications between medical response teams and healthcare professionals by monitoring healthcare assets, emergency department capacity, and behavioral health and dialysis bed status. The product also facilitates federal reporting requirements and broadcasting. Additional incidentspecific resources are easily tracked. This system is used to collect and report the status of licensed healthcare facilities during disasters. Information such as bed census, emergency power, generator usage evacuation status, and facility damage is collected.

3. Recovery Objectives

- a. Support local communities with the restoration of public health and medical infrastructure and assure the continuum of care.
- b. Support long term monitoring of the health status of populations.
- c. Support efforts to re-establish primary care systems in local communities and assure medical providers are operating in environments in which they can legally bill for services.
- d. Seek financial reimbursement from appropriate reimbursing party.
- e. Support health and medical components of essential service centers or recovery centers.

4. Mitigation Objectives

- a. Implement public health control measures to prevent outbreaks.
- b. Educate the public on measures to mitigate the spread of disease and self management of medical needs.
- c. Pre-identify vulnerable facilities or populations.

d. Identify, assess, prioritize and protect critical infrastructure and key resources so they can detect, prevent, deter, devalue and mitigate deliberate efforts to destroy, incapacitate or exploit critical infrastructure and key resources.

e. Provide computerized access to regional and county personnel for management communications, situation/status reports, geographical information systems and resource management data.

f. Stockpile critical medical supplies and equipment and pharmaceuticals in strategic locations throughout the state.
Develop and implement after action reports and improvement plans based on exercises and real incidents/events to improve preparedness plans.

D. DIRECTION AND CONTROL

The DOH Emergency Coordination Officer is the delegated authority for the State Surgeon General and performs the role of ESF8 ECO. The ESF8 ECO determines the appropriate and necessary ESF8 plans to activate for the response and assures they are implemented. The ESF8 ECO establishes incident objectives for ESF8 that support the SERT's broader incident objectives.

The ESF8 ECO, through the ESF8 command structure, determines appropriate resources to meet mission needs. Each agency/organization retains administrative control over its resources deployed during the incident. ESF8 has operational control of deployed resources to make assignments.

III. RESPONSIBILITIES

The primary and support agencies that comprise ESF8 have agency level responsibilities as a part of ESF8. Additionally, all primary and support agencies and organizations have common responsibilities which include:

- Identify, train and activate qualified staff to support ESF8 activities in the State Emergency Operations Center (SEOC) and alternate locations.
- Provide status updates on public health and medical impacts and actions to ESF8 for integration into overall situational awareness.
- Maintain agency-level emergency plans and procedures.
- Coordinate deployment of personnel to the area of operations through ESF8 in the SEOC.
- Identify subject matter experts to serve as technical specialists during response.
- Disseminate public health and medical messaging to stakeholders.

The following matrix depicts the role of primary and support agencies and organizations in carrying out the core missions of ESF8.

The following matrix depicts the role of primary and support agencies and organizations in carrying out the core missions of ESF8.

| State Emergency Support Function 8 Agency Level Responsibilities by Core Mission | Dept. Health | Agency for Health Care Administration | Agency for Persons with Disabilities | Dept. of Elder Affairs | Dept. of Children & Families | Dept. of Agriculture & Consumer Services | Dept. of Business & Professional Regulation | Dept. of Environmental Protection | Dept. of Veterans Affairs | Office of the Attorney General | State Fire Marshal | Medical Examiner Commission (FDLE) | Univ. of FL, Miggins Center for Forensic Medicine (FEMOGS) | State University Labs | Florida Hospital Association | Florida Healthcare Association | Florida Assisted Living Association | End-Stage Renal Disease Network | Poison Information Center Network | Florida Association of Community Health Centers | Florida Pharmacy Association | Florida Child Centerium | Red Cross |
|--|--------------|---------------------------------------|--------------------------------------|------------------------|------------------------------|--|---|-----------------------------------|---------------------------|--------------------------------|--------------------|------------------------------------|--|-----------------------|------------------------------|--------------------------------|-------------------------------------|---------------------------------|-----------------------------------|---|------------------------------|-------------------------|-----------|
| Support local assessment and identification of public health and medical needs in impacted counties and implement plans to address those needs. | ⊙ | ⊙ | ⊙ | | ⊙ | ⊙ | | ⊙ | | ⊙ | | | ⊙ | | ⊙ | ⊙ | | | | | | ⊙ | |
| Coordinate and support stabilization of the public health and medical system in impacted counties. | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | | ⊙ | ⊙ | ⊙ | | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ |
| Monitor and coordinate resources to support care and movement of persons with medical and functional needs in impacted counties. | ⊙ | ⊙ | ⊙ | | | | | | | | ⊙ | | | | ⊙ | ⊙ | ⊙ | ⊙ | | | | | |
| Support monitoring, investigating, and controlling potential or known threats and impacts to human health through surveillance, delivery of medical countermeasures and non-medical interventions. | ⊙ | | | | | ⊙ | | ⊙ | | | | | | ⊙ | ⊙ | ⊙ | | | ⊙ | | ⊙ | ⊙ | |
| Support monitoring, investigating, and controlling potential or known threats to human health of environmental origin. | ⊙ | | | | | ⊙ | ⊙ | ⊙ | | | | | | ⊙ | | | | | ⊙ | | | | |
| Support sheltering of persons with medical and functional needs. | ⊙ | ⊙ | ⊙ | ⊙ | | | ⊙ | | ⊙ | | | | | | ⊙ | ⊙ | ⊙ | | | | | | ⊙ |
| Develop, disseminate, and coordinate accurate and timely public health and medical information. | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | | | | ⊙ | | | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ |
| Monitor need for and coordinate resources to support fatality management services. | ⊙ | | | | | | | | | | | ⊙ | ⊙ | | | | | | | | | | |
| Monitor need for and coordinate resources to support disaster behavioral health services. | ⊙ | | | | ⊙ | | | | | ⊙ | | | | | | | | | ⊙ | | | | ⊙ |
| Support responder safety and health needs. | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ |
| Provide public health and medical technical assistance and support. | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ | ⊙ |

A. PRIMARY AGENCY – FLORIDA DEPARTMENT OF HEALTH

1. Serve as the lead agency for ESF8, which includes maintaining and operating a response structure, emergency plans and procedures, coordinating with support agencies to assure operational readiness and identifying and procuring resources to fulfill mission needs.
2. Activate and deploy public health response teams, contracted response entities and volunteer health professionals as needed.
3. Serve as the lead agency for biological and radiological incidents.
4. Issue public health emergencies and public health advisories as appropriate to take actions necessary to protect public health (381.00315, F.S.).
5. In consultation with subject matter experts, determine and implement public health response actions such as surveillance, delivery of medical countermeasures and nonmedical interventions.
6. Support local special needs sheltering operations.
7. Coordinate and verify licensure of medical professionals.

B. SUPPORT AGENCIES AND ORGANIZATIONS

1. Agency for Health Care Administration

- a. Ensure that each licensed health care facility has an approved emergency management plan as required by Chap. 395.1056, F.S. and Chap. 400.23, F.S.
- b. Maintain and manage EMResource for facility reporting during emergency responses to include bed availability, evacuation status, generator usage and patient/resident census (Chap. 408.821, F.S.).
- c. Assist facilities unable to report via EMResource, by entering phoned in reports into EMResource.
- d. Monitor hospitals, nursing homes and assisted living facilities during disaster as required by Chap. 252.357, F.S.
- e. Initiate waivers and variances of rules and regulations regarding licensed facilities (Chap. 408.821, F.S.).
- f. Permit health care facilities to go overcapacity in excess of 15 days, subject to approval based upon satisfactory justification and need as provided by the receiving and sending providers (Chap. 408.831, F.S.).
- g. Authorize health care facilities (e.g., hospitals, nursing homes, ambulatory surgery centers and intermediate care facilities for the developmentally

disabled) with sustained damage to re-open. Damaged facilities must be approved for re-entry before residents can return to the facility.

h. Form Health Care Assessment Teams (HCAT) as necessary to inspect evacuated health care facilities that have sustained damage.

i. Communicate facilities needs and support requirements to ESF8 to assure needs of resident and patients are met.

j. Oversee structural and engineering requirements for healthcare facilities and provide engineers to inspect facilities post-impact as needed.

k. Maintain emergency contact information for health care facilities.

l. Provide reports from EMResource to internal and external stakeholders at 10 a.m. and 3 p.m. daily, unless an alternate reporting time is established.

m. Establish mutual aid offices to augment AHCA field offices impacted by the incident, which will provide direct support to impacted facilities.

2. Agency for Persons with Disabilities

a. Assure facilities for disabled populations have emergency plans such as group homes and transitional living facilities.

b. Provide support and coordination for client population pre, during and post disaster.

c. Provide special needs registration information to all of their special needs clients and to all persons with special needs who receive services (Chap. 252.353, F.S.).

d. Determine status of facilities post-disaster.

e. Provide technical assistance to facilities for emergency planning.

3. Department of Elder Affairs

a. Provide special needs registration information to all of their special needs clients and to all persons with special needs who receive services.

b. Coordinate discharge planning for special needs shelters.

c. Establish and maintain discharge planning teams.

d. Provide messaging to elderly populations through established service areas.

e. Conduct on-site assessments of facilities with elderly populations to assure appropriate care during disasters.

f. Serve as an advocate for elderly populations during disaster planning.

4. Department of Children & Families

- a. Designated State Mental Health Authority.
- b. Responsible for planning, managing and evaluating a statewide program of mental health services and supports, including community programs, crisis services for children and adults and state residential treatment facilities for people who qualify for publically funded treatment services.
- c. Evaluate the need for, and pursue funding for, a FEMA Crisis Counseling Program (CCP) Grant.
- d. Prepare emergency services grant application.
- e. Provide special needs registration information to all of their special needs clients and to all persons with special needs who receive services.

5. Department of Agriculture and Consumer Services

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

6. Department of Business and Professional Regulation

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

7. Department of Environmental Protection

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

8. Department of Veteran Affairs

a. Coordinate with state veteran assisted living facilities and skilled nursing facilities during disasters.

9. Office of the Attorney General

a. Provide staff from the Medicaid Fraud Control Unit to assist with post-impact assessments of licensed healthcare facilities.

b. Provide staff from the Division of Victim Services to perform psychological first aide coordinated through the Florida Crisis Consortia.

10. State Fire Marshal

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

11. Medical Examiners Commission (FDLE)

a. Maintain the State of Florida Mass Fatality Response Plan.

b. Provide oversight for the 24 medical examiner districts throughout the state, which are responsible for handling of the deceased resulting from homicide, suicide, or accident and those constituting a threat to public health (406.11, F.S.).

c. In absence of other reporting procedures, serves as the information clearing house on the status of fatalities due to the incident.

12. University of Florida, Maples Center for Forensic Medicine

a. Maintain the Florida Emergency Mortuary Response System (FEMORS), which is a team of qualified “reserve” forensic professionals who can be deployed by ESF8 to supplement the needs of the Medical Examiner(s) affected by a mass fatality event.

b. Initiate contact with the Medical Examiner by telephone, within four hours if possible, to ascertain if help is needed.

c. When activated, FEMORS will assist the Medical Examiner in planning for:

i. Special processing complications such as protection from chemical exposure of responders and decontamination of recovered remains prior to transportation to a temporary morgue site, if applicable.

ii. Disaster site management of human remains with regard to recovery, preliminary documentation procedures and refrigerated storage until transportation can be arranged.

iii. Supplemental or temporary morgue operations either in concert with the

existing medical examiner facility or at a remote location.

iv. Supplemental refrigerated storage at the morgue both for remains received from the disaster site and for remains processed and awaiting release for disposition.

v. Victim information center operations at a site removed from both the disaster site and the morgue.

vi. Records management and computer networking for managing data generated about missing persons and remains processed.

13. State University Laboratories

a. Augment state laboratory surge.

14. Florida Hospital Association

a. Disseminate incident related messaging to hospitals through established networks.

b. Assist in validating and fulfilling resource requests from hospitals.

c. Advocate for hospitals in disaster planning efforts.

15. Florida Health Care Association

a. Disseminate incident related messaging to nursing homes and assisted living facilities through established networks.

b. Assist in validating and fulfilling resource requests from nursing homes.

c. Assist nursing home facilities with development of emergency plans to assure continuity of care during disasters.

d. Advocate for nursing home facilities in disaster planning efforts.

16. Florida Assisted Living Association

a. Disseminate incident related messaging to assisted living facilities through established networks.

b. Assist in validating and fulfilling resource requests from assisted living facilities.

c. Assist assisted living facilities with development of emergency plans to assure continuity of care during disasters.

d. Advocate for assisted living facilities in disaster planning efforts.

17. End-Stage Renal Disease Network

- a. Coordinate assessment of renal care facilities.
- b. Identify needs to return system back to operational status.
- c. Assist renal care facilities with development of emergency plans to assure continuity of care during disasters.
- d. Advocate for renal care facilities in disaster planning efforts.

18. Poison Information Center Network

- a. Establish call-centers for public health and medical information as requested by the Department of Health.
- b. Provide health surveillance information to Department of Health.
- c. Provide consultation to public and health care providers on health and medical issues via network.

19. Florida Association of Community Health Centers

- a. Coordinate assessment of community health centers.
- b. Identify needs to return system back to operational status.
- c. Assist community health centers with development of emergency plans to assure continuity of care during disasters.
- d. Advocate for community health centers in disaster planning efforts.

20. Florida Pharmacy Association

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

21. Florida Crisis Consortium (FCC)

- a. Develops, maintains and exercises the Disaster Behavioral Health Response Plan.
- b. Appoints an FCC Clinical Director to validate disaster behavioral health mission requests, and an FCC Operations Director to coordinate behavioral health response activities from the SEOC or other locations, as appropriate.

c. Develops and maintains disaster behavioral health public information materials.

d. Recruits, trains and credentials regional disaster behavioral health assessment teams (RDBHAT), available upon request by a local jurisdiction, to rapidly assess community behavioral health needs, based on established protocols for assessment and accountability as established by the FCC. The RDBHATs oversee and coordinate the efforts of regional, state or external behavioral health organizations activated for an emergency, and request additional resources as the need develops.

e. Recruits, trains and credentials disaster behavioral health strike teams to fill gaps and address the needs of vulnerable populations.

f. Coordinates the procurement, screening and allocation of behavioral health equipment, supplies and resources, including human resources, required to support behavioral health operations.

g. Establishes preventive behavioral health services by informing the general population about resiliency and healthy coping behaviors.

h. Coordinates the provision of disaster behavioral health services for disaster survivors, emergency workers and others suffering psychological trauma due to the emergency situation.

22. American Red Cross (ARC)

a. Provides and coordinates behavioral health capabilities at mass care shelters, ARC service sites and airplane crash sites.

b. Assist in providing food and water to home-bound special needs populations.

c. Provide case management services.

IV: FINANCIAL MANAGEMENT

Each agency and organization within ESF8 is responsible for costs associated with preparedness, response, recovery and mitigation activities and must individually seek reimbursement following activations. Expenses for personnel and materials must be documented in EM Constellation as a part of an approved mission assignment.

The Department of Health, as the lead agency for ESF8, is responsible for seeking reimbursement for material resources procured by ESF8 Logistics during an incident in coordination with the SERT. Agencies and organizations are responsible for individual costs associated with missions assigned to their agency (e.g., deployments of personnel).

All ESF8 agencies and associations should maintain financial records according to agency plans, including information regarding:

A. SALARIES

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

B. TRAVEL

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

C. EQUIPMENT AND SUPPLIES

Provide a detailed description of the equipment and supplies used to assist, detailing the type, where the equipment and supplies were used, number of hours per piece, per day and type of work performed.

V. REFERENCES AND AUTHORITIES

- A. Chap. 252, F.S., Emergency Management
- B. Chap. 406.11, F.S., Medical Examiners
- C. Chap. 408, F.S., Facility Status Reporting
- D. Chap. 395, F.S., Healthcare Facility Plans
- E. Chap. 381, F.S., Public Health
- F. Chap. 943, F.S., Domestic Security
- G. Chap. 401, F.S., Emergency Medical Services
- H. Florida Public Health and Healthcare Preparedness Strategic Plan
- I. ESF8 Standard Operating Procedures
- J. ESF8 Logistics Standard Operating Procedure
- K. DOH Emergency Operations Plan
- L. AHCA Emergency Operations Plan
- M. DOEA Emergency Operations Plan