APPENDIX VIII: ESF 8 – HEALTH AND MEDICAL SERVICES

PRIMARY AGENCY: Department of Health

SUPPORT AGENCIES AND ORGANIZATIONS:

ADDITIONAL SUPPORT AGENCIES AND ORGANIZATIONS:
Department of Agriculture and Consumer Services, American Red Cross, Salvation Army, Department of Business and Professional Regulation, Department of Environmental Protection, Department of Military Affairs, Department of Law Enforcement, Department of Transportation, Florida Wing Civil Air Patrol, State Fire Marshal, and Department of Defense

I. INTRODUCTION

The purpose of Emergency Support Function 8 (ESF 8) is to coordinate the State's public health and medical resources, capabilities and capacities in an all-hazards emergency or disaster event. To accomplish this goal, ESF 8 oversees the emergency management functions of preparedness, response, recovery and mitigation with all agencies and organizations that carry out public health or medical services. The Department of Health’s Emergency Coordination Officer, is located in the Division of Emergency Medical Operation's, Office of Emergency Operations, and directs all aspects of ESF 8. Resources from ESF 8 are used when local, county and regional agencies are overwhelmed and the State Emergency Response Team requests additional assistance. ESF 8 provides the means for a public health and medical response, triage, treatment and transportation of survivors/vulnerable populations of a disaster or catastrophic incident; assistance in the evacuation of survivors/vulnerable populations out of the disaster area before, during and after the event; immediate support to public health and medical systems; provision of emergency behavioral health crisis counseling; special needs sheltering and care; and the re-establishment of all public health and medical systems. Assistance in pre-event evacuation may be provided whenever patients or clients of the State and the Department of Health are affected, or pre-established plans for health care institutions are insufficient to meet their needs.
Pre-event evacuation orders may also be issued when the Governor, State Coordinating Officer, or their designee determines that it is in the best interest of the health, welfare or safety of the population in the potential area of impact, by means of an executive order.

II. CONCEPT OF OPERATIONS

A. GENERAL

1. In a large event requiring federal or mutual aid assistance, ESF 8 will work with its local, regional, state and federal counterparts to seek and procure, plan, coordinate and direct the use of all required public health and medical assets.

2. Throughout all phases of emergency management, ESF 8 will evaluate and analyze information regarding medical, and public health assistance requests, develop and update assessments of the medical and public health situation in the impact areas, and do contingency planning to meet anticipated demands or needs.

3. When an event is focused in scope to a specific type or response mode (e.g., 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 State and/or Federal agency with skills or equipment pertinent to the type of event, who will advise and/or direct operations within the context of the Incident Command System structure.

4. An all-hazards approach will be utilized in developing, drafting, and implementing policies, plans, programs, procedures and guidelines that will be utilized by ESF 8 in response to emergencies, disasters and catastrophic events and will be in accordance with all plans and annexes of the State Comprehensive Emergency Management Plan.

B. ORGANIZATION

1. Federal

   a. The Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

   b. HHS includes more than 300 programs, covering a wide spectrum of activities. Some highlights include

      - Health and social science research
      - Preventing disease, including immunization services
      - Assuring food and drug safety
• Medicare (health insurance for elderly and disabled Americans) and Medicaid (health insurance for low-income people)
• Health information technology
• Financial assistance and services for low-income families
• Improving maternal and infant health
• Head Start (pre-school education and services)
• Faith-based and community initiatives
• Preventing child abuse and domestic violence
• Substance abuse treatment and prevention
• Services for older Americans, including home-delivered meals
• Comprehensive health services for Native Americans
• Medical preparedness for emergencies, including potential terrorism.

c. HHS works closely with state and local governments, and many HHS funded services are provided at the local level by state or county agencies, or through private sector grantees. The Department's programs are administered by 11 operating divisions, including eight agencies in the U.S. Public Health Service and three human services agencies. In addition to the services they deliver, the HHS programs provide for equitable treatment of beneficiaries nationwide, and they enable the collection of national health and other data.

- **National Institutes of Health (NIH)** -- NIH is the world’s premier medical research organization, supporting over 38,000 research projects nationwide in diseases including cancer, Alzheimer's, diabetes, arthritis, heart ailments and AIDS. Includes 27 separate health institutes and centers. Established: 1887, as the Hygienic Laboratory, Staten Island, N.Y. Headquarters: Bethesda, Md.

- **Food and Drug Administration (FDA)** -- FDA assures the safety of foods and cosmetics, and the safety and efficacy of pharmaceuticals, biological products, and medical devices -- products which represent almost 25 cents out of every dollar in U.S. consumer spending. Established: 1906, when the Pure Food and Drugs Act gave regulatory authority to the Bureau of Chemistry. Headquarters: Rockville, Md.

- **Centers for Disease Control and Prevention (CDC)** -- Working with states and other partners, CDC provides a system of health surveillance to monitor and prevent disease outbreaks (including bioterrorism), implement disease prevention strategies, and maintain national health statistics. Provides for immunization services, workplace safety, and environmental disease prevention. Also guards against international disease transmission, with personnel stationed in more than 25 foreign countries. The CDC director is also administrator of the **Agency for Toxic Substances and Disease Registry**, which helps prevent exposure to hazardous substances from waste sites on the U.S. Environmental Protection Agency's National Priorities List, and develops toxicological profiles of chemicals at these sites. Established: 1946, as the Communicable Disease Center. Headquarters: Atlanta, Ga.
- **Indian Health Service (IHS)** -- Working with tribes, IHS provides health services to 1.8 million American Indians and Alaska Natives of more than 560 federally recognized tribes. The Indian health system includes 46 hospitals, 324 health centers, 309 health stations and Alaska Native village clinics, and 34 urban Indian health programs. Established: 1921 (mission transferred from the Interior Department in 1955). Headquarters: Rockville, Md.

- **Health Resources and Services Administration (HRSA)** -- HRSA provides access to essential health care services for people who are low-income, uninsured or who live in rural areas or urban neighborhoods where health care is scarce. HRSA-funded health centers will provide medical care to nearly 17 million patients at more than 4,000 sites nationwide in FY 2008. The agency maintains the National Health Service Corps and helps build the health care workforce through training and education programs. Administers a variety of programs to improve the health of mothers and children and serves people living with HIV/AIDS through the Ryan White CARE Act programs. Also oversees the nation’s organ transplantation system. Established: 1982 Headquarters: Rockville, Md.

- **Substance Abuse and Mental Health Services Administration (SAMHSA)** -- SAMHSA works to improve the quality and availability of substance abuse prevention, addiction treatment and mental health services. Provides funding through block grants to states to support substance abuse and mental health services, including treatment for Americans with serious substance abuse problems or mental health problems. Improves substance abuse prevention and treatment services through the identification and dissemination of best practices. Monitors prevalence and incidence of substance abuse. Established: 1992. (A predecessor agency, the Alcohol, Drug Abuse and Mental Health Administration, was established in 1974.) Headquarters: Rockville, Md.


- **Centers for Medicare & Medicaid Services (CMS)** -- CMS administers the Medicare and Medicaid programs, which provide health care to almost one in every three Americans. Medicare provides health insurance for more than 44.6 million elderly and disabled Americans. Medicaid, a joint federal-state program, provides health coverage for some 50 million low-income persons, including 24 million children, and nursing home coverage for low-income elderly. CMS also administers the State Children's Health Insurance Program that covers more than 4.4 million children. Established as the Health Care Financing Administration: 1977. Headquarters: Baltimore, Md.

- **Administration for Children and Families (ACF)** -- ACF is responsible for some 60 programs that promote the economic and...
social well-being of children, families and communities. Administers the state-federal welfare program, Temporary Assistance for Needy Families, providing assistance to an estimated 4 million persons, including 3 million children. Administers the national child support enforcement system, collecting nearly $24 billion in FY 2006 in payments from non-custodial parents, based on preliminary data. Administers the Head Start program, serving nearly 895,000 pre-school children. Provides funds to assist low-income families in paying for child care, and supports state programs to support foster care and provide adoption assistance. Funds programs to prevent child abuse and domestic violence. Established: 1991, bringing together several already-existing programs. Headquarters: Washington, D.C.

- **Administration on Aging (AOA)** -- AoA supports a nationwide aging network, providing services to the elderly, especially to enable them to remain independent. Supports some 240 million meals for the elderly each year, including home-delivered "meals on wheels." Helps provide transportation and at-home services. Supports ombudsman services for elderly, and provides policy leadership on aging issues. Headquarters: Washington, D.C.

2. **Interstate (FEMA Region IV)**
   
   a. Through collaborative all-hazards planning and the development of partnerships, the Region IV ESF 8 Unified Planning Coalition will enhance the member states’ abilities to prepare for public health and medical response to incidents or events.

   b. Regional Emergency Coordinators (RECs) are HHS’s, Assistant Secretary for Preparedness and Response primary presence throughout the country at the regional level. They work closely with State, local, and tribal health officials to maintain high levels of preparedness throughout the country’s 10 disaster planning regions. During day-to-day operations, the RECs serve as the eyes and ears of ASPR. They monitor emerging public health concerns and relay information to the Secretary’s Operations Center. RECs spend much of their time coordinating with regional health officials and working to build strong relationships with individuals and organizations in their regions. They also train and lead the Secretary’s Incident Response Coordination Teams. These teams are first responders during emergencies and frequently deploy outside their home regions as necessary.

3. **State**
   
   a. During an activation of the State Emergency Operations Center (SEOC) support agency staff will integrate with the Department of Health staff to provide resources that will allow for an appropriate, coordinated, and timely response.
b. During an emergency or disaster event, the primary and support agencies of ESF 8 will respond directly or indirectly to the Emergency Services Branch Director (through the Department’s Emergency Coordinating Officer), who reports to the Operations Section Chief under the overall direction of the State Coordination Officer (SCO).

c. The Department of Health, working with support agencies, develops and maintains this appendix and accompanying standard operating guidelines that govern response actions related to emergencies. However, support agencies may develop and maintain their own operating guidelines for internal use, which must be compatible with and in support of this appendix.

4. Regional Domestic Security Task Force

a. The Office of Emergency Operations, Department of Health, supports a structure in each of the seven task force regions within the state. These individuals have been trained and equipped to carry out responsibilities under ESF 8 and function as coordinators, assessors, and operational personnel in support of local, regional, and state preparedness, response, and recovery activities.

b. Designated regional staff is involved with ESF 8 by providing informational assistance whenever an event is small of such a scope that a county emergency operations center is not activated. If more than one county emergency operation center is activated, then regional staff may assume a more involved role and may participate in the coordination of the event response with regional resources (e.g. the Multi-Agency Coordination Team) or request resources from the SEOC.

5. County

a. Each county shall have a central coordination point for all Emergency Support Function 8, public health and medical functions. These functions should be coordinated through the County Health Department Director/Administrator or designee.


c. Events and incidents not requiring the activation of the county or state emergency operations center(s) may be coordinated directly between county and state public health and medical systems as appropriate.
C. OPERATIONAL OBJECTIVES

1. Florida’s Public Health and Medical Preparedness Goals and Objectives

a. PREPARE for Response Missions
   PLANNING: Preparedness Plans incorporate an accurate hazard analysis and risk assessment and ensure that capabilities required to prevent, protect and mitigate against, respond to, and recover from terrorist attacks and catastrophic natural disasters are available when and where they are needed.

   RISK MANAGEMENT: State, regional, local, tribal and private sector entities, in coordination with federal participation, identify and assess risks, prioritize and select appropriate protection, prevention, and mitigation solutions based on reduction of risk, monitor the outcomes of allocation decisions, and undertake corrective actions.

   COMMUNITY PREPAREDNESS AND PARTICIPATION: There is a structure and a process for on-going collaboration between government and non-governmental resources at all levels.

b. PREVENT, PREEMPT and DETER Acts of Terrorism
   CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVES (CBRNE) DETECTION: Chemical, biological, radiological, nuclear, and/or explosive (CBRNE) materials are rapidly detected and characterized at borders, critical locations, events, and incidents.

c. PROTECT Florida Citizens, Visitors and Critical Infrastructure
   EPIDEMIOLOGICAL SURVEILLANCE AND INVESTIGATION: Potential exposure and disease is rapidly identified, immediate control measures are taken based on illnesses, injuries, and deaths that are occurring, and science-based recommendations are developed for prevention, control and mitigation of adverse health events in an emergency setting.

   PUBLIC HEALTH LABORATORY TESTING: Chemical, radiological, and biological agents causing, or having the potential to cause, widespread illness or death are rapidly detected and accurately identified by the public health laboratory within the jurisdiction or through network collaboration with other appropriate local, state, and federal laboratories.

d. RESPOND, Focused on Victims
   EMERGENCY OPERATIONS CENTER MANAGEMENT ESF8: The event is effectively managed through multi-agency coordination for a pre-planned or no-notice event through the Emergency Operations Center Management, ESF8.

   RESPONDER SAFETY AND HEALTH: No illness or injury to any first responder, first receiver, medical facility staff member, or other skilled support
personnel as a result of preventable exposure after the initial incident or during decontamination and incident follow-up.

ENVIRONMENTAL HEALTH: After the primary event, disease and injury are prevented through the quick identification of associated environmental hazards to include exposure to infectious diseases that are secondary to the primary event and secondary transmission modes. The at-risk population receives the appropriate treatment or protection in a timely manner. The rebuilding of the public health infrastructure, removal of environmental hazards, and appropriate decontamination of the environment enable the safe re-entry and re-occupancy of the impacted area.

ISOLATION AND QUARANTINE: Individuals who are ill, exposed, or likely to be exposed are separated, movement is restricted, basic necessities of life are available, and their health is monitored in order to limit the spread of a newly introduced contagious disease (e.g., pandemic influenza).

TRIAGE AND PRE-HOSPITAL TREATMENT: Emergency Medical Services (EMS) resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients, and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations.

MEDICAL SURGE: Injured or ill from the event are rapidly and appropriately cared for. Continuity of care is maintained for non-incident related illness or injury.

MEDICAL SUPPLIES MANAGEMENT AND DISTRIBUTION: Critical medical supplies and equipment are appropriately secured, managed, distributed, and restocked in a timeframe appropriate to the incident.

MASS PROPHYLAXIS: Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event to prevent the development of disease in exposed individuals. Public information strategies include recommendations on specific actions individuals can take to protect their family, friends, and themselves.

MASS CARE (MEDICAL SHELTERS): Medical shelter services (sheltering, feeding, and medical care) are rapidly provided for the special needs population and companion animals within the affected area.

FATALITY MANAGEMENT: Complete documentation and recovery of human remains, personal effects, and items of evidence are achieved (except in cases where the health risk posed to personnel outweigh the benefits of recovery of remains and personal effects).

e. **RECOVER quickly and RESTORE our way of life**

RESTORATION OF LIFELINES: Sufficient healthcare services are available to safely support ongoing recovery activities.
2. Preparedness Objectives
   a. Actions and activities that develop public health and medical response capabilities and capacity.
   b. Conduct planning, training, equipping and exercise activities for Emergency Support Functions agencies and partners.
   c. Develop and refine procedures to be used in the following field assessments: Rapid Medical Needs, Healthcare Infrastructure and Capacity, Community Health and Medical, Environmental Health, and Epidemiological.
   d. Maintain liaison with health and medical volunteer organizations, State Medical Response Teams /Disaster Medical Assistance Teams and Florida Emergency Mortuary Operations Response System/Disaster Mortuary Response Teams, Regional Disaster Behavior Health Assessment Teams.
   e. Develop rapid response mechanism for behavioral health.
   f. Assist in the development of public health and medical disaster protocols.
   g. Establish an ESF 8 profiles (structure, organization & assets) of each of the 67 counties, state of Florida, and surrounding states within HHS Region IV
   h. Conduct situation status update for escalating events, looking at situation, potential area of impact, at risk population, vulnerable population.

3. Response Objectives
   a. Support pre-event (for “notice events”) protective actions for vulnerable populations.
   b. Support search and rescue operations
   c. Restore communications with local Public Health & Medical/ESF-8 Command & Control
   d. Coordinate public health & medical post-impact assessment with local EOC
   e. Re-establish prioritized life-sustaining public health & medical services
   f. Provide coordinated public health & medical messaging
   g. Support post-impact patient movement
   h. Support long-term SpNS & Congregate Sheltering
   i. Support long-term primary care operations
j. Support restoration of potable water delivery, solid & wastewater disposal & other environmental health-related services

k. Support long-term epidemiological, environmental & other surveillance operations in impacted area

l. Ensure Responder Health & Safety

m. Support ESF-8 Systems in Host Communities (Cities, Counties, & States)

n. Coordinate restoration of public health and medical systems in impacted area (Recovery).

o. Coordinate operations of ESF 8 in the State Emergency Operations Center and/or locations as required.

p. Provide team members for the State Emergency Response Team and provide communications for deployed public health and medical personnel. In addition, agencies of ESF 8 may serve the State Emergency Response Team in other areas of Field Operations such as providing technical assistance, securing resources, command, coordination and response to an incident scene as requested (Preliminary Damage Assessment Team, Joint Field Office operations, Disaster Recovery Center operations, intrastate and/or interstate mutual aid assistance, etc.).

q. Identify hospital and nursing home bed vacancies statewide.

r. Conduct credentialing/licensure and verification of volunteer and out of state health professionals during extended operations.

s. Support response personnel and the general population with critical incident stress debriefing resources.

t. Arrange for mass fatality services; provide assistance as requested to the Disaster Field Office.

u. Provide port-o-lets, hand wash stations and dumpsters (sanitary packs) to comfort stations/other locations.

4. Recovery Objectives

a. Maintain support of the Disaster Field Office and Disaster Recovery Centers as necessary.

b. Support the restoration of essential health and medical continuum of care systems to operational status.

c. Monitor environmental and epidemiological systems and initiate environmental and epidemiological surveillance.

d. Support local public health and medical until the local system is self-sustaining.

e. Maintain provision of long-term environmental activities.
f. Initiate financial reimbursement process for these activities when such support is available.

5. Mitigation Objectives

a. Apply Geographical Information Systems to identify location(s) of all vulnerable sites or populations.

b. Identify and seek funds for hardening critical governmental public health and medical facilities and providing emergency/auxiliary power to them.

c. Provide computerized access statewide to regional and county ESF 8 personnel for management communications, situation/status reports and Geographical Information Systems data use.

d. Stockpile critical medical supplies in strategic locations throughout the State; promote and support State Rapid Medical Assistance/Disaster Medical Assistance Team.

D. DIRECTION AND CONTROL

1. The lead to this system is the Department of Health’s, Division of Emergency Medical Operations, which functions as the primary ESF 8 preparedness, response, recovery, and mitigation organization. This organization serves as the lead agency for State’s Emergency Support Function 8, public health and medical activities.

2. ESF 8 is responsible for ensuring that all appropriate program offices of the Department of Health, partner agencies and associations and other Emergency Support Functions (and their partner agencies) have knowledge about the Emergency Support Function 8, public health and medical systems and obligations, as well as coordinate and cooperate efficiently during an event.

3. The ESF 8 system operates interstate/intrastate Emergency Operations Centers, field operations and support activities (to include mutual aid) and local public health and medical facilities.

4. During emergency activations, all public health and medical management decisions regarding state or regional responses are made in coordination with the State Emergency Operations Center. ESF 8 actions are coordinated through the ESF 8 Emergency Coordinating Officer or their designee.

5. The staffing directory, consisting of the State ESF 8 Communications Procedure, its’ accompanying Appendices, Annexes and Standard Operating Guidelines, are maintained by the Department of Health’s Office of Emergency Operations, with the status of the Call Lists updated at least quarterly or as situations dictate. All other documents are updated annually or as required.
6. During non-emergencies, the Department of Health’s Emergency Coordinating Officer is responsible for all planning, training, equipping, and exercising activities for Emergency Support Function 8.

7. During non-declared emergencies the Department of Health’s Emergency Coordinating Officer is responsible for ensuring the coordination of plans, resources and deployment of Emergency Support Function 8, public health and medical resources.

8. During declared emergencies, disasters, or catastrophic events the Department of Health’s, Emergency Coordinating Officer has the authority and responsibility for planning, managing and deploying all state and local ESF 8 resources as necessary to support the operational objectives of the State Emergency Response Team. Additionally, the ESF 8 Emergency Coordinating Officer has the authority and obligation to request other state or federal resources as appropriate for the event.

9. During mission assignments, each partner agency will retain administrative control over its own resources but will be under the operational control of Emergency Support Function 8.

III. RESPONSIBILITIES

A. PRIMARY AGENCY - DEPARTMENT OF HEALTH

1. Provide leadership in directing, coordinating and integrating overall State efforts to provide public health and medical assistance to affected areas and populations.

2. The following scope of service provides the framework upon which actions will occur:

   - Management, Command, Coordination and Control of resources
   - Assessment of public health and medical needs and potential impacts
   - Disease control/epidemiology
   - Health/medical care personnel
   - Health/medical equipment and supplies
   - Patient movement/evacuation
   - Coordinate health care systems
   - Food and drug safety
   - Emergency pharmaceutical supplies
   - Emergency responder health and safety
   - Radiological/chemical/biological hazards
   - Behavioral health and crisis counseling
   - Public health information and risk communication
   - Vector monitoring/control
   - Water quality testing/monitoring
   - Provision/servicing of temporary sanitary facilities
Emergency Medical Services (pre-hospital)
Mass Fatality support
Logistical staging of ESF 8 assets
Logistical Staging Areas/ RSS (receipt, storage and staging) and Points of Dispensing associated with the Strategic National Stockpile program as well as in support of State Logistical Staging areas
Catastrophic incident and alternate treatment facility support
Special needs sheltering

3. 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.

4. Coordinate and direct the activation and deployment of ESF 8 material and resources. These include (but not limited to):

- Regional Emergency Response Advisors
- Physicians
- Nurses
- Physician Assistants
- Paramedics
- Emergency Medical Technicians
- Pharmacists and Technicians
- Respiratory Therapists
- Health Administrators
- Environmental health specialists
- Laboratory personnel
- Sanitarians
- Dental personnel
- Behavioral Health personnel
- Dietitians
- Epidemiologists
- Radiologists and Technicians
- Federal Health and Medical personnel
- Nephrologists
- Advance Life Support/Basic Life Support vehicles
- Medical equipment, supplies and transportation
- Laboratory Services
- Environmental Health Services
- Dental Services
- Basic Nutritional services (e.g. food, water, baby formula, etc.)
- Nephrology (renal care/dialysis) Services
- De-ionized Water System Services
- Mass Fatality Services
- Planning, Training, Equipping and Exercise Services
- Epidemiology (including surveillance)
- Radiation monitoring
• Selected critical food staples for targeted populations
• Immunizations and Prophylaxis
• Case Management
• Community public health outreach
• Children’s Medical Services
• Aircraft (aero medical evacuation and/or transportation)
• Public information, risk communication and education
• Public sanitation equipment (porta-lets, dumpsters, hand wash stations)
• Logistical Staging Areas and Points of Distribution for distribution of state resources
• Logistical Staging Areas and Points of Dispensing for distribution for pharmaceutical deployment
• Special Needs Shelters (equipment and staffing)
• Post-event Public Health and Medical Systems Assessments
• Infrastructure Support (short term)

B. SUPPORT AGENCIES/ORGANIZATIONS

Support agencies will provide a point of contact to assist ESF 8 with services, staff, equipment, and supplies that complement the entire emergency response effort as the State Emergency Response Team addresses the consequences generated by the hazards that may impact the State (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, ESF 8 support contacts are responsible for frequently updating their resource capabilities with the Department of Health.

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<th>Agency</th>
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<tr>
<td>1. Agency for Health Care Administration</td>
<td>a. Trains and staffs ESF 8 with Department of Health as lead.</td>
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<td>b. Trains field office emergency management liaisons.</td>
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<td>c. Creates the criteria for the facility Comprehensive Emergency Management Plan.</td>
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<td>d. Makes recommendations on revisions and improvements of building codes, rules, and statutes.</td>
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<td>e. Ensures that each healthcare facility has and maintains an approved facility CEMP.</td>
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<td>f. Coordinate the need for initiating any waiver of rules and regulations regarding licensed facilities.</td>
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<td></td>
<td>g. Maintain and provide a listing of hospitals, nursing homes, adult congregate living facilities, etc., which should include Chief Executive Officers name(s) and 24-hour</td>
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h. In coordination with other ESF 8 partners, coordinate the collection of essential elements of information from health care facilities.

i. Mobilize/alert Agency for Health Care Administration personnel.

j. Provide the Agency for Health Care Administration nursing personnel to assist in shelters, temporary housing facilities/sites, public health clinics, etc.

k. Provide engineering and architectural staff to evaluate structural integrity of hospitals.

l. Staffs Emergency Support Function 8, Public Health and Medical, in the Emergency Operations Center during a disaster.

m. Maintains communications with Agency for Health Care Administration field offices, healthcare facilities, provider organizations, and other Emergency Support Functions during a disaster.

n. Assesses bed availability in healthcare facilities, Grants temporary permission for over bedding in receiving facilities as needed, upon request.

o. Tracks all of this information in the Emergency Status System.

p. Establishes and maintains communications with facilities.

q. Assists, coordinates, and tracks licensed health care facility evacuations.

r. Deploys damage assessment teams.

s. Assists in acquiring assets to meet the needs of residents and patients.

t. Inspects and permits re-entry into evacuated facilities.

u. Deploy and maintain Electronic System Status to determine needs of health care facilities.

v. Report critical Electronic System Status finding to ESF 8 planning section

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3. Department of Children & Families
   a. Provide behavioral health services to the affected populations and coordination of critical incident stress personnel to support responders.
   b. Assist in coordinating the Regional Disaster Behavioral Health Assessment teams, and their needed support teams.

4. Department of Elder Affairs
   a. Coordinate discharge planning and relocation of displaced special needs clients.
   b. Coordinate support services for elderly populations.
   c. Lead the Statewide Interagency Special Needs Shelter Response Teams with assistance of designated staff from Department of Elder Affairs, Department of Health, Department of Children and Families, Department of Veterans' Affairs, Department of Community Affairs, Agency for Health Care Administration, Agency for Persons with Disabilities, and other appropriate agencies and entities to assist local county emergency management agencies with the continued operation or closure of special needs shelters, as well as with the discharge of special needs clients to alternate facilities if necessary.
   d. The Multi-agency Special Needs Shelter Discharge Planning Response Team will be comprised of representatives from each designated state agency’s local, regional or district locations due to their knowledge of local resources and services available to assist Special Needs Shelter clients.

5. Florida Association of Community Health Centers
   a. Coordinate assessment of Community Health Care facilities, impacted Primary Care; identify needs to return system back to operational status.

6. Florida Association of Homes for the Aging
   a. Facilitates the collection of data regarding facility infrastructure capabilities.
   b. Assist in the identification and filling of
| **7. Florida Crisis Consortium** | a. Coordinate the development of the seven Regional Disaster Behavioral Health Assessment teams.  
    b. Train Regional Disaster Behavioral Health Assessment teams members.  
    c. Review and approve team members.  
    d. Establish protocol for Regional Disaster Behavioral Health Assessment teams. |
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    b. Coordinate urban search and rescue strike teams. |
| **10. Florida Health Care Association** | a. Facilitates the collection of data regarding facility infrastructure capabilities.  
    b. Assist in the identification and filling of community health resource needs.  
    c. Acts as liaison to local ESF 8 systems. |
| **11. Florida Hospital Association** | a. Assists in identifying, validating and filling resource requests for hospitals.  
    b. Communicate with hospitals regarding local ESF 8 systems.  
    c. Facilitate supply requests due to loss of capacity.  
    d. Serve as liaison to executive staff of hospitals. |
    b. Provide outreach to pharmacists and pharmacies via web site and member communications.  
    c. Coordinate communication between ESF 8 and Florida pharmacists and pharmacies.  
    d. Identify gaps and needs for pharmaceutical distribution or pharmaceutical care services during event response.  
    e. Coordinate deployment of pharmaceutical assets during event response. |
| **13. Network 7/ Florida’s Medicare Quality** | a. Pre-event: To establish and facilitate |
partnerships that provides a framework for disaster readiness and continuity of care for the renal community.
b. During/Post Event: Coordinate assessment of Renal Care Facilities, identify needs to return system back to operational status.

C. ADDITIONAL SUPPORT AGENCIES AND ORGANIZATIONS:

<table>
<thead>
<tr>
<th>Agency</th>
<th>RESPONSIBILITIES</th>
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| 1. American Red Cross                 | a. Maintain special need shelter census database.  
b. Assists in providing food and water to homebound special needs populations.             |
| 2. Department of Agriculture and      | a. Provide veterinarian/food inspection/animal care.  
b. Transport vehicles (ground and air).  
c. Security personnel.  
d. Food service/response personnel.  
e. Aerial spraying for vector control.  
f. Initiate the following activities regarding a radiological emergency incident:  
i. Determine the needs of the agricultural industry during a radiological emergency.  
ii. Declare an agricultural emergency as guided by the Department of Health when a radiological hazard is detected.  
iii. Draft and promulgate agricultural procedures that will be effective during nuclear power plant emergencies. |
| Consumer Services                     |                                                                                                                                               |
| 3. Department of Business & Professional Regulation | Provide food inspectors to assist in inspection of restaurants, mass feeding sites, and food distribution centers. |
| 4. Department of Environmental Protection | a. Assess potable water systems.  
b. Assist in response to surface/ground water contaminations. |
| 5. Department of Military Affairs     | a. Identify possible medical resources for deployment.  
b. Support transportation-logistics requests (ground and air).  
c. Provide food service/response personnel.  
d. Provide patient evacuation support (ground and air). |
| 6. Department of Transportation | e. Provide security personnel.  
f. Assist in communications support. |
|---------------------------------|---------------------------------|
| a. Provide fuel points for field response vehicles  
b. Assist in coordinating mass patient movement, using municipal transport agencies and contracted para-transport agencies. |
| 7. Florida Civil Air Patrol | Provide support to the Department of Health Command & Control Unit when deployed to the field. |
| 8. Florida Department of Law Enforcement | a. Provide general security for evacuation and site control.  
b. Provide assistance in the rapid transportation of samples for analysis as necessary.  
c. Conduct warnings and evacuation of all waterways, State parks, and recreational areas in and around nuclear power plants and coordinate such on-going activities with United States Coast Guard representatives.  
d. Supply supporting agency watercraft needed for the collection of bio samples. |
| 9. Salvation Army | a. Provide base camp support when needed for field ESF 8 medical teams.  
b. Provide food and water for field response personnel. |
b. Coordinate urban search and rescue strike teams. |

IV. FINANCIAL MANAGEMENT

ESF 8 is responsible for managing financial matters related to resources that are procured during an incident or 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 incident or 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. When the reimbursement is less than 100 percent, the Governor's Office, together with legislative leadership, may decide to reimburse agencies/departments for the difference. In some instances, the agencies/departments may be required to assume this financial responsibility from their regular budgets.
Guidelines for the Department of Health

The Finance/Administration Section becomes directly involved when the State Emergency Operations Center and/or ESF 8 is activated. This precipitates the establishment of an external program code. A different external program code is established for each storm/disaster. The Finance/Administrative Section will ensure that the external program code is broadcast to the Department of Health district fiscal officers. These codes are then available for everyone in the Department of Health that may have an expenditure associated with the current incident or event.

All requests for disaster response products and services that come to ESF 8 will be processed in accordance with existing Department of Health policies and the appropriate ESF 8 Standard Operating Guidelines. Finance/Administration Section staff will be responsible for ensuring that these procedures are carried out so that reimbursement to vendors and the Department can occur with minimal delays. Upon activation, the Department’s Emergency Coordinating Officer will ensure that this Section is fully functional when any State Executive Order or Presidential Declaration are issued or anticipated.

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 Health fiscal and personnel management officials, the Division of Emergency Management fiscal agents and the Federal Emergency Management Agency fiscal agents and directly with vendors as necessary.

Expenditures by other non-headquarters departmental entities (e.g. county public health units, laboratories, etc.) will be documented by those entities and submitted directly to Finance/Administration Section or a designated Finance Service officer as soon as possible.

Other Support Agencies
The Department of Health’s Emergency Coordinating Officer will encourage all supporting agencies to establish effective financial disaster response systems internally and share with them all directives received from the Division of Emergency Management, the Federal Emergency Management Agency or other sources.

V. REFERENCES AND AUTHORITIES

g. Regional Domestic Security Task Forces, Section 943.0312, F.S.
h. Medical Telecommunications and Transportation, Section 401.273, F.S.
j. Florida Statutes 2005 Special Needs, Chap. 381 (.0303).