

H. APPENDIX VIII: EMERGENCY SUPPORT FUNCTION 8 - HEALTH AND MEDICAL SERVICES

PRIMARY AGENCY: Department of Health

SUPPORT AGENCIES: Department of Agriculture and Consumer Services, Agency for Health Care Administration, American Red Cross, Department of Business and Professional Regulation, Department of Elder Affairs, Department of Environmental Protection, Department of Military Affairs, Department of Law Enforcement, Florida Funeral Directors Association, Department of Children and Families, U.S. Department of Transportation, Florida Wing Civil Air Patrol

I. INTRODUCTION

The purpose of Emergency Support Function 8 is to coordinate the State's health, medical and limited social service assets in case of an emergency/disaster situation. To accomplish this goal, Emergency Support Function 8 oversees the emergency management functions of preparedness, recovery, mitigation, and response with all agencies and organizations that carry out health or medical services. All aspects of emergency management are directed by the Department's Emergency Coordination Officer, located in the Office of the Secretary of Health, Emergency Operations Section. Emergency Support Function 8 resources are used when local, county and regional agencies are overwhelmed and additional assistance is requested by the State Emergency Response Team Chief.

Emergency Support Function 8 provides the means for a public health response, triage, treatment and transportation of victims of a disaster; assistance in the evacuation of victims out of the disaster area after the event; immediate support to hospitals and nursing homes; provision of emergency mental health crisis counseling for individuals and the community and the re-establishment of all health and medical systems. Assistance in pre-event evacuation may also be provided whenever patients or clients of the State and the Department of Health are affected, or pre-established plans for any health care institution have failed.

II. CONCEPT OF OPERATIONS

A. GENERAL

1. Emergency Support Function 8 is organized in a manner similar to the Incident Command System in order to provide incident assessment, planning, procurement, deployment and support operations to the State Emergency Response Team, area coordinators, and local management to assure a timely and appropriate response to an emergency/disaster situation.

2. Procedural protocols and manuals governing staff operation at the State Emergency Operations Center and semi-annual training is conducted to enhance effectiveness.
3. In a large event requiring federal or mutual aid assistance, Emergency Support Function 8 will work with counterparts from such entities to seek, plan and direct use of those assets.
4. Throughout the response and recovery periods, Emergency Support Function 8 will evaluate and analyze information regarding medical, health and public health assistance requests for response, develop and update assessments of medical and public health status in the impact area and do contingency planning to meet anticipated demands.
5. When an event is focused in scope to a specific type or response mode (e.g., hospital evacuation or radiological problem), the position and functions of the operations officer will be assumed by an appropriate person from a supporting agency with expertise pertinent to the event.

B. ORGANIZATION

1. State
 - a. During an activation of the State Emergency Operations Center, support agency staff are integrated with the Department of Health staff to provide support which will allow for an appropriate and timely response.
 - b. During an emergency or disaster, the primary and support agencies of Emergency Support Function 8 will respond directly to the Emergency Services Branch Chief who reports to the Operations Section Chief (**see Section IV. A. 2. Figure 2 of the Basic Plan**).
 - c. During the response phase, Emergency Support Function 8 will evaluate and analyze information regarding medical and public health assistance requests. Also, Emergency Support Function 8 will develop and update assessments of medical and public health status in the impact area and do contingency planning to meet anticipated demands.
 - d. During an event is focused in scope to a specific type or response mode, e.g., hospital evacuation or radiological problem, then the position of the operations officer will be assumed by an appropriate person from a supporting agency with expertise pertinent to the event.

2. Area
 - a. Emergency Support Function agencies, voluntary, and private have operational centers located throughout the State. Key staff within these agencies has been trained to carry out responsibilities under Emergency Support Function 8 and function as coordinators, assessors, and operational personnel in support of regional or field activities.
 - b. Regional staff is involved with Emergency Support Function 8 by providing informational assistance whenever an event is so small that a county emergency operations center is not activated. If more than one county emergency operation center is activated, then area staff assumes a more involved role and coordinates the event with regional resources or requests resources from the State Emergency Operations Center.
3. County
 - a. Each county has an Emergency Support Function 8 focal point and a County Public Health Department Emergency Coordinator, usually the county Emergency Support Function 8 representative, Low impact events not activating the county emergency operations center will be handled by the State Emergency Operations Center Emergency Support Function 8 directly with the county Emergency Support Function 8 representative and informational contact made with regional coordinators.
 - b. High impact events requiring the activation of a county emergency operations center or multiple county emergency operations center's require closer coordination between county and regional Emergency Support Function 8 coordinators, which may require the commitment of area resources.
 - c. Extremely high impact events require close coordination between county, area and State Emergency Support Function 8 coordinators and will require the commitment of State or other resources.

C. NOTIFICATIONS

1. The State Warning Point, will notify the Emergency Coordination Officer for the Emergency Support Function 8 primary agency, the Department of Health, when the State or an area of the State has been threatened or impacted by an emergency or disaster situation.

2. Upon receipt of the notification, all essential emergency response personnel assigned to the State Emergency Operations Center will be alerted and informed of the type of event and status according to the State Emergency Operations Center's level of activation.
3. The Emergency Coordination Officer or designee will then notify the Secretary of Department of Health, and other key departmental and support agency personnel of the status of the event.
4. The first Emergency Support Function 8 staff person to arrive at the State Emergency Operations Center, will get an immediate briefing at the State Emergency Operations Center, activate all callout lists, brief other arriving staff and begin to notify all Area Emergency Coordination Officers of State Emergency Operations Center activation and potential for them to be affected by the event, unless such notification has previously been made.
5. The Regional Office of the United States Public Health Service, known as Federal Regional Emergency Support Function 8, will be notified of the event status and briefed on any anticipated need for federal assistance. If federal assistance is anticipated, the Regional Emergency Support Function 8 representative will maintain coordination with the State Emergency Support Function 8 desk and serve as liaison with the Federal Emergency Management Agency lead representative present at the State Emergency Operations Center. The Federal Emergency Support Function 8 representative shall respond to requests from the State Emergency Support Function 8 desk to ensure that all requested federal assistance possible is made available to the State.

D. ACTIONS

Actions carried out by Emergency Support Function 8 are grouped into the four phases of emergency management: preparedness, 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. This Emergency Support Function encompasses a full range of activities from education to the provision of field services. It also functions as a coordinator and, at times, assumes direct operational control of provided services. The following services provide the framework upon which actions will occur:

- Assessment of health and medical needs.
- Disease control/epidemiology.
- Health/medical care personnel.
- Health/medical equipment and supplies.
- Patient evacuation.
- Coordinated in-hospital and nursing home care.

- Food and drug safety and availability of drugs and certain foods.
- Emergency responder health and safety.
- Radiological/chemical/biological hazards.
- Mental health and crisis counseling (individual and community).
- Public health information.
- Vector control/monitoring.
- Portable water, disposal of wastewater and solid waste.
- Victim identification/mortuary services.
- Management, Command and Control of assets.
- Emergency Medical Services (pre-hospital).
- Overall coordination or interagency Health and Medical Services for a commercial nuclear power plant emergency through the Bureau of Radiation Control, the Deputy Secretary of Health, the Assistant Health Officer for Environmental Health, the Department of Agriculture and Consumer Services, and the Department of Environmental Protection.

1. Preparedness Actions

- a. Actions and activities that develop health and medical response capabilities may include planning, training, orientation sessions, and exercises for all Emergency Support Function 8 personnel (i.e., State, Area, and County). Such activities will include updating public information guides for all hazards; arranging hazardous materials training for Emergency Medical Services (including first responders); and developing and initiating training for tactical Emergency Medical Services (anti-terrorist) operations.
- b. Conduct planning with support agencies, Emergency Support Functions 4 and 9 to refine Medical Support Unit operations.
- c. Conduct training for Rapid Impact Assessment Team members.
- d. Develop and refine procedures to be used in the following field surveys: Rapid Impact Assessment, environmental health assessment survey, and epidemiological survey.
- e. Develop and present a medical management course for Emergency Support Function 8 personnel, establish a Geographical Information System maps for critical facilities and target populations, develop automated protocols for frequently provided services.
- f. Maintain liaison with health and medical volunteer organizations, Disaster Medical Assistance Teams and Disaster Mortuary Response Teams

- g. Develop rapid response mechanism for crisis mental health counseling and assist in the development of public health nursing disaster protocols.

2. Response Actions

- a. Coordinate operations at the Emergency Support Function 8 desk in the State Emergency Operations Center.
- b. Provide team members for the State Emergency Response Team field deployment; procure health and medical resources for a Forward State Emergency Response Team deployment; provide communications for deployed health and medical personnel. In addition, agencies of Emergency Support Function 8 may serve the State Emergency Response Team in other areas of Field Operations (i.e., Impact Assessment Teams: Rapid Response Team, Preliminary Damage Assessment Team, Disaster Field Office operations, Recovery Center operations, intrastate and/or interstate mutual aid assistance, etc.).
- c. Manage all field-deployed assets; conduct field assessments and surveys; provide nursing staff for Special Needs Shelters; provide staff and services for monitoring public health conditions; conduct rapid assessments for immediate response objectives; determine needs for health surveillance programs in communities and regions.
- d. Arrange for the provision of medical personnel, equipment, and supplies as needed to health and medical facilities; assist with patient evacuation and relocation (post-event); identify hospital and nursing home bed vacancies statewide; operate the Department of Health Emergency Operations Center.
- e. Assist in hazardous materials response through consultation, technical supports or staff deployment; perform water, food and drug safety analysis and inspection; arrange for emergency mental health services to individuals and communities.
- f. Support response personnel with critical incident stress debriefing resources; arrange for Disaster Mortuary Response Team or victim identification services; provide assistance as requested to the Disaster Field Office; provide port-o-lets and dumpsters to comfort stations/other locations; provide public health nursing staff as needed at comfort stations; respond to radiological incidents including staffing the Emergency Operations Facility.

3. Recovery Actions
 - a. Maintain support of the Disaster Field Office.
 - b. Restore essential health and medical components of delivery systems, permanent medical facilities to operational status; restore pharmacy services to operational status; monitor environmental and epidemiological systems; and initiate grants for environmental and epidemiological surveillance.
 - c. Restore essential health and medical components of delivery systems, and permanent medical facilities to operational status; restore pharmacy services to operational status; monitor environmental and epidemiological systems; initiate grants for environmental and epidemiological surveillance.
 - d. Support emergency services staff and operations until the local system is self-sustaining maintain provision of long-term emergency environmental activities; identify populations requiring event-driven health, medical or social services post-event; and provide emergency pharmacy/ laboratory services.
 - e. Initiate financial reimbursement process for support services.
4. Mitigation Actions
 - a. Survey and map (Geographical Information System) all Emergency Medical Services in the State; increase use of geographical information systems to identify location of all vulnerable sites or populations.
 - b. Identify and seek funds for hurricane proofing critical facilities.
 - c. Provide computerized access statewide to regional and county coordinators for management communications and Geographical Information Systems data use.
 - d. Stockpile critical medical supplies in strategic locations throughout the State; develop Disaster Medical Assistance Team readiness levels to category I capability; identify and seek auxiliary power for critical facilities.

E. DIRECTION AND CONTROL

1. Emergency Support Function 8 uses the Incident Command System or the Incident Management System to manage its emergency/disaster responsibilities. Key to this system is the Emergency Operations Unit,

which functions as the official disaster response, preparedness, recovery, and mitigation organization within the Department of Health. This Unit also serves as the focal point for statewide Emergency Support Function 8 activities. It is responsible for ensuring that all appropriate program offices of the Department, support agencies, other Emergency Support Functions and other private voluntary agencies have knowledge about the system and Emergency Support Function 8's expectations during an event.

2. The Emergency Support Function 8 system operates in two arenas; 1) the State Emergency Operations Center, and 2) Field locations. All operations are covered by policies contained in the Department of Health Operations Handbook and procedural manuals for service providers working with Emergency Support Function 8.
3. All management decisions regarding response are made at the State Emergency Operations Center by the Emergency Support Function 8 commander (either the Department of Health Emergency Coordination Officer, the Executive Order duty officer or the Emergency Support Function 8 desk officer). Planning, logistical support, administration, and operations positions at the State Emergency Operations Center assist the commander in carrying out the mission.
4. A staffing directory (Department of Health Emergency Call Lists) and Emergency Support Function 8 procedural manuals are maintained with status updated at least quarterly.
5. All field personnel or units are subordinate to the Emergency Support Function 8 at the State Emergency Operations Center.
6. In accordance with a mission assignment from Emergency Support Function 8, and further mission tasking by a Local primary agency, each support organization assisting Emergency Support Function 8 assignment will retain administrative control over its own resources and personnel but will be under the operation control of Emergency Support Function 8. Delegation of mission operational control may be given to a Medial Service Unit or Local entity.
7. Appropriate information on casualties/patients will be provided to the State Emergency Operations Center operations officer and the American Red Cross for inclusion in the Disaster Welfare Information System. This information will also be available for public access.
8. Radiological Events
 - a. The Executive Order shall ensure that all aspects of the response to a radiological event are planned for and that

designated organizations within the Department of Health are prepared to carry out appropriate actions.

- b. In case of a radiological emergency, Chapter 404, Florida Statutes, designates, Department of Health, Bureau of Radiation Control, as the primary point of contact for assessment of health hazards during peacetime radiological emergencies regardless of their severity. The Bureau of Radiation Control will have a representative in the State Emergency Operations Center and the Emergency Operations Facility. The representative at the State Emergency Operations Center will assume the function of Emergency Support Function 8 Operations Officer for the event.
 - c. Impact assessments of offsite radiological emergencies will be performed by the Department of Health, Bureau of Radiation Control, in accordance with Bureau of Radiation Control's standard operating procedures number 1 through number 19 (refer to the Authorities and Reference Section of this Plan).
9. Policies, programs, and procedures that will be utilized by Emergency Support Function 8 in response to a radiological emergency, terrorist/weapons of mass destruction event, wildland fire, or repatriation will be in accordance with Annex A, the State of Florida Radiological emergency Management Plan, Annex B, Terrorist Incident Response Plan, Annex C, the State of Florida Emergency Response Team Guidelines for Wildfire Operations, and Annex D, the State of Florida Emergency Repatriation Plan of the State of Florida Comprehensive Emergency Management Plan 2002.

III. RESPONSIBILITIES

A. PRIMARY AGENCY - DEPARTMENT OF HEALTH

1. Provide leadership in directing, coordinating and integrating overall State efforts to provide health, medical, public health and some social services assistance to the affected area.
2. Staff and operate a command and control structure to assure that services and staff are provided to areas of need.
3. Coordinate and direct the activation and deployment of State agencies volunteer health/medical personnel, supplies, and equipment and provide certain direct resources that are under the control of the Department of Health. Also, the Department of Health will assure that the following personnel or services are available for responding to 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.):

- Advance Life Support/Basic Life Support vehicles.
- Emergency Medical Technicians.
- Paramedics.
- Medical equipment and supplies.
- Nurses/RNs/LPNs.
- Health administrators.
- Pharmacy services/Pharmacists.
- Physicians.
- Environmental health specialists.
- Laboratories and laboratory personnel
- Nutritional services, including WIC.
- Epidemiology.
- Mental health workers.
- Radiation monitoring.
- Disaster response expertise.
- Dental services and personnel.
- Dietitians.
- Immunizations.
- Case management.
- Outreach capability.
- Aircraft (fixed wing/rotary wing/medical evacuation).
- Public information and education.
- Public sanitation equipment (porta-potties, etc.)

1. Initiate the following activities regarding a radiological emergency incident:
 - a. Develop comprehensive policies and programs for decontamination and mitigation of hazards associated with sources of ionizing radiation.
 - b. Encourage, participate in, and conduct studies, public hearings, training, and research relating to the control of sources of ionizing radiation.
 - c. Respond to any emergency that involves possible or actual release of radiological materials in order to protect health, safety, and property.
 - d. Coordinate with the Department of Environmental Protection in the chemical analysis of water obtained from public water supplies. The Department of Health will make the actual radiological analysis of water obtained from public water supplies. Support Emergency Support Function 6 (Mass Care)

- in the coordination of overall reception and care responsibilities.
- e. Provide technical consultation and support regarding radiation and radiological health (e.g., determine levels of radiation, health hazards, and radiological decontamination) as the principal radiological assessment agency.
 - f. Coordinate distribution of radiological data to the State and county response organizations.
 - g. Determine the severity of radiological emergencies when an actual release of radioactive materials occurs and make recommendations as the primary radiological assessment agency based on a technical analysis of the situation.
 - h. Respond to nuclear power plant emergencies by proceeding to the licensees' Emergency Operations Facilities.
 - i. Maintain liaison with State agencies, local governments, and nuclear power plants for planning and operational purposes.
 - j. Contingent upon available staff provides assistance in the risk county emergency operation center(s) to interpret technical data and evaluate protective action recommendations.
 - k. Provide criteria and technical support for the decision to relax protective actions and allow for recovery and reentry into the affected area.
 - l. Coordinate planning and operational support for the decision to relax protective actions and allow for recovery and reentry into the affected area.
 - m. Prepare and maintain a list of medical facilities that have the capability to treat radiological contaminated individuals.
 - n. Develop a policy for the use and distribution of potassium iodide.
 - o. Coordinate planning with county health departments and provide support in supplying sanitary facilities for evacuees at reception centers and shelters.
 - p. Collect samples from public and surface water supplies for radiological analysis by the Bureau of Radiation Control in the event a radiological release occurs.

- q. Coordinate with the Department of Environmental Protection in collecting and analyzing air and water samples.

B. SUPPORT AGENCIES

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 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, emergency coordinators are responsible for frequently updating their resource capabilities with the Department of Health.

1. Department of Agriculture and Consumer Services
 - a. Provide veterinarian/food inspection/animal care.
 - b. Transport vehicles (ground and air).
 - c. Security personnel.
 - d. Operation of staging area.
 - e. Food service/response personnel.
 - f. Initiate the following activities regarding a radiological emergency incident:
 - 1) Determine the needs of the agricultural industry during a radiological emergency.
 - 2) Declare an agricultural emergency as guided by the Department of Health when a radiological hazard is detected.
 - 3) Draft and promulgate agricultural procedures that will be effective during nuclear power plant emergencies.
2. Agency for Health Care Administration
 - a. Coordinate need for initiating any waiver of rules and regulations regarding licensed professional personnel.
 - b. Maintain and provide a listing of hospitals, nursing homes, adult congregate living facilities, etc., which should include Chief Executive Officer names and 24-hour telephone numbers.

- c. Provide bed availability status of all hospitals outside the watch area.
 - d. Contact all hospitals, nursing homes, and adult congregate living facilities in watch/warning areas prior to land fall and determine who to call and at what numbers after storm.
 - e. Mobilize/alert Agency for Health Care Administration personnel.
 - f. Determine status of hospitals, nursing homes and Adult Living Facilities in impact area after storm clears.
 - g. Provide the Agency for Health Care Administration nursing personnel to assist in shelters, tent cities, public health clinics, etc.
 - h. Provide engineering and architectural staff to evaluate structural integrity of hospitals.
3. American Red Cross
- a. Provide nursing personnel.
 - b. Feed response personnel
4. Department of Business & Professional Regulation
- a. Provide food inspectors to assist in inspection of restaurants, mass feeding sites, and food distribution centers.
 - b. Verify licensure of medical/health care personnel within the State and from other states.
5. Department of Elder Affairs
- Coordinate the relocation of displaced elderly.
6. Department of Environmental Protection
- a. Assistance in obtaining potable water, portable toilets and assessing hazardous material incidents.

- b. Restrict consumption of surface water supplies in the event of a release of significant concentrations of radioactive material into those supplies.
 - c. Coordinate with other state and county agencies to provide safe water supplies at reception shelter facilities.
7. 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).
 - e. Provide security personnel.
 - f. Assist in communications support.
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 to the Department of Health as needed for the collection of bio samples
9. Florida Funeral Directors Association
- Provide victim identification and mortuary services.
10. Department of Children & Families
- Provide mental health services to the affected populations and coordination of critical incident stress personnel to support responders.

11. U.S. Department of Energy
See Direction and Control: Radiation Events
12. Department of Transportation
Provide support to the Department of Health Command & Control Unit when deployed to the field.
13. Florida Wing Civil Air Patrol
Provide support to the Department of Health Command & Control Unit when deployed to the field.
14. Other Assets: Although specific assets have been identified within each supporting agency, it is clearly understood that we will initially coordinate requests and approval of support with each appropriate Emergency Support Function.

IV. FINANCIAL MANAGEMENT

The Emergency Support Function 8 desk will be responsible for managing financial matters related to resources that are procured through the desk during the 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. 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 representative from the Department of Health Administrative Services is notified when the State Emergency Operations Center is activated. This precipitates the establishment of an external program code. A different external program code is established for each storm/disaster. Administrative Services 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 storm/disaster.

All requests for disaster response products and services that come to Emergency Support Function 8 will be processed at the desk in accordance with existing policies contained in the Department of Health emergency policy handbook.

Executive Order 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 Emergency Coordination Officer will ensure that an Executive Order fiscal officer is designated who will work the Emergency Support Function 8 desk during the entire time the desk is active.

The Executive Order fiscal officer maintains on-going contact with each vendor and is available by pager to all vendors 24 hours a day, seven days a week throughout the duration of the emergency event. This officer shall also be responsible for following up all financial issues after response has ceased by coordinating with the Department of Health fiscal and personnel management, the Division of Emergency Management and the Federal Emergency Management Agency fiscal agents and directly with vendors as necessary.

Expenditures by other departmental entities, i.e., county public health units, are documented by those entities and submitted directly to the Administrative Services disaster fiscal officer without any involvement of the Executive Order fiscal officer.

Other Support Agencies

The Department of Health Emergency Coordinating Office shall 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

- a. Florida Statutes 1991, Emergency Management, Chap. 252 (252.31-52.61).
- b. Florida SS 911 (May 93).
- c. The Department of Health Refugee Response Plan (1993).
- d. Florida State Health Office Disaster Response Plan (1993).
- e. The Federal Response Plan for P.L. 93-288 (April 1992).
- f. The Radiological Emergency Management Annex to the State of Florida Comprehensive Emergency Management Plan (February 2002).