



THE STATE OF FLORIDA BIOLOGICAL INCIDENT ANNEX

To the State Comprehensive Emergency Management Plan

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EXECUTIVE SUMMARY

This document defines a statewide program for the state of Florida to prepare, identify, respond, and recover from the emergence of a biological agent, whether of natural or human introduction. It is a hazard specific annex to the Florida Comprehensive Emergency Management Plan (CEMP). This Annex governs the operational concepts, policies and plans to achieve these objectives. The procedures and actions defined in this Annex may be executed following the issuance of an Executive Order by the Governor in the event of a declared agent of public health significance, and are scalable to disease outbreak occurrences that do not rise to this level. The provisions of this Annex can be scaled and adapted as a model for Florida counties' response operations.

Specific actions that may be implemented to minimize morbidity and mortality are found in the Florida Department of Health "Biological Incident Annex to the Emergency Operations Plan, Version 1.3, dated July 2010 (<http://www.doh.state.fl.us/demo/BPR/PDFs/BiologicalAnnex.pdf>). These may be scaled as applicable to other widespread disease occurrences.

General roles and responsibilities of Florida's State Emergency Response Team (SERT) among 18 Emergency Support Functions (ESFs) are found in the CEMP.

Each state agency must develop Continuity of Operations (COOP) and Continuity of Government (COG) Plans that include response to the emergence of a biological agent, staff training on the plan content, and exercise of the plans to assure the provision of essential services to Florida citizens. State agencies are also responsible for sustainment and support of critical infrastructure and key resources as defined in Chapter 3, Section XI of the CEMP.

AUTHORITIES

Section 120.54, F.S.

State Agencies: Allows state agencies to adopt temporary emergency rules when immediate danger threatens public health, safety, or welfare without going through the normal rule making process.

Chapter 252, F.S.

Emergency Management Act

Governor/ Division of Emergency Management (DEM):

- Allows Governor to declare a state of emergency and initiate an Executive Order to temporarily expand authority or suspend existing requirements.
- Gives Governor and Division direction and control of emergency management.
- Allows Governor and Division to delegate authority to implement critical functions to protect the peace, health, safety, and property of the people of Florida.

Chapter 381, F.S.

Section 381.0011, F.S.

Department of Health – Communicable Disease and Quarantine:

- Authorizes the Department of Health (FDOH) to administer and enforce laws and rules relating to control of communicable disease.
- Authorizes the Department to declare, enforce, modify, and abolish quarantine of persons, animals, and premises.
- Authorizes the Department to specify the conditions and procedures for imposing and releasing a quarantine order.
- Subsection (6) provides for a thorough investigation and study of the incidence, causes, modes of propagation and transmission, and means of prevention, control, and cure of diseases, illnesses, and hazards to human health
- Authorizes the Department to require case reports from licensed doctors, laboratories, and hospitals for a list of diseases defined in rule 64D-3, F.A.C. Section The rule also requires the same entities to report outbreaks due to diseases of which individual cases are not reportable.

Department of Health – Enforcement Authority

Authorizes the Department to maintain necessary legal action; request warrants for law enforcement assistance; and directs state and county attorney, law enforcement and city and county officials upon request to assist the Department to enforce the state health laws and rules adopted under Chapter 381, F.S.

Section 381.00315, F.S.

Department of Health – Public Health Emergencies and Advisories

Authorizes the State Health Officer to declare public health emergencies and issue public health advisories.

Section 570.036, F.S.

Department of Agriculture and Consumer Services (FDACS)

- Chapter 570.036, Florida Statutes, Section 2, gives authority to Department of Agriculture and Consumer Services, Division of Animal Industry to enforce those provisions of Chapter 585 and the rules adopted that relate to the control and eradication of dangerous transmissible diseases of livestock, including parasitic infestations.
- Chapter 570.036, Florida Statutes, states that the Director of the Division of Animal Industry, who is also the State Veterinarian shall be responsible for protecting the animal and livestock interests of the state and shall, under the direction of the Commissioner, direct, coordinate, and enforce the applicable provisions of Chapters 534 and 585.

Section 585.145, F.S.

State and Federal Officials:

Gives state and federal officials the authority to impose quarantines on animals and premises when any Foreign Animal Disease (FAD) is suspected.

Section 403.861, F.S.

Florida Department of Environmental Protection

Assist state and local agencies in the determination and investigation of suspected waterborne disease outbreaks, including diseases associated with chemical contaminants.

Section 768.28, F.S.

State Agencies – Sovereign Immunity for State Officers and Employees

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

REFERENCES

1. Florida Department of Health Emergency Operations Plan, Pandemic Influenza Annex, Version 11.2.
2. Florida Department of Health Emergency Operations Plan, Isolation and Quarantine Annex, 2010
3. Florida Incident Field Operations Guide 2012
4. Pandemic Influenza Preparedness, Response and Recovery: Guide for Critical Infrastructure and Key Resources, Department of Homeland Security, September 19, 2006
5. Food and Waterborne Disease Annex. DOH, Environmental Health Division
6. Florida Department of Health Emergency Operations Plan, Smallpox Appendix, July 03, 2010
7. Food Emergency Response Plan, Florida Department of Agriculture and Consumer Services
8. Comprehensive Emergency Management Plan, Mass Fatality Annex,
9. Florida Department of Health, Division of Environmental Health , Arboviral Standard Operating Guidelines
10. Florida Department of Health, Emergency Operations Plan, Logistics Annex, Strategic National Stockpile Appendix ,October 25, 2010
11. Florida Department of Agriculture and Consumer Services, Foreign Animal Disease Response Plan
12. FDACS Avian Influenza (H5/H7) State Response and Containment Plan
13. FDACS National Veterinary Stockpile Deployment Plan
14. Florida Department of Health, Emergency Operations Plan, Florida Comprehensive Laboratory Response Annex for Chemical, Biological and Radiological Incidents Version 8

GLOSSARY OF TERMS

Antiviral Medication – medications for use in treating viral infections. Antivirals include Zanamivir and Oseltamivir (Common name Tamiflu).

Asynchronous or Asymmetric Disease Spread – the lack of a uniform pattern of new disease cases across a geographic region or during a parallel time period.

Asymptomatic – the period when an infected person may be capable of spreading a disease even though he or she is not experiencing symptoms.

Avian Influenza – influenza virus found in both wild and domestic birds.

Case-Based Containment – restrictions applied to individuals to reduce disease spread.

Community-Based Containment – restrictions placed on communities to reduce disease spread.

Critical Infrastructure – systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such system and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.

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

ESSENCE - a hospital based reporting system that identifies potential disease threats or other conditions.

Essential function – functions that are absolutely necessary to keep an [agency or] business operating during a pandemic, and are critical to survival and recovery.

Food Emergency Response Plan (FERP) – an interagency plan to identify and mitigate illnesses attributable to food and food products.

Florida Emergency Mortuary Operations Response System (FEMORS) – an organization that responds to and advises on mass fatality incidents using trained personnel from multiple state and local agencies. <http://www.femors.org/>.

Health Alert Network – a nationwide system that communicates vital health information and the infrastructure that supports the dissemination of health information at the state and local levels. <http://www2a.cdc.gov/han/Index.asp>.

Incubation Period - the length of time for an organism to cause disease. Symptoms may or may not be visible.

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

Isolation – measures taken to segregate ill and contagious persons to prevent disease transmission to others.

Laboratory Response Network – a series of laboratories certified by the CDC to perform analysis on pathogens of concern.

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

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

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

Novel Agent – a new strain of organism with limited or no immunity and has potential to create widespread infection within the community.

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

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

Personal Protective Equipment (PPE) – items and materials designed to protect personnel from exposure to infectious disease. These items may include: disposable gloves, protective clothing, rubber or polyurethane boots, safety goggles, hand sanitizer, and particulate respirators. See Appendix 1, Enclosure 1 for OSHA workforce risk guidance.

Prophylaxis – measures taken to prevent disease. Primary prophylaxis is preventing the development of disease while secondary prophylaxis refers to developed disease requiring measures to protect the patient's condition from worsening.

Public Health Reference Laboratories – a series of designated laboratories to perform community functions.

Quarantine – segregation of persons who are currently well but who have been exposed to an infectious disease.

Respiratory Protection – procedures and equipment that are used to protect personnel inhaling infectious particles (e.g., wearing respirators).

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

Social distancing – steps taken to reduce face-to-face interactions throughout the community.

Strategic National Stockpile (SNS) – large quantities of medicines and medical supplies retained at the federal level for shipment to the local level in response to a public health emergency.

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

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

Transmission-based Precautions - infection control procedures that are instituted in a hospital setting to prevent the spread of disease particles through the air usually from sneezing and coughing.

Vaccines – preparations of live, killed, or attenuated (modified) microorganisms that can stimulate an immune response in the body to prevent future infection of a similar type.

Shedding – the release of the agent from a host.

Virulence – the inherent ability of an infectious agent to cause illness or disease.

Widespread Disease Occurrence – a disease outbreak with sustained human to human transmission in only one WHO Region.

Zoonotic - a disease capable of being transmitted from infected animals to humans.

CHAPTER 1 – INTRODUCTION

I. General:

This document is one of several hazard specific annexes to the state of Florida CEMP. It defines the State's integrated program to prepare for, respond to, and recover from a widespread disease occurrence. An effective statewide response will require that:

- A. Individuals** - actively participate in infection-control measures including hand-washing and guarding coughs and sneezes, staying home when ill, and actively cooperating in community containment instructions. Other steps may be identified to further curtail spread due to the agent: *e.g.* fecal-oral spread or zoonoses)
- B. State and Local Governments** - prepare to implement rapid response containment and community containment measures to halt the spread of disease.
- C. Private Sector** - develops continuity of operations plans to provide essential services during periods of sustained and significant absenteeism. Businesses should integrate their planning with their communities' planning.

The objectives of this Annex, which may be activated during the course of a widespread disease occurrence, are to:

1. Ensure continuity of operations for state agencies and continuity of state government.
2. Protect Florida citizens by reducing disease morbidity and mortality and limiting economic and social disruption.
3. Maintain critical infrastructure and key resources during a biological event.

II. Hazard Context:

The world is at risk for the emergence, modification, or terrorist release of a novel agent which could affect all or part of society. The agent may take many forms in appearance:

- A.** An indigenous agent that “jumps species” and can infect humans: *e.g.* SARS.
- B.** A novel influenza virus of varying severity.
- C.** Contamination of foodstuffs at any point in the production or supply chain: *e.g.* E.coli 0:157.
- D.** An agent in a criminal or terrorist act: *e.g.* anthrax.
- E.** A zoonotic agent entering the country: *e.g.* Rift Valley Fever.



III. Purpose and Scope

The purpose of this Annex is to identify actions to be taken by the various ESFs in conjunction with ESF-8, in regards to roles and responsibilities in managing the threat. The Annex covers all biological agents, regardless of their point(s) of emergence, whether environmental, through animal reservoirs, or

human induced. The agent may be communicable or non-communicable.

Actions described in this Annex may take place with or without benefit of a Stafford Act Presidential declaration, state of Florida Executive Order, or the declaration of a public health emergency.

This Annex covers actions at a strategic level, including threat assessment notification and activation procedures, triggers, laboratory testing, joint investigative/response procedures, as well as activities related to recovery. These response actions will provide guidance to leaders and managers at the state, regional, county, and municipal levels.

The scope of emergency incidents addressed in this document can be thought of as any incident that exceeds or overwhelms the capabilities or resources of one or more of the responding agencies. As incident complexity increases, transition to command/lead agency is expected to more effectively manage the multi-jurisdictional resources that will be used. Government agencies at all levels use NIMS principles to mobilize and coordinate logistics, operations, planning, and finance. Federal agencies typically provide initial technical assistance. As local/state/private resources are overwhelmed, federal agencies increase their operational responsibility.

IV. Planning Assumptions:

In accordance with U.S. Department of Health and Human Services (DHHS) guidance, Florida is planning for a response to a biological threat. The severity will range from mild to severe forms of a disease with attendant high mortality. Even with mild virulence, losses of even a few days of personnel time in critical functions can cause widespread difficulties in critical infrastructure.

A. Situation Overview

The confirmation of a single case of an otherwise unexplainable biological disease anywhere in the world will constitute evidence of a bioterrorism attack. The risk of a biological disease outbreak is unknown, but real. A

small number of countries are known to retain biological agents. Although these biological agents are kept under guard, terrorists could steal or purchase a supply.

Due to lack of vaccination against biological diseases and lack of herd immunity, there is a great risk of catastrophic damage to societies and economies throughout the world.

1. **Threshold Assessment and Hazard Vulnerability Analysis (HVA)**
Given the dynamic nature of a biological incident, FDOH, in collaboration with its public health partners, determines the threshold for a comprehensive state government public health and medical response. This threshold is based on event-specific information rather than pre-determined risk levels, and will depend on the assessment of epidemic potential as described in the Biological Incident Operations Guide HVA of human, animal, and environmental impacts from select biological agents.

B. Planning Assumptions

This Annex may be implemented for naturally occurring events, industrial accidents, or human-caused acts of terrorism.

1. All Biological Incidents

Public health functions will be activated during a biological event.

The range of response options will depend on the biological agent, the mode of spread, and how early the event was detected. These options may include enhanced surveillance, contact tracing, treatment for ill persons, prophylactic medications or vaccines for identified contacts, mass or selective general population administration of prophylactic medications or vaccines, mandatory or voluntary isolation of cases, mandatory or voluntary isolation of contacts, and other movement or activity restrictions. This may include closures of places where people gather (such as schools, churches, theatres), exclusion of ill people from such places, public education campaigns to encourage behavior change, closure of premises where disease is being transmitted, boil water orders, vector or animal control measures, stop sale and recall of hazardous food, medicines or other products, or other public health measures.

2. Non-Terrorist Biological Incidents

- (a) Disease transmission can occur via direct contact with contaminated environment, infected people, animals or

- arthropods, ingestion of contaminated food or liquids, and natural or artificial infectious aerosols or droplets.
- (b) In a large disease outbreak, federal, state, tribal and local public health officials must be able to implement a highly coordinated public health and medical response potentially in multiple places simultaneously, thus requiring simultaneous management of multiple “incident sites”.
 - (c) No single entity possesses the authority, expertise, and resources to act unilaterally on the many complex issues that may arise in response to a disease outbreak and loss of containment affecting multiple areas.
 - (d) Experience from multi-jurisdictional outbreak response: *e.g.* for foodborne outbreaks, may be helpful but must be implemented with flexibility.
 - (e) The introduction of biological agents is often detected through reporting of suspected or diagnosed cases by physicians, hospitals, healthcare facilities, and practitioners of infection control in these facilities. However, there are other methods of outbreak detection, including human syndromic surveillance, such as ESSENCE, and environmental surveillance technologies, such as Biowatch. Workplace medical units and school clinics also serve as surveillance and detection points.
 - (f) Most of the same methods that are used for outbreak detection are also useful for situational awareness once an outbreak has been detected; for example, to determine the geographic extent of the outbreak and whether it is increasing or decreasing in size.
 - (g) The Centers for Disease Control and Prevention (CDC) will use specialized testing to support the FDOH Bureau of Laboratories (BOL) to perform molecular typing in order to detect foodborne disease case clusters, facilitate early identification of common source outbreaks, separate outbreak-associated cases from sporadic cases, and rapidly communicate test findings with public health laboratories.
 - (h) The Laboratory Response Network (LRN) provides rapid public health assessment of the potential for human illness associated with exposure to biological agents, as well as the scope of the potential illness.
 - (i) Test results for agents of bioterrorism from non-LRN Public Health Reference Laboratories must be confirmed by an LRN Public Health Reference Laboratory.
 - (j) Response to disease outbreaks suspected of being deliberate in origin requires consideration of special law

enforcement and Department of Homeland Security (DHS) requirements.

- (k) For zoonotic animal diseases, the FDACS will use specialized testing from its Divisions of Animal Industry, Agriculture Environmental Services, and Food Safety to support the state of Florida Comprehensive Laboratory Response Plan for Chemical, Biological and Radiological incidents.
- (l) For foodborne agents, support will be provided by the Food Emergency Response Network (FERN) which integrates the nation's food-testing laboratories at the local, state, and federal levels into a network that is able to respond to emergencies involving biological, contamination of food.
- (m) For zoonotic animal diseases, support will be provided by the National Animal Health Laboratory Network (NAHLN) which is a cooperative effort of the USDA, Animal and Plant Health Inspection Service (APHIS) and the USDA, National Institute of Food and Agriculture (NIFA; formerly CSREES)—and the American Association of Veterinary Laboratory Diagnostician laboratories. NAHLN, uses common testing methods and software platforms to perform diagnostic tests for endemic animal diseases as well as targeted surveillance and response testing for foreign animal diseases.

3. Terrorist Incident

- (a) LRN Public Health Reference Laboratories provide law enforcement with the necessary notification to initiate a threat assessment for criminal intent and chain of custody procedures. Early coordination enhances the likelihood of successful preventative and investigative activities necessary to neutralize threats and locate the source of the outbreak.
- (b) The response to an actual or threatened incident will involve law enforcement and investigative activities as an integrated element.
- (c) Response to disease outbreaks suspected of being deliberate in origin requires consideration of special law enforcement and DHS requirements.
- (d) In the case of a threat, there may not be an incident site, external consequences, or a need to establish traditional Incident Command System (ICS) elements.
- (e) In the case of a biological attack, there may be no defined incident site. However, response operations may be conducted over multi-jurisdictional or multi-state regions in a unified command structure.

- (f) An act of terrorism, particularly an act directed against a large population center within the U.S., will have major consequences that can quickly exceed current capabilities and capacities.
- (g) Small-scale attacks of limited lethality can elicit a disproportionate amount of terror and real or perceived psychological and social disruption, as evidenced by the 2001 anthrax letter attacks.
- (h) An actual or threatened terrorist incident may occur at any time with little or no warning, may involve single or multiple geographic areas, and may result in mass casualties.
- (i) Terrorists are more likely to be able to obtain and use biological pathogens than nuclear weapons. Some biological pathogens may be poorly secured and at risk of theft by those who would put these materials to harmful use or would sell them on the black market to potential terrorists. The suspected source for the agents used in the 1984 and 2001 biological attacks was a laboratory in each case.
- (j) Developing a biological weapon that can inflict mass casualties is technologically and operationally complex and not likely to occur unless the weapon is from a controlled or classified source.
- (k) The suspected or actual involvement of terrorists adds a complicated dimension to incident management, communication and public information.
- (l) A biological attack involving a contagious agent may require quarantine activities to contain the disease outbreak.
- (m) If appropriate standard operating guidelines (SOGs), personal protective equipment (PPE) and capabilities are not available to ensure responder safety and an area is contaminated, it is possible that response actions may be delayed until the contamination has dissipated to a safe level. (See the Responder Safety and Health Response Annex to the FDOH Emergency Operations Plan)

4. Food borne Agent

- (a) Local, state, federal and tribal agencies share the responsibility of protecting the food supply with primary emergency response components including
 - (1) Human health monitoring and response - led and/or coordinated by the FDOH in cooperation with the 67 FDOH County Health Departments (CHD).
 - (2) Animal Health response - led and/or coordinated by FDACS in cooperation with the United States

Department of Agriculture, Animal and Plant Health
Inspection Service.

(3) Food supply response – led and/or coordinated by
FDACS. Specific food regulatory authorities are as
follows:

- FDOH regulates food service operations located in institutional settings (such as schools, assisted living facilities and detention facilities), civic and fraternal organizations, theaters (that limit their menus to drinks, candy, popcorn, hotdogs and nachos), and bars and lounges that do not prepare food.
- FDBPR regulates restaurants and other food service facilities.
- FDACS regulates retail grocery stores, convenience stores, food producers, wholesalers, distributors, processors, dairy farms, aquaculture, bottled water and agricultural inputs including pesticides and animal feed.
- The Agency for Health Care Administration (ACHA) maintains the authority to conduct routine and compliant inspections of nursing homes and hospitals which include food service operations.
- The Division of Children and Families (DCF) regulate all licensed child care facilities that store, prepare, and/or serve food to the children in their care.
- The United States Department of Agriculture's Food Safety Inspection Service (USDA-FSIS) regulates meat, poultry, and pasteurized egg products.
- The United States Department of Agriculture's Animal & Plant Health Inspection Services (USDA-APHIS) is responsible for protecting animal health, animal welfare, and plant health; lead agency for collaboration with other agencies to protect U.S. agriculture from invasive pests and diseases.
- The United States Food and Drug Administration (FDA) regulate all other

foods and feed moving in interstate
commerce.

- (b) Florida will follow critical tasks for successful management of large-scale or severe food emergencies identified in the:
 - (1) National Response Framework (NRF): Food and Agriculture Incident Annex.
 - (2) National Response Framework (NRF): Emergency Support Function (ESF) # 11 – Agriculture and Natural Resources Annex.
 - (3) National Food and Agricultural Safety and Defense Target Capability.
- (c) Food regulatory and public health staff routinely function at the defensive performance level unless otherwise trained and equipped. They will not be sent knowingly into contaminated hot zones requiring personal protective equipment beyond Level D (standard work uniform, boots, gloves, safety glasses, etc.)

CHAPTER 2 – THE RESPONSE ORGANIZATION

I. General

This Chapter describes the operational concepts and organization to be used in the management of a response to a biological agent impacting the State of Florida. Traditional support systems may remain intact during a widespread disease occurrence, but because of the widespread nature of an epidemic, traditional roles such as Federal Agency support, Emergency Mutual Aid Compacts (EMAC) among states, and local mutual aid agreements may not be available. Non-traditional partners and new support roles may be required.

II. Local Response

During a widespread disease occurrence, the following activities will be conducted at the local level:

- Surveillance for disease agents.
- Standard case definitions for the disease agents will provide information on cases and clusters.
- Individual or small cluster case-based containment interventions (using pharmaceutical and/or non-pharmaceutical intervention) will be implemented for as long as feasible.
- When case-based containment is overwhelmed or becomes ineffective due to rapid and sustained disease transmission, community-based control interventions may be necessary for effective control. These interventions, including vaccines, antibiotics, antivirals or other antimicrobial agents, and other non-pharmaceutical interventions including, but not limited to, self isolation of the sick, self quarantine of the exposed, exclusion of ill persons from work or school, or closure of schools or other gathering places, will require organized and coordinated effort by multiple response agencies with cooperation of the public
- Consistent with local plans and procedures and the characteristics of the incident, the responding jurisdiction's emergency operations center may be activated.
- Through the local emergency operations center, additional local resources and capabilities can be made available to the Unified Command by activation of the jurisdiction's emergency management plan, as well as specialized procedures for disease control and other related plans.

Florida counties bordering Alabama and Georgia counties will coordinate the implementation of response plans with their counterparts. These plans should leverage the capacity for mutual aid, reduce redundant work that wastes scarce human resources and time as the threat advances, and ensure consistent public messaging and communications. This plan assumes a strong working relationship with the Department of Agriculture and Consumer Services for many disease agents, both naturally occurring and man-made. The relationship between the agricultural components from the raw products through processing and retail are essential to effective surveillance, interdiction, and mitigation of many disease occurrences.

III. State and Regional Response

Based on this Annex and the characteristics of the incident, the SERT will be activated consistent with guidelines in the Comprehensive Emergency Management Plan to support local response and coordinate the federal response within Florida. As activation levels are elevated, the State Emergency Response Team (SERT) will be responsible for coordination of multiple local responses and application of state assets to support the local response. State resources mobilized through these actions would be then available to the local Unified Command.

Depending on the event and complexity of the response, the SERT may activate Incident Management Teams, Multi-agency Coordination Groups (MAC) and/or Forward State Emergency Response Teams to more effectively use limited staff and allocated scarce resources to the local response system.

By definition, a biological agent will probably affect multiple states due to the nature of both air travel and international business structures. The Florida SERT will coordinate plans, policies, and procedures that will be used to respond during an incident with their counterparts in Alabama and Georgia. The state of Florida also participates in regional planning with other states in FEMA Region IV.

IV. Federal Response

Federal agencies will support state response efforts by:

- A.** Monitoring and reporting of state disease surveillance.
- B.** Providing available resources to assist with community containment.
- C.** Prioritizing allocation of medical countermeasures, as indicated.
- D.** Distributing the countermeasures in accordance with the Strategic National Stockpile plan (SNS).
- E.** Establishing relationships with State ESF counterparts.

CHAPTER 3 – CONCEPT OF OPERATIONS

I. General

A. Concept of Operations

1. Assessment of Threat

- (a) Recognition of an outbreak can occur in multiple ways. Outbreaks are very common and range from the occasional waterborne outbreak to hundreds of food borne outbreaks statewide, including over 250 person-to-person norovirus gastroenteritis outbreaks each year. Public health agencies assess an outbreak's potential for becoming a serious epidemic requiring an emergency response. A network of local and state epidemiology and laboratory staff, receiving technical assistance from CDC, interact with healthcare providers to review available data in order to identify those outbreaks which require special attention at the local, county, regional, state, national, or international level.
- (b) Surveillance systems must be sensitive to detect outbreaks from clusters of disease or localized increases in laboratory confirmed reportable diseases.
- (c) Detection of increased or altered behavior or healthcare service utilization in syndromic surveillance systems, and unsolicited outbreak reports from multiple sources.
- (d) Routine public health surveillance provides continuous monitoring for cases and outbreaks of human illness from any cause, including food and waterborne illness. Initial indication of a food and or waterborne emergency, unintentional or deliberate, will most likely be detected using routine public health surveillance systems.
- (e) The existing surveillance system uses specific triggers and human pattern recognition to identify potential outbreaks. Factors that may indicate, singly or taken together, that an outbreak is out of the ordinary include:
 - (1) Unusually large numbers of cases at the time of assessment.
 - (2) Unusually severe cases with many hospitalizations and deaths.
 - (3) Wide atypical geographic spread.
 - (4) Unexplained mode of spread.

- (5) Widely distributed mode of spread (e.g. food item in wide commercial distribution).
 - (6) Atypical temporal or unseasonal clusters of a disease: e.g. illness resembling mosquito-borne encephalitis in winter.
 - (7.) Short incubation period and/or high secondary attack rates, indicating potential for a rapid increase in the number of cases.
- (f) Lead epidemiologists in County Health Departments (CHDs), the Bureau of Epidemiology (BOE), and the Bureau of Environmental Public Health Medicine (BEPHM) are responsible for:
- (1) Assessing all outbreaks that come to their attention.
 - (2) Seeking consultation and assistance, as necessary, to characterize an outbreak.
 - (3) Notifying appropriate officials of suspicious outbreaks with epidemic potential.
- (g) The sample collection and the analyses must be sufficient to characterize the causative agent of the outbreak. LRN Public Health Reference Laboratories and Food Emergency Response Network (FERN) laboratories fulfill the federal responsibility for rapid analysis of biological agents. In a suspected terrorism incident, sample collection activities and testing are coordinated with the Federal Bureau of Investigation (FBI) and LRN members.
- (h) Since there are no definitive/reliable field tests for biological agents of concern, all potential bioterrorism samples are transported to an LRN Public Health Reference Laboratory via courier, where expert analysis will be conducted using established LRN approved protocols and reagents. A key component of this process is the establishment and maintenance of the law enforcement chain of custody and transport arrangements. (See DOH Suspicious Substance Response Protocol) Prior to transporting a specimen to an LRN lab, a basic field screening will be performed by responders on-scene to rule out radiation, oxidizers, flammability, corrosives, explosives, and volatile organic compounds.
- (i) Any potential biological agent, disease outbreak, or suspected bioterrorism act affecting or involving humans is to be brought to the immediate attention of the Division of Disease Control & Health Protection, BOE, and BEPHM. The BEPHM State Public Health Veterinarian

- (SPHV) will notify the State Food and Waterborne Disease Coordinator if food or water is potentially involved, the State Toxicologist if a biologic toxin is suspected, and the State Arbovirus Surveillance Coordinator if an arthropod-borne disease is suspected.
- (j) When a food or waterborne illness is suspected, it is critical that information be shared between jurisdictions early in the process to reduce exposure, prevent secondary cases, as well as to eliminate the source of the outbreak as quickly as possible. BEPHM notification procedures for food and waterborne emergencies should be followed. (see Bureau of Environmental Health [BEH], Bureau of Water Emergency Response SOG)
 - (k) LRN Public Health Reference Laboratories will provide the results of their testing and analysis of suspect bioterrorism samples to the entity that submitted the sample and to all public officials with a need to know.
 - (l) Instances of disease that raise the “index of suspicion” for terrorist or criminal involvement, as determined by BOE (for human-to-human diseases) or BEPHM (for zoonotic, vectorborne, foodborne or waterborne diseases that affect humans), are reported to the Florida Department of Law Enforcement (FDLE) and the FBI. In these instances, the FBI Headquarters, in conjunction with DHHS and/or the U.S. Department of Agriculture (USDA), examines available law enforcement and intelligence information, as well as the technical characteristics and epidemiology of the disease, to determine if there is a possibility of criminal intent. If warranted, the FBI, DHHS, USDA and or Environmental Protection Agency (EPA), and respective state, tribal, county and local health officials will conduct a joint law enforcement and epidemiological investigation to determine the causative agent of the disease outbreak, the extent of the threat to public health and safety, and the individual(s) responsible.
 - (m) In the event of an environmental detection of a bioterrorism threat agent that exceeds agency-specific thresholds, the responsible agency will contact the FDOH, FDLE, and the FBI within two hours of laboratory confirmation. DEH will contact FDACS and USDA if the threat is a zoonotic agent. The FBI and DHHS, in conjunction with DHS, will convene an initial threat assessment conference call with appropriate federal, state, tribal, county, and local officials to examine the potential threat and public health risk posed by the

detected agent. Coordination of assessment and response activities will involve officials from state, tribal, county and local jurisdiction(s).

B. Unique Prevention and Protection Activities

1. Once a real or potential disease outbreak requiring significant state public health and medical assistance is detected, DDC will notify the Emergency Coordinating Officer (ECO), who will notify the State Surgeon General and the Division of Emergency Management (DEM). DEM will then activate Emergency Support Function (ESF) 8 and convene a meeting of key SERT partners to assess the situation and determine the appropriate public health and medical actions. If the State Emergency Response Team (SERT) is activated, the ESF8 ECO will assist the State Emergency Operations Center (SEOC) in coordinating all medical support, discussions, and response actions.
2. The immediate task for FDOH following a notice of a disease outbreak is to identify the affected and vulnerable populations and the geographic scope of the incident. Further, the tasks include what the mode of spread is for the organism responsible for the outbreak, and decisions about what control measures should be implemented and the target groups for these measures. The initial public health and medical response includes some or all of the following actions:
 - (a) Intensified surveillance within healthcare settings for patients with certain clinical signs and symptoms.
 - (b) Intensified laboratory-based surveillance by all LRN laboratories in the state.
 - (c) Targeted epidemiological investigation (e.g. case findings, contact identification and case interviews).
 - (d) Dissemination of key information and necessary precautions.
 - (e) Intensified collection and review of potentially related information: e.g. contacts with call lines, laboratory test orders, school absences, over-the-counter pharmacy sales, unusual increase in sick animals, wildlife deaths, and decreased commercial fish yields.
 - (f) Organization and potential deployment of public health and medical response assets (in conjunction with local officials) to include personnel, medical and veterinary supplies, and materiel: e.g. the Strategic National Stockpile (SNS) and the National Veterinary Stockpile (NVS).
 - (g) Assessment of the need for federal assistance: e.g. State Epidemiologist's consult with the ECO and SPHV and

subsequent request to CDC for Epi Aid field teams, with epidemiologic investigation, laboratory support, or response.

3. If there is suspicion that the outbreak is deliberate, the FBI may establish a Joint Operations Center (JOC), which may be integrated into a Joint Field Office structure to coordinate investigative and intelligence activities among federal, state, tribal, county, and local authorities. Within the JOC's local structure, and the FBI's Strategic Information and Operations Center in Washington, D.C., responsible public health officials will integrate and cooperate with their law enforcement partners.
4. If a county is faced with a significant outbreak related to food and or waterborne illness, the CHD will decide if it is appropriate to activate an ICS and request potential assistance from the appropriate FDOH Central Office staff.
5. Upon confirmation that a food and or waterborne emergency is threatening or occurring in Florida, BEPHM will follow internal SOGs and initiate targeted environmental and epidemiological investigations to include increased surveillance to determine who is being affected and where they are located in order to prevent additional exposure and disease.
6. DOH Central Office responds to disasters to perform emergency missions that exceed the capacity of a county's public health infrastructure. As the incident passes, local public health infrastructure will once again be able to perform these missions and Incident Commanders (ICs) will begin to consider demobilizing their resources. Agreement between state, county and local public health partners on an acceptable end-state is necessary, and is usually identified as the point in time when county and local health and medical infrastructure is re-established and operational. The local IC must approve withdrawal of state assets before terminating their disaster response operations. The local IC and ESF 8 ECO will jointly make the decision to redeploy FDOH assets from the area of operations.
7. A similar decision process involving the FDOH ECO, IC and federal Coordinating Officer, will determine when federal assistance is no longer needed and the state and local public health and medical infrastructure is re-established and operational. The ECO will decide when federal assistance is no longer necessary.
8. For food, waterborne, vector-borne, zoonoses and biotoxin events, BEPHM will write a report at the conclusion of the investigation once the following criteria have been met:
 - (a) There is no longer a risk for exposure and spread of a disease

- (b) There are no additional cases being reported
- (c) Epidemiological and statistical analyses have been completed

II. Deactivation

Deactivation of the State's response and demobilization of deployed State personnel will be at the direction of the SERT after coordination with the local jurisdictions, and in concert with federal guidelines and direction. Deactivation of specific assets, operations, or facilities may be initiated as conditions warrant.

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

III. Command and Coordination

Command and coordination will be accomplished in accordance with the Florida CEMP, existing structures, and other requirements.

IV. Communications

- A. Intra-Agency:** Within FDOH, spokespersons for public information on a biological incident are the State Surgeon General, Director of the Division of Disease Control & Health Protection, the State Epidemiologist, Bureau of Environmental Health, State Public Health Veterinarian, and County Health Department Directors or Administrators or their delegates. Additional information can be found in the FDOH Emergency Operations Plan Crisis and Risk Communications Annex.
- B. Inter-Agency:** As per existing protocol and procedure
 1. The FDOH Office of Communications, with the technical assistance of subject matter experts in the respective agencies, will establish and maintain public confidence through timely implementation of its Emergency Operations Plan Crisis and Risk Communications Annex.
 2. The FDOH Office of Communications will participate in the Joint Information Center operation of the SEOC, and will coordinate its public messages with all domestic media outlets, CHD Directors or Administrators, and DOH Communications Director, as appropriate.
 3. The Director of Division of Disease Control & Health Protection will work with the FDOH Office of Communications to establish guidelines for formulating appropriate messages and disseminating information within the Department and external to the Department, including at minimum, elected officials,

healthcare professionals, responders, the lay public, people with disabilities, and people whose first language is not English.

4. If any agency or government entity becomes aware of an overt threat involving biological agents or indications of unnatural disease, the federal Department of Justice (DOJ) must be notified. The agency or entity alerts FDLE and the FBI's Weapons of Mass Destruction Operations Unit (WMDOU), and those agencies notify DOJ.
5. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits covered entities to disclose protected health information for public health purposes without prior authorization during a public health emergency or significant incident.

V. Continuity of Operations Plan (COOP)

Each agency shall include specific considerations in their respective COOP to ensure protection of their workforce. Agency COOP elements must include at a minimum:

- A. Enforcement of infection control protocols in the workplace, including options for working offsite while ill, systems to reduce infection transmission, worker education; and encouragement of workers to remain home if ill to prevent disease spread (See Appendices 1 and 3).
- B. Internal surveillance protocols to monitor the health of workers and business stakeholders and to keep the SERT informed.
- C. Disease specific continuity of operations plans to maintain delivery of essential goods and services despite significant and sustained worker absenteeism.
- D. Monitoring of threat levels for trigger point changes that will affect the agency.
- E. Coordination with government and community stakeholders to share planning, preparedness, response and recovery information.
- F. Establishment of partnerships with other agencies and stakeholders to provide mutual support and maintenance of essential services during a pandemic.

VI. Reduction of Morbidity and Mortality

A. Disease Control

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

1. Prevent those who are ill from infecting others.
2. Prevent those infected or exposed from becoming ill,

3. Prevent those not infected from becoming infected.

These disease control objectives will be achieved through implementation of epidemiology surveillance, laboratory surveillance and diagnostics, rapid response and containment (RRC) strategies, community-based control and mitigation interventions, distribution of antiviral medication and vaccines, and implementation of infection control and occupational health strategies. Uniform application of control measures is vital.

Epidemiology Surveillance

Generally, the purpose of epidemiology surveillance is to collect data that will describe the characteristics of disease in human and animal populations to support disease control. Surveillance data will be integrated into Incident Action Plans (IAP) and Situation Reports (SitReps) to support the overall response.

1. ESF 17 is responsible for supporting the surveillance of disease in wild and domestic birds and swine.
2. ESF 8 is responsible for supporting the surveillance of disease in human populations.
3. While ESFs 8 and 17 have separate surveillance responsibilities, preparation of SERT SitReps will require coordination of both.
4. ESF 17 is responsible for animal industry issues and potential transmission.
5. Department of Agriculture and the Department of Business and Professional Regulation are responsible for wholesale and retail distribution points of contaminated food products. They are also lead for food product recalls.
6. ESF 11 is responsible as lead for water contamination issues.

B. Medical Surge for Patient Care

During a biological event, there will be a significant surge in demand on the healthcare system. This will stress community medical support systems. It will be necessary for hospitals to maximize bed capacity by implementing surge plans. Use of alternate care sites may be required. There is expected to be an increase in demand for disaster behavioral health services. Strategies to meet the increased demand for medical and behavioral health services will be implemented using established ESF8 medical surge protocols and procedures.

The increased demand on the health care system can result in significant shortages of needed medical supplies and equipment. Efforts will be made to secure and stockpile these commodities prior to the event. Strategies to meet the increased demand for medical equipment, supplies

and pharmaceuticals will be implemented using established ESF8 medical logistics protocols and procedures.

The Joint Information Center under the direction of ESF14 will be responsible to develop and disseminate materials to educate citizens regarding self care for uncomplicated disease symptoms.

C. End of Life Care

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

D. Management of Fatalities and Unattended Deaths

The Florida Emergency Mortuary Operations Response System (FEMORS) members will serve as subject matter experts to ESFs 8 and 16 regarding storage, identification, retrieval and disposition of human remains.

In a biological event, management of mass fatalities will require direction and guidance on:

1. Assigning cause of death for unattended deaths.
2. Identifying remains of people who die unattended,.
3. Managing disposal of large numbers of remains.
4. Assuring safety of attendants and setting policy about transport of remains.
5. Encouraging COOP planning by funeral directors.

Given the potential anticipated increase in the number of deaths associated with an epidemic, hospitals and health care facilities working with state and local officials and medical examiners will assess current capacity for refrigeration of deceased persons, develop mass fatality plans, identify temporary morgue sites, and determine the scope and volume of supplies needed to handle an increased number of deceased persons.

There may be conditions that result in the destruction or depopulation of farm animals and wildlife. Animal dispositions and methods are coordinated by the Department of Agriculture.

E. Limitation of Economic and Social Disruption

Fear, social distancing, and spot shortages of goods may cause a sharp and extended reduction in consumer spending and an unprecedented

national economic disruption. Shortages of and disruption to basic commodities and municipal infrastructure will cause localized security challenges for communities. The SERT, through the ESF structure, makes assignments to meet these needs.

F. Private Sector Business Continuity of Operations

Business planners may need to be provided with guidelines for modification of existing business continuity plans. ESF 18 has the lead role for providing guidance to the business and industrial communities.

G. Transportation of Essential Supplies

Sustaining essential transportation services during an epidemic will be critical to keeping communities functioning and emergency supplies and resources flowing. High rates of absenteeism could affect the delivery of food, equipment, supplies and commodities at all levels of the economy. ESF 1 has the lead role for tracking and managing transportation resources.

H. Law Enforcement, Public Safety and Security

During an epidemic, it will be essential to maintain public safety services and public order. Civil disturbance and breakdown in public order are possible throughout the community including at health care facilities, points of dispensing, and at food distribution sites. Risk Reduction Component (RRC) interventions may require law enforcement agencies to secure isolation and-quarantine facilities which will temporarily divert these resources from traditional duties. Law enforcement services may also be limited by staffing shortages. ESF 16 has the lead role for security, public safety and law enforcement.

VII. Maintenance of Critical Infrastructure and Key Resources

A. Critical Infrastructure and Key Resources

Florida's Critical Infrastructure and Key Resources (CI/KR) consist of assets, systems, networks and functions that are necessary to provide vital services. Protection of CI/KR during an epidemic is essential.

The 17 National CI/KR categories identified by the federal Department of Homeland Security are listed below, identifying the ESF responsible for the identification, risk assessment, prioritization and implementation of protective action programs for the CI/KR functions.

Critical Infrastructure

- Food and Agriculture – ESF 17 (ESF-Federal)
- State Monuments and Icons – ESF 3
- Banking and Finance – ESF 18
- Chemical and Hazardous Materials – ESF 10
- Defense and Industrial Base – ESF 13, 16
- Water – ESF 3
- Public Health and Health Care System – ESF 8
- Energy – ESF 12
- Emergency Services – ESFs 4, 9 and 16
- Information Technology – ESFs 5 and 7
- Telecommunications – ESF 2
- Postal and Shipping – ESF 1
- Transportation – ESF 1

Key Resources

- Government Facilities – ESF 7
- Dams – ESF 12
- Commercial Facilities – ESF 18
- Nuclear Power Plants – ESF 12

Much of the CI/KR resides in the private sector that will be engaged in all federal, state, and local response activities. County governments are responsible for monitoring the impacts of an epidemic on local CI/KR resources and requirements as the incident progresses. Unmet needs will be forwarded to the SERT in accordance with the CEMP. ESFs, designated above, are responsible for coordinating the status of their respective CR/KI requirements at the state level, and managing resources to mitigate unmet needs. Reference 7 reviews key cross-sector interdependencies of critical goods and services. The example provided in the reference is for the Healthcare Sector. See Table 5 below.

Table 5. Health Care Sector Interdependencies

Critical Goods/ Services	Rationale	Criteria	Inter-dependency
Water	Health and safety	Service delivery	Water – immediate
Electricity and Power	Health and safety	Service delivery	Electricity – beyond 24 hours
Transportation and shipping	Interdependency	Service delivery	Transportation of critical medical material
Communications	Interdependency	Service delivery	Communications with suppliers, EMS, police, safety, employees
Food and agriculture	Interdependency	Service delivery	Provision of food for patients
Public safety, fire, and EM	Health and Safety	Service delivery	Patient transport, physical security, triage assistance

It is important to comprehensively identify and assess the CI/KR cross-sector interdependencies to address the three key factors necessary to improve overall epidemic planning and response, including:

- Identifying cross-sector impacts to specific critical sector operations.
- Identifying the potential for significant cascading consequences.
- Prioritizing sectors and sub-sectors in order to target support for response and recovery interventions.

CHAPTER 4 – ROLE & RESPONSIBILITIES

I. General

ESF roles and responsibilities during SERT activations are found in the CEMP. Because of the potential widespread nature of an epidemic, non-traditional agencies and unusual ESF response roles may be required. Potential ESF roles and responsibilities in the context of an epidemic are summarized below. Internal planning requirements for ESFs and agencies are found in Appendix 1.

- **Continuity of Operations Plans.** Integrate epidemic considerations into existing COOP. Develop internal procedures for monitoring effect of absences and need to implement COOP mitigation actions to ensure sufficiency of staff to perform critical actions.
- **Preparedness Activities.** Participate in epidemic preparedness activities as directed by the Division of Emergency Management. Encourage agency staff to learn and practice basic hygiene to reduce disease spread.
- Establish a communications plan to update staff on pandemic stages and required actions. Appoint rumor control staff to monitor and respond to profession-specific rumors in coordination with ESF 14.
- **Response Plans.** Integrate epidemic considerations into existing agency response plans.
- **Personnel Management:** Review and implement Department of Emergency Management, Division of Human Resource Management guidelines related to compensation, leave usage, insurance and employee disaster behavioral health assistance.
- **Key Event Indicators.** Identify key event indicators for critical infrastructure and key resources during the epidemic monitoring phase. During response, monitor key event indicators using data to prepare IAP's and evaluate effectiveness of response.
- **Infection Control.** Develop agency infection control protocols based on guidelines provided by FDOH to mitigate disease transmission and spread. See Appendices 1 and 2.
- **Legal Issues and Executive Orders.** Be prepared to take actions as dictated in Executive Orders and make specific recommendations on rule variances.

- **Quarantine, Sheltering in Place and Social Distancing.** Monitor and be prepared to implement FDOH direction on isolation, quarantine and social distancing.

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

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

Specific ESF roles and responsibilities are outlined in the sections that follow.

Preparedness is accomplished during SEOC/SERT Activation Level 3. This requires FDOH, FDACS, DBPR, and FDEP to conduct the surveillance activities that comprise the disease alert and monitoring networks in the state.

Response is accomplished during SEOC/SERT Activation Levels 2 and 1. These actions will be performed in concert with the Concept of Operations utilized by the participating agencies.

Recovery starts during full activation and is accomplished during SEOC/SERT Activation Level 3.

II. Emergency Support Function Responsibilities

ESF 1 – Transportation

A. Preparedness

1. Monitor statewide transportation system status in conjunction with ESF3.
2. Monitor delivery methods' ability to function.
3. Monitor the capacity of transportation fuel sources and supplies.
4. Assess feasibility of travel restrictions for non-essential movement of persons.
5. Develop plans for providing maintenance of traffic, barriers, cones, variable message boards, etc.
6. Determine the need for closing rest areas and plazas along transportation corridors in coordination with ESF 16.

7. Identify priority transportation needs to mitigate severe staff shortage situations that threaten to curtail all or most transportation.
8. In coordination with ESF 7, initiate Memoranda of Agreement or Emergency Compacts with neighboring jurisdictions, key suppliers, temporary help services, privately owned transportation resources, or similar entities to assure continuity of essential services.
9. In coordination with ESF 8, develop protocols and instructions for responding to sick passengers on local public conveyances.
10. Develop contingency plans for assisting counties in maintaining damaged roadways.
11. Identify the availability of mobile variable message boards and access to permanent variable message boards for potential deployments.

B. Response

1. Monitor and ensure continuity of essential cargo and delivery methods' ability to continue functioning.
2. Communicate with transportation authorities in neighboring jurisdictions, key stakeholders, SERT, ESF 16, ESF 13, FEMA Region IV and any other officials to activate plans or procedures regarding the transportation modes.
3. Review and implement procedures related to potential surges or declines in transportation modes and essential cargo services to reduce the potential for disruption of these services.
4. Consult with DOT Freight Analysis Framework to determine availability of alternative transportation routes as needed.
5. In coordination with ESF 8, assess the need for periodic sanitizing of local public conveyances.
6. Provide mobile and permanent variable message boards to give the public updated information along travel corridors.
7. In coordination with ESFs 8 and 16, issue transportation travel advisories as needed to discourage or limit non-essential travel to affected regions during a biological incident.
8. In coordination with ESFs 8 and 16, assess feasibility of travel restrictions for non-essential movement of persons.
9. As directed through executive order, implement travel restrictions for non-essential movement of people as needed.
10. Provide maintenance of traffic, barriers, cones, variable message board, etc.
11. Close rest areas and plazas along transportation corridors in coordination with ESF 16 as required.
12. Assist counties in maintaining damaged roadways as required.
13. Closely monitor statewide transportation system status.

- 14.** Maintain communication with Georgia and Alabama counterparts, key Florida stakeholders, ESFs 8, 13, 16 to assess requirements to activate alternative transportation methods and routes.
- 15.** Review and implement procedures related to potential surges or declines in transportation modes and essential cargo services and ensure there is no disruption of these services.
- 16.** Submit request for waivers to appropriate authorities if necessary.
- 17.** Review essential transportation services, functions and to ensure they continue during a biological incident.
- 18.** In coordination with ESF 8, make available updated policies and procedures necessary for cleaning or sanitizing transportation systems.
- 19.** Communicate with Federal Operations Centers in accordance with the National Response Framework and ESF 1 to provide transportation specific information during a biological incident.
- 20.** In coordination with ESF 8 and provisions of Annex 1, Enclosure 1, provide special instructions , guidance, and training to essential or unique employees who must travel to regions that have experienced severe outbreak; focusing on worker safety , health monitoring and PPE use.
- 21.** In coordination with ESF 8, issue instructions to transportation workers on the detection and disposition of symptomatic passengers on public conveyances.
- 22.** In coordination with ESFs 8 and 14, issue and display pandemic alert levels and advisories to the general public on how to safely ride public transportation during a pandemic such as: wear of facemask, covering coughs and sneezes, frequent hand-washing etc.
- 23.** In coordination with ESF 8, issue public service announcements and public safety educational campaign materials, via posters, brochures, websites, or other media regarding how to reduce the spread of virus while riding public transportation systems.

C. Recovery

- 1.** Monitor and report statewide transportation system status.
- 2.** Demobilize variable message boards as recovery progresses.
- 3.** Identify permanent staffing shortages, begin recruitment of new staff.
- 4.** Monitor the return of transportation fuel sources and supplies, and continue to respond to spot shortages.
- 5.** Reassess travel restrictions for non-essential movement of persons.

6. Reopen rest areas and plazas along transportation corridors as the emergency diminishes.
7. Reprioritize transportation needs as the emergency diminishes.
8. Return maintenance responsibilities to local counties as they re-establish normal operations.
9. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
10. Notify all employees to return to normal operations.
11. Integrate best practices and lessons learned during the previous pandemic wave across all transportation modes, issue and after action report, and update plans to reflect lessons learned.
12. Sanitize workplaces as needed before resuming normal operations.
13. Prepare for the possibility of another pandemic wave or secondary infection by re-stocking DOT supplies, issuing direction for sanitizing conveyances, reviewing and addressing deficiencies noted during the first wave.

ESF 2 – Communications

A. Preparedness

1. Monitor statewide communication systems status.
2. Identify bandwidth capacity and estimated increased utilization.
3. Identify surge capacity options, equipment needs and determine geographic area equipment that will be used.
4. Monitor the capacity of communication systems.
5. Identify priority communication needs for severe staff shortage situations that threaten to curtail all or most communication services.
6. Identify Local Exchange Carrier (LEC) service limitations, assess potential impacts, and verify equipment inventory levels.
7. Process Communications Service Authorizations (CSA) for off site services.
8. Verify current DEM procedures for acquisition of emergency communication resources.
9. Coordinate with vendors and verify service priority in accordance with ESF 2 recovery plan.
10. Ensure in-house equipment is operational, i.e., batteries are available and charged.
11. Anticipate loaned equipment duration need, for example 30, 60, 90 days.

12. Establish letters of commitment/agreement with vendors and/or supporting agencies.
13. Establish plan for return/surplus/discard of returned equipment.
14. Identify supplier of hand-held phones or agency personnel.
15. Direct agencies to the National Communications Service (NCS) website and State of Florida NCS Coordinator.

B. Response

1. Identify number of employees affected/number of lines involved.
2. Identify Local Exchange Carrier service limitations and reported potential impact.
3. Identify who/what/when/where/was issued via the Telecommunications Service Priority/Wireless Priority Service (TSP/WPS) providers.
4. Continue to monitor the need for additional/replacement ESF 2 support.
5. Continue to coordinate with SEOC/SERT members, supporting agencies, and ESFs to provide communications support to other counties if necessary.
6. Request additional support from agency management knowledgeable in telecommunications; or utilize volunteers and train them to provide basic support.

C. Recovery

1. Reprioritize communication needs as the emergency diminishes.
2. Coordinate with Local Exchange Carrier to ensure employees know how to cancel temporary configuration.
3. Recover deployed equipment.
4. Cancel TSP/WPS services.
5. Conduct review of response activities and appropriate corrective actions, and compose HSEEP-compliant After Action Report/Improvement Plan.
6. Evaluate ESF 2 support and resources for sustainment of routine operations.
7. Assess physical, mental health and welfare of employees as a result of long hours worked and absence from families.
8. Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
9. Return to normal operations

ESF 3 – Public Works and Engineering

A. Preparedness in conjunction with ESF1,

1. Monitor statewide transportation system infrastructure status
2. Monitor delivery methods' ability to function.
3. Identify the availability of mobile variable message boards and access to permanent variable message boards for potential need to deploy.
4. Monitor the capacity of transportation fuel sources and supplies.
5. Assess feasibility of travel restrictions for non-essential movement of persons
6. Develop plans for providing maintenance of traffic, barriers, cones, variable message board, etc.
7. Determine the need for closing rest areas and plazas along transportation corridors in coordination with ESF 16.
8. Identify priority transportation needs for severe staff shortage situations that threaten to curtail all or nearly all transportation.
9. Develop contingency plans for assisting counties in maintaining damaged roadways.

B. Response - Monitor delivery methods ability to continue functioning.

1. Provide mobile and permanent variable message boards to give the public updated information on travel corridors.
2. Reallocate fuel supply sources to adjust for shortages.
3. Implement travel restrictions for non-essential movement of persons as needed.
4. Provide maintenance of traffic, barriers, cones, variable message board, etc.
5. Close rest areas and plazas along transportation corridors in coordination with ESF 16 as required.
6. Redirect transportation priorities to mitigate severe shortages of goods and services.
7. Monitor and report status of water systems, treatment plants and other facilities or systems.
8. Assist counties in maintaining damaged roadways as required.

D. Recovery

1. Monitor and report statewide transportation system status in conjunction with ESF 1.
2. Demobilize variable message boards as recovery progresses.
3. Identify permanent staffing shortages, begin recruitment of new staff.
4. Reallocate and reassign existing staff resources.

5. Monitor and report the return to normal of transportation fuel sources and supplies, and continue to respond to spot shortages.
6. Reassess travel restrictions for non-essential movement of persons.
7. Reopen rest areas and plazas along transportation corridors as the emergency diminishes.
8. Reprioritize transportation needs as the emergency diminishes.
9. Return maintenance responsibilities to local counties as they re-establish normal operations.
10. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
11. Return to normal operations.

ESF 4: Firefighting

A. Preparedness

1. Coordinate with Florida Fire Chief's Association to prepare for deployments if requested.
2. Coordinate with ESF 8 to create EMS resource deployment plan.
3. Review inventory, status and operational readiness of personal protective equipment through initial and refresher training.
4. Monitor and prepare for deployment of Mutual Aid Radio Communication (MARC) units.

B. Response

1. Determine status of first responders and projected absenteeism.
2. Coordinate with ESFs 8 and 9 to manage EMS resource assets.
3. Determine whether fire rescue resources will be needed to deliver/administer appropriate medical countermeasures.
4. Determine need for fire rescue resources to assist with transport of human remains.
5. Coordinate with ESFs 5 and 16 regarding potential transportation issues.
6. Monitor absenteeism of local agencies for use of volunteers during the event.
7. Respond to EM Respond to EMAC

C. Recovery

1. Determine whether communication resources (MARC)s are still needed in recovery phase.
2. Rehab equipment and re-establish standard operating procedures.
3. Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
3. Return to normal operations.

ESF 5: Information and Planning

A. Preparedness

1. Compile and maintain a list of key event indicators and test data reporting procedures.
2. Maintain and update computer data and program, maps, critical facility information, demographics and critical county data.
3. Develop Situation Report and IAP templates that integrate key event indicators.

B. Response

1. Compile and disseminate key event indicator data during response in coordination with all ESFs.
2. Implement and maintain widespread disease occurrence information on the DEM web site (www.floridadisaster.org) in coordination with ESF 14.
3. Create IAP, Flash Reports and Situation reports as appropriate during the event.
4. Manage the mission management system during the event.
5. Monitor and report status of critical infrastructure.

C. Recovery

1. Continue to provide IAP's, Flash Reports and Situation reports.
2. Monitor messages through closure.
3. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
4. Return to normal operations.

ESF 6 – Mass Care

A. Preparedness

1. Provide public education materials in response to pandemic or other widespread disease occurrence in coordination with ESF 14.
2. Develop capacity to identify and prioritize resource shortfalls in feeding capacity among and between counties.
3. Develop model assessment tools to allow counties to identify and prioritize resource shortfalls in feeding capacity.
4. Monitor the availability of locations for potential quarantine and alternate care centers.
5. Monitor availability of food distribution resources.
6. Identify food service and shelter resources for potential quarantine and alternate care centers.
7. Identify criteria for closing/reopening schools in coordination with Department of Education (DOE).
8. Create plans for continuing education during school closures.
9. Create plans for continuing social services (e.g., child protective services, free meal programs) typically offered through schools, during school closures.
10. Develop plans for the care of individuals dependent on caregivers or guardians.
11. Develop behavioral health plans for the consequences of a prolonged biological event in coordination with ESF 8.

B. Response

1. Update widespread disease educational materials to the public based on ESF 14 guidance.
2. Monitor and report private sector capability to purchase, distribute and store foodstuffs through groceries stores and restaurants.
3. Monitor and report the capacity of counties to distribute food.
4. Monitor capabilities of state and county funded institutional feeding entities.
5. Identify needy households, municipalities, and counties.
6. Re-allocate resources to adjust for shortages.
7. Coordinate with ESF 11 the provisioning of food to quarantine and alternate care centers.
8. Coordinate provision of needed services to those who are isolated or quarantined, or dependent on a pre-existing support system.
9. Redirect resource priorities to mitigate severe shortages of goods and services.

10. Assist counties in establishing quarantine and food distribution centers.
11. Identify locations that are suitable/capable of storing foodstuffs.
12. Identify and remove ill children from the classroom in coordination with ESF 8 and the Department of Education.
13. Provide assistance for child and elder care.
14. Provide behavioral health counseling services.
15. Based on ESF 8 guidance, provide for isolation capacity in sheltering for a biological incident, (e.g., such as a hurricane, that may occur during a wide-spread biological incident.

C. Recovery

1. Update and provide recovery information to the public.
2. Restore locations used for quarantine and alternate care centers to their original use.
3. Continue to monitor availability of food distribution resources, until return to normal operations.
4. Reprioritize mass care needs as the emergency diminishes.
5. Identify triggers for reopening public schools, and coordinate with Dept of Education and local school boards.
6. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
7. Return to normal operations.

ESF 7 – Resource Support

A. Preparedness

1. Identify potential facilities for use as quarantine centers, alternate care sites, points of distribution, points of dispensing, and mortuary services in coordination with SERT Logistics and ESF 8.
2. Provide staff support for the procurement of commodities and services, leasing of buildings and other facilities and facilities management.
3. Provide information regarding state policies on sick leave, administrative leave and other topics as required.
4. Coordinate with ESF 2 to determine telecommunication capabilities and needs for absent employees.
5. Review relationships with suppliers/ shippers/other businesses that support States' essential functions; as necessary, implement backup plans.

6. Consult with procurement staff/major contractors regarding pandemic plans for the contract workforce
7. Ensure memoranda of understanding (MOU) are in place with trucking companies and associations to implement short haul delivery.

B. Response - Procure facilities and services as required.

B. Recovery

1. Provide rehab of facilities utilized during the event.
2. Cancel services, purchases of unneeded commodities, and leases as required.
3. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
4. Return to normal operations.

ESF 8 – Health and Medical Services

A. Preparedness

1. Identify key event indicators to monitor implementation of disease control strategies and status of health care delivery system.
2. Develop and test data collection and reporting protocols for key event indicators in coordination with ESF 5.
3. Disseminate threat and preparedness information to public and private partners and the general public.
4. Provide technical assistance to state agencies and ESFs for widespread disease occurrence preparedness.
5. Develop recommendations for stockpile of medical supplies, equipment, personal protective equipment and pharmaceuticals.
6. Monitor preparedness activities for ESF8 agencies to assure alignment with state and federal preparedness objectives.
7. Assist ESF 14 in developing public pre and post messaging for public response to the biological agent.
8. Develop process to verify credentials of trained health care volunteers using ESAR-VHP system requirements.
9. Participate in review of county plans, assuring consistency with state and federal planning guidance.
10. Develop education, training and exercise programs for the public and response agencies that center on biological incidents.
11. Prepare to receive SNS assets.

12. Coordinate with ESF 16 regarding current isolation and quarantine guidance.
13. Assure open communication channels with the Office of the Governor.
14. Review current status and priorities and conduct gap analysis.
15. Provide for guidance to ESF 6 on isolation capacity in sheltering for non-biological incidents, such as hurricanes, that may occur during the wide-spread biological incident.
16. Provide for isolation capacity in Special Needs Shelters for non-biological incidents, such as hurricanes, that may occur during the wide-spread biological incident.

B. Response

1. Activate enhanced surveillance system.
2. Continue to monitor lab reports from state, national and international sources.
3. Monitor and report key event indicators to develop health and medical incident action plans and evaluate effectiveness of response.
4. Advise SERT and ESFs on technical health and medical information needed to support disease outbreak response.
5. Respond to requests for assistance with implementation of disease control strategies.
6. Respond to requests for assistance to maintain the health care system.
7. Respond to requests for assistance to maintain county ESF8 functionality.
8. Participate in multi-county or regional coordinating elements deployed through SERT.
9. Deploy health and medical personnel, supplies, equipment and pharmaceutical resources as requested.
10. Deploy and track volunteer health care providers using the SERV-FL and Medical Reserve Corps systems.
11. Collaborate with DEM, Department of Management Services and the Governor's Office General Counsel on implementation of Executive Orders, Proclamation of Public Health Emergencies, or State of Emergency.
12. Provide accurate updated information on the progress of the biological incident to ESF 14, Florida Intergovernmental Relations Team and other response agencies.
13. Implement medical countermeasures in coordination with FDOH Strategic National Stockpile Appendix to the FDOH Emergency Operations Plan Logistical Support Annex.
14. Monitor hospital bed census and bed availabilities, including number of isolation rooms in use and available.

15. Monitor supply of PPE in health care facilities.
16. Monitor and track hospital and nursing home staffing levels.
17. Support Alternative Medical Treatment Sites when established.
18. Coordinate with ESFs 1, 4, 5, 9, and 16 to manage ambulance and paratransit assets.
19. Monitor school closures in coordination with ESF 6 and the Department of Education.
20. Coordinate with ESF 6 and the Department of Education to identify and remove ill children from public and private schools.
21. Coordinate with ESF 16 to monitor the distribution of counterfeit or ineffective substitute drugs.
22. Activate FEMORS as necessary.
23. Coordinate mass fatality issues with FEMORS and ESF 16.

C. Recovery

1. Develop and implement a monitoring system to determine status of rehabilitation efforts, recovery, and health and safety issues.
2. Track absent or ill health care workers' return to the workforce.
3. Re-supply health and medical personnel, supply, equipment and pharmaceutical resources.
4. Demobilize SNS operations.
5. Demobilize FEMORS.
6. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
7. Return to normal operations.

ESF 9 – Search and Rescue

A. Preparedness

1. Review inventory, status and operational readiness of personal protective equipment through refresher training.
2. Coordinate with Florida Fire Chiefs Association to prepare for deployments if requested.
3. Review and evaluate search and rescue procedures that would be applicable during a biological event.
4. Monitor and prepare for deployment of Mutual Aid Radio Communication (MARC) units.

B. Response

1. Determine status of first responders and projected absenteeism.

2. Coordinate with ESFs 5 and 16 regarding potential transportation issues.
3. Conduct search and rescue operations as required.
4. Determine whether fire rescue resources will be needed to deliver/administer medical countermeasures.
5. Assist in the retrieval of deceased from residences in coordination with ESFs 8, 16 and FEMORS.
6. Respond to EMAC resource requests.

C. Recovery

1. Determine whether communication resources (MARC) are still needed in recovery phase.
2. Return equipment to ready to deploy status and re-establish standard operating procedures.
3. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
4. Return to normal operations.

ESF 10: Environmental Protection

A. Preparedness

1. Coordinate with ESF 17 the development of educational materials regarding the handling and disposal of animal carcasses, if applicable.
2. Coordinate with ESF 8 to identify contractors to handle a surge in biomedical waste.
3. Review agency COOP for biological response.
4. Communicate threat information to agency staff.
5. Prepare for possible suspension of non-essential services.

B. Response

1. Monitor critical mission functions to detect system failure(s).
2. Coordinate with ESF 17 on the use of certain incinerators for disposal of animal carcasses and identification of alternative burial sites.
2. Coordinate with ESF 8 the clean up of improper biomedical waste disposal sites.
3. Monitor daily staff level by district and central office by the number and percent of staff and support any staffing shortages.

4. Issue agency emergency final orders covering waivers of regulatory functions as needed.
5. Implement Agency COOP.

C. Recovery

1. Monitor animal carcass disposal sites in conjunction with ESF 8 and 17.
2. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
3. Return to normal operations.

ESF 11 – Food and Water

A. Preparedness

1. Monitor school food service USDA commercial commodity supply.
2. Determine the amount and type of food needed to support the local system, e.g., elderly, kosher, etc.
3. Identify sources of ice and water to support retail stores during response phase.
4. Identify requirements for baby food and formula based on Women, Infant and Children (WIC) populations.

B. Response

1. Inspect foodstuffs and distribution points for recall and destruction.
2. Coordinate the provisioning of food to quarantine and alternate care centers in coordination with ESF 6 and ESF 8.
3. Maintain food safety programs to ensure compliance equivalency with federal statutes administered by United States Department of Agriculture (USDA).
4. Maintain continuity of food inspection reporting.
5. Maintain continuity of food safety information.
6. Ensure continued State administration of Federal nutritional assistance and support to agriculture emergencies to include reporting procedures and communication of essential information.
7. Re-allocate school food service USDA commodity supplies.
8. Purchase foodstuffs that can be used in all affected areas when needed.
9. Distribute food to affected areas.

10. Continue to purchase and distribute food until demand subsides.
11. Purchase water and ice as needed.
12. Request baby food, formula and water from USDA as needed.
13. Purchase state-funded baby food, formula and water.
14. Monitor distribution of baby food and formula to effected areas, emergency field offices and WIC offices.
15. Purchase products locally to mitigate USDA shipment delays.
16. Coordinate with Division of Forestry and National Guard to assist in transporting stored goods.

C. Recovery

1. Continue monitoring school food service USDA commercial commodity supply.
2. Evaluate continuing need to purchase and distribute food.
3. Evaluate continuing need to purchase water and ice.
4. Evaluate the continuing need to purchase baby food and formula.
5. Establish food safety programs and operations to pre-pandemic levels.
6. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
7. Return to normal operations.

ESF 12 – Energy

A. Preparedness

1. Coordinate among petroleum partners, ESF 8 and ESF 16 regarding distribution of medical countermeasures to companies that provide critical energy infrastructure services and supplies.
2. Coordinate plans with petroleum partners to maintain adequate fuel supplies.
3. Identify special critical infrastructure issues for power supply.
4. Identify CEMP priority lists for electrical power restoration in each county.
5. Establish communication network with FDOH, DEP and petroleum partners.

B. Response

1. Continue maintenance of electrical power distribution grids as the first priority.

2. Monitor number and percentage of communities with continuous or intermittent electric outages, compared to normal.
3. Maintain communication network with appropriate state agencies and petroleum partners.
4. Oversee restoration of electrical power in accordance with County CEMP priority lists.
5. Continue restoration of power for individual households and businesses based on staffing capabilities.
6. Coordinate with petroleum partners to insure easy access to the state in the case that out of state supplies need to enter the state.

C. Recovery

1. Continue to monitor status of fuel and power supplies.
2. Restore lower priority services as staffing returns to normal.
3. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
4. Return to normal operations.

ESF 13 – Military Support

A. Preparedness

1. Ensure SERT is knowledgeable of full spectrum of National Guard capabilities.
2. Ensure development and coordination of National Guard biological response plan with other SERT ESF and agencies and NORTHCOM.
3. Encourage contact and coordination of active military installation Public Health Emergency Officers with county emergency management and county health departments.
4. Develop plans for movement of soldiers and units.
5. Identify alternate sites for assembly and deployment.
6. Identify what deployed FLNG soldiers are the most vulnerable.
7. Monitor health status of soldiers, including those at home stations, assembly and deployment bases, and those returning from areas where known infections are prevalent.

B. Response

1. Support distribution and security of medical countermeasures and other materiel as requested.

2. Assist with medical support personnel, if requested.
3. Provide security at hospitals, isolation, quarantine, and mortuary facilities.
4. Provide support for ESF 5 at SEOC.
5. Provide other support as required/requested.

C. Recovery

1. Prepare for possible secondary spread or re-introduction.
2. Transition missions to private sector, counties or other resources.
3. Conduct review of response activities, complete after action reports, and update plans to reflect lessons learned.
4. Return to normal operations.

ESF 14 – Public Information

A. Preparedness

1. Encourage professional medical organizations to speak the same messages as FDOH – provide the public with unified voices.
2. Develop messages that enlist public participation and support in the control efforts that contribute to a more rapid resolution of the emergency (e.g. hygiene, check on neighbors, and stay away from public gatherings).
3. Develop pre-recorded communications and messages to be distributed at the appropriate phase of the epidemic.
4. Develop pre-planned messages in coordination with ESF 17 regarding animal industry issues and consumption.
5. Train subject matter experts/spokespersons on messaging and delivery to the media.
6. Develop and maintain a speakers' bureau to address the topic of the biological agent at various speaking assemblies.
7. Develop a robust rumor control capacity, to include monitoring of social networks, with all ESFs.

B. Response

1. Support the Florida Emergency Information Line (FEIL).
2. Track daily news coverage.
3. Monitor daily news coverage to ensure accuracy of reporting.
4. Review prepared messages for appropriateness.
5. Establish joint information system.
6. Establish media briefing schedule.
7. Activate and maintain rumor control network

8. Establish Florida Emergency Information Line (FEIL), including accommodations for people with hearing disabilities or other language difficulties

C. Recovery

1. Maintain rumor control hotlines.
2. Maintain joint information system.
3. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
4. Return to normal operations

ESF 15 – Volunteers and Donations

A. Preparedness

1. Educate non-governmental organizations on the biological threat.
2. Identify organizations that can share information with their members and partners to promote biological agent preparedness and knowledge to the general public.
3. Assist state, county and non-governmental agencies with developing guidance to task and mobilize volunteers.
4. Identify tasks for volunteers by both government and private sectors, recruit volunteers, revise plans, and conduct training/exercises for both the requestors and volunteer providers.
5. Assess task and numbers of volunteers needed, combined with the identification of organizations that can provide volunteers and their capacity.
6. Update the Volunteer Florida website to share information.
7. Assess the capability of volunteer response units such as SERV-FL, Medical Reserve Corps, and Community Emergency Response Teams, to respond in a biological incident.

B. Response

1. Monitor events and dispense information to ESF 15 partners.
2. Inventory and obtain supplies and resources.
3. Share information with County ESF partners and monitor their activities.
4. Monitor staffing capabilities, volunteer Florida's staff availability and support organization level of operational readiness.
5. Support the use of non-medical staff at health care facilities.

6. Monitor county requests for assistance and identify volunteer resources.
7. Provide assistance for child and elder care.
8. Assist in the coordination of donated goods and services.

C. Recovery

1. Stand down volunteers.
2. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
3. Return to normal operations.

ESF 16 – Law Enforcement and Security

A. Preparedness

1. Activate Law Enforcement Florida Mutual Aid Plan.
2. Provide security for medical countermeasures and other materiel, points of distribution, healthcare facilities, quarantine sites, and mortuaries and support local law enforcement.
3. Emphasize law enforcement officer and family biological incident preparedness planning.
4. Review plans for mass fatalities and security implications with medical examiners and health care facilities.
5. Monitor actions of other state and law enforcement agencies in Florida, US and worldwide as information becomes available.
6. Identify security issues or patterns of unlawful conduct specifically related to the biological incident within the US.
7. Review legal authorities applicable to a biological incident.
8. Review possible movement and restrictive actions which would assist with prevention of spread of biological incident.
9. Monitor intelligence reports, domestic security incidents, and incidents impacting public safety, civil unrest, transportation and commerce.
10. Prepare to implement isolation measures and other containment strategies to limit infections in correctional facilities as might be necessary.
11. Identify immuno-compromised and at risk inmates and staff in correctional facilities.
12. Evaluate alternative schooling methods for juveniles in correctional facilities.
13. Educate staff and inmates on preventative strategies and proper infection control procedures.
14. Identify correctional facilities and institutions with infirmaries.

15. Prepare to implement alternate methods of provision of foodstuffs, medical services and other critical operations.
16. Prepare for possible suspension of non-essential, yet statutorily required services in correctional facilities.
17. Identify areas for temporary and/or long term morgue sites at correctional facilities.
18. Monitor the potential for inmate unrest.
19. Prepare for possible legal issues and consequences (grievances, lawsuits) of suspension of non-essential services in correctional facilities.
20. Determine need for executive orders pre-empting current requirements for delivery and transfer of inmates.

B. Response

1. Monitor number and location of available law enforcement officers.
2. Activate Florida Mutual Aid Plan and Florida Law Enforcement Mutual Aid Plan as needed to provide security for medical countermeasures and other materiel, points of distribution, health care facilities, quarantine sites and mortuaries.
3. Continue monitoring intelligence reports and incidents impacting public safety, civil unrest, transportation and commerce.
4. Enforce restrictive measures and orders: *e.g.*, quarantine.
5. Provide security necessary to support delivery of essential goods and services.
6. Determine the priority of terminally ill, at risk or immuno-compromised inmate populations.
7. Continue to monitor the potential for inmate unrest.
8. Address inmate family concerns regarding the status of inmates in correctional facilities.
9. Utilize videoconferencing and teleconferencing to conduct meetings to eliminate mass gatherings.
10. Implement isolation measures and other containment strategies to limit infection in correctional facilities, *e.g.*, limits on visitations.
11. Monitor number and location of fatalities in correctional facilities.
12. Suspend non-essential, yet statutorily required services in correctional facilities.

C. Recovery

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

3. Re-establish normal operations in correctional facilities.
4. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
5. Return to normal operations.

ESF 17 – Animal Protection and Agriculture

A. Preparedness

1. Train personnel to staff ESF 17 during an emergency activation.
2. Through State Agricultural Response Team, functioning as Multi-Agency Coordination Group, provide coordination of preparedness activities and training through meetings, conferences and exercises for the primary and supporting agencies and volunteer resources' personnel.
3. Organize, train, and exercise the ESF 17 Incident Management Team.

B. Response

1. Staff ESF 17 at the SEOC or other location as directed by the SERT Chief.
2. Support the actions of the SERT.
3. Activate the ESF 17 Incident Management Team.
4. Through State Agricultural Response Team, functioning as a Multi-Agency Coordinating Group, provides guidance, set priorities, and provides resources for ESF 17.
5. Respond to resource requests from local governments in need.
6. Coordinate response activities with local government emergency management directors and Emergency Support Function 17 coordinators.
7. Coordinate response activities in support of the animal and agricultural industry professional organizations of Florida.
8. Support the activities of other Emergency Support Functions.

C. Recovery

1. Provide support to the Disaster Field Office after the SEOC and SERT are deactivated.
2. Support emergency services' staff and operations until the local system is self-sustaining.
3. Initiate financial reimbursement process for these activities when such support is available.

D. Mitigation

1. Identify locations of animal and agriculture's critical infrastructure and assist with mitigation activities.
2. Identify and seek funds for disaster-proofing critical animal and agriculture infrastructure.
3. With the Division of Emergency Management and the Department of Agricultural and Consumer Services provide statewide computerized access for Geographical Information systems data related to animal and agricultural emergency management issues.

ESF 18 – Business and Industry

A. Preparedness

1. Provide education and training of the business community, local and regional organization and staff regarding widespread biological incidents.
2. Disseminate business continuity of operations planning information to private sector and encourage the development of plans by individual businesses and non-governmental organizations.
3. Integrate planning input from inside and outside business.
4. Identify essential functions necessary to keep business operating during an epidemic.
5. Coordinate with ESF 8, ESF 6, and ESF 7 to share information regarding business and industry capabilities, options, preparedness and response plans.
6. Identify and prioritize specific impacts on business, including supplies, equipment and supply chains.
7. Develop risk communication and information sharing strategies.
8. Develop plans to ensure security of the workplace.
9. Maintain a database of all county/local primary economic development organizations.
10. Maintain a roster of support agencies/organizations emergency coordinators.
11. Develop and maintain a database of volunteers and agencies that will provide additional support for business recovery in coordination with ESF 15.
12. Work with appropriate federal and state agencies to identify, evaluate, and implement changes to regulations and statutes to ensure availability of temporary financial assistance to laid-off and/or un-employed workers; e.g., UI/WC/DUA.

13. Work with appropriate Federal and State agencies to develop options for providing assistance to workers not currently covered under existing Federal and State programs; e.g., independent contractors, self-employed individuals, temp employees.
14. Establish a mechanism to coordinate various public web-based job search/employee data bases with major employer rosters to match unemployed workers with employers who have staffing needs.
15. Review the parameters of the Florida Small Business Emergency Bridge Loan Program for possible changes to meet the business community's needs in the course of and aftermath of a biological incident.

B. Response

1. Facilitate production of essential goods and services while mitigating the epidemic's impact on business operations.
2. Monitor inventory levels in retail food stores.
3. Encourage businesses to implement internal surveillance and detection.
4. Assist in the management of and tracking of individual worker risk (pregnant women, those with compromised immune systems, etc.) with employers and business groups.
5. Coordinate initial assessment of general business impact (in terms of employment, lost revenues, lost customers, etc.).
6. Coordinate with ESF 5 and 14 to provide and disseminate biological incident response information.
7. Serve as a resource for ESF 7, 15 and DEM logistics by identifying and locating public and/or private goods and services.

C. Recovery

1. Provide economic damage assessments and business recovery assistance through the network of state, regional and local private sector partners.
2. Coordinate the deployment of AWI and Workforce mobile units.
3. Participate in post-event economic recovery workshops; facilitate the establishment of local small business assistance centers, etc.
4. Implement the Florida Small Business Emergency Bridge Loan Program if appropriate.
5. Prepare for a possible second wave.
6. Mitigate impacts on worker lost income.

7. Implement a coordinated effort to match unemployed workers with employers with staffing requirements.
8. Coordinate with local economic development and business partners to compile estimates of economic damage to local business communities to determine the need for a request to activate the Florida Small Business Emergency Bridge Loan.
9. Relocate ESF 18 to the joint field office if necessary, and then to the long term recovery office.
10. Conduct review of response activities, complete HSEEP-compliant after action reports/improvement plans, and update emergency plans to reflect lessons learned.
11. Return to normal operations.

D. County Responsibilities - (See also Florida Comprehensive Emergency Management Plan III. Responsibilities, A. Counties.)

1. Integrate into county emergency management plans, biological incident planning that will parallel this Annex.
2. Integrate biological incident considerations into existing county government and agency COOPs.
3. Preparedness Activities. Encourage county and local staff to learn and practice basic hygiene to reduce disease spread. Establish a communications plan to update staff on pandemic stages and required actions.
4. Personnel Management: Review and implement Department of Emergency Management, Division of Human Resource Management guidelines related to compensation, leave usage, insurance and employee disaster behavioral health assistance.
5. Key Event Indicators. Identify key event indicators for critical infrastructure and key resources during the monitoring phase. During response, monitor key event indicators using data to prepare IAP's and evaluate effectiveness of response.
6. Infection Control. Develop agency infection control protocols based on guidelines provided by the FDOH to mitigate disease transmission and spread. See Appendix 2.
7. Legal Issues and Executive Orders. Be prepared to take actions as directed in Executive Orders and make specific recommendations on rule variances.
8. Quarantine, Sheltering in Place and Social Distancing. Monitor and be prepared to implement FDOH direction on isolation, quarantine and social distancing as may be prescribed by the State Surgeon General. Also see Appendix 4 for further discussion of legal aspects of quarantine and social distancing interventions.

- 9.** Encourage contact and coordination of active military installation Public Health Emergency Officers with county emergency management and county health departments.
- 10.** In applicable counties, ensure foreign diplomatic missions and an international organizations are on the local distribution list for public messages regarding biological incidents and precautions that need to be taken by individuals.
- 11.** Review local 911 protocols and staff training to respond to a biological incident in accordance with the County Emergency Management Plan.
- 12.** Provide County Emergency Management, 911 Dispatch Centers, and public and private emergency medical services agencies with copies of county health department biological incident plans.
- 13.** Conduct outreach to neighborhood, community, and faith-based organizations to develop plans that will support vulnerable households that may be quarantined during a biological incident.
- 14.** During activations resultant from a biological incident, the County emergency management team should take the following precautions:
 - (a). Implement enhanced access control procedures to the county EOC. Implement internal infection control procedures as recommended by the State Surgeon General.
 - (b). Monitor the impacts of biological incident on local CI/KR resources and requirements as the incident progresses. Forward unmet need requests to the SERT with state and county emergency management plans.
 - (c). Implement internal surveillance protocols to monitor the health of workers.
 - (d). Implement COOP to maintain delivery of essential goods and services.
 - (e). Monitor epidemic threat levels for trigger point changes that will affect the County emergency management's responses.

CHAPTER 5 – TRAINING & EXERCISE

I. General

This chapter of the Annex describes roles and responsibilities for developing and implementing Florida's training and exercise programs to support preparedness, response, and recovery procedures.

II. Responsibilities

The Division of Emergency Management will serve as the State Coordinator for training and exercise programs related to a biological incident. FDOH has the technical expertise for epidemiology, infection control procedures and PPE recommendations for health and medical staff.

All ESFs and agencies are responsible for training and exercising their internal staffs, infection control procedures, and PPE, as applicable, based on the State Surgeon General's recommendations. All agencies are also responsible for training and exercising their internal staffs on the COOP procedures.