

# FLORIDA PUBLIC HEALTH AND HEALTHCARE PREPAREDNESS

## 2012–2014 STRATEGIC PLAN

*Working together for a safe, secure and healthy future*



Florida's Public Health and Healthcare System  
**PREPARES & RESPONDS**



FLORIDA DEPARTMENT OF HEALTH BUREAU OF PREPAREDNESS AND RESPONSE

September 11, 2011 marked the tenth anniversary of the terrorist attacks on the World Trade Center, the Pentagon, Flight 93 and the intended attack on the United States Capitol. Since the attacks on 9/11, Florida has made considerable progress in preparing for threats with the potential for negative consequences. Florida's vision of "working together for a safe and secure future" is embodied in the *Florida Domestic Security Strategy*. The *Florida Public Health and Healthcare Preparedness (PHHP) Strategic Plan* supports the Domestic Security Strategy, and serves as a guide for all partners committed to **minimizing loss of life, illness, and injury from natural or man-made disasters**.

The 2012-2014 PHHP Strategic Plan provides a framework to build and sustain critical capabilities. The plan guides our state's implementation of preparedness principles. It is organized into goal areas and supported by a number of objectives representing the critical capabilities necessary to achieve a strong and sustainable system. The strategies for each objective were identified through stakeholder consensus using a gap analysis and prioritization process. Alignment of the PHHP Strategic Plan with the Domestic Security Strategy leverages the use of available preparedness funding to close gaps and minimize duplication of effort. Florida has adopted and adapted the U.S. Department of Homeland Security's (DHS) *National Preparedness Guidelines*, *National Target Capabilities*, and *National Health Security Strategy* (NHSS). The NHSS provides a vision of health security, founded on **community resilience** and made possible through **strong and sustainable public health, healthcare, and emergency response systems**.

In October 2011, DHS announced the release of the country's first-ever *National Preparedness Goal*. The goal sets the vision for nationwide preparedness and identifies the core capabilities and targets necessary to achieve preparedness across five mission areas identified in *Presidential Policy Directive 8*: prevention, protection, mitigation, response and recovery. Florida is well positioned to support the National Preparedness Goal and achieve its core capabilities. Additionally, Florida is integrating the new Centers for Disease Control and Prevention's (CDC) *Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011*, into its PHHP Strategic Plan Framework.

The 2012-2014 PHHP Strategic Plan sets our course for the next three years. Building the capabilities requires a commitment to four cross cutting themes. These consist of meeting the needs of our vulnerable populations, developing a competent and trained workforce, building sustainable processes, and monitoring and measuring progress. The strategic plan is an evolving document that will change as new threats emerge, capabilities are achieved, and best practices are discovered and implemented. Each year we will review and update the plan to set priorities for the subsequent three years.

**The intended audience** are those involved in direct patient healthcare, public health agencies, healthcare education, health support organizations/agencies, medical examiner's offices, law enforcement, fire/rescue, emergency management, community partnerships, industry organizations, and other federal, state and local organizations.

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### **I. 2012-2014 PHHP STRATEGIC GOALS, OBJECTIVES, STRATEGIES AND PROGRAMS**

The PHHP goals, objectives, strategies, and programs are managed under the PHHP strategic planning structure, consisting of oversight, implementation, and advisory teams. The 2012-2014 Strategic Plan goals, objectives, and strategies set the direction for the coming three years. The strategic direction is implemented by Programs which align to the desired capability. Annually, each Program identifies deliverables that support implementation of the objectives and strategies outlined in this plan.

One of the Florida Department of Health's (DOH) priorities is monitoring and measuring our progress, by focusing on identifying SMART (specific, measurable, achievable, relevant and time-specific) objectives. Performance measurement initiatives at the federal and state level are expected to improve the SMART attributes of the stated objectives during the course of this strategic planning period.

Many of the strategies identified in this plan are designed to sustain capabilities that have been built in prior years. Some strategies continue efforts for capabilities that are currently in development. Each objective below includes both the 2012-2014 Strategies for the future and the current 2011-2012 initiatives that are underway to support fulfillment of the strategy.

**Goal 1: PREPAREDNESS AND INFORMATION MANAGEMENT** ensures the readiness of the public health and healthcare system for all hazards, natural or man-made. This goal encompasses the Risk Management, Planning, Training, Exercise and Evaluation, and Crisis and Emergency Risk Communications capabilities.

## OBJECTIVE 1.1 - RISK MANAGEMENT CAPABILITY

Desired Outcome: Risk Management is an integrated planning construct for effective prioritization and oversight of all homeland security investments.

Definition: The PHHP Risk Management Capability facilitates the ongoing process of risk analysis and subsequent decisions and actions to accept exposure or reduce vulnerabilities by mitigating the risks or applying cost effective controls.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 1.1.1</b> Develop, implement and disseminate Florida’s PHHP Strategic Plan as the framework to sustain and develop public health and healthcare capabilities.</p>	<ul style="list-style-type: none"> <li>• PHHP Strategic Planning Process</li> </ul>
<p><b>Strategy 1.1.2</b> Mitigate risks through implementation of systematic risk management framework.</p>	
<p><b>Strategy 1.1.3</b> Develop, implement and improve processes for allocating, monitoring and evaluating resources necessary to implement risk reduction strategies.</p>	<ul style="list-style-type: none"> <li>• Performance Measurement System</li> <li>• Project Management Office Process</li> <li>• Grants Management Process</li> </ul>
<p><b>Strategy 1.1.4</b> Communicate risks and risk reduction strategies to stakeholders and the public.</p>	<ul style="list-style-type: none"> <li>• PHHP Strategic Communications Plan</li> </ul>

## OBJECTIVE 1.2 - PLANNING CAPABILITY

**Desired Outcome:** Plans are available wherever they are needed to prevent, protect against, respond to, and recover from all-hazards incidents. These plans will incorporate accurate threat analyses and risk assessments, and identify and prescribe actions required to meet mission goals.

**Definition:** The PHHP Planning Capability provides for a systematic framework to develop, implement, evaluate, and improve plans across the entire emergency management cycle.

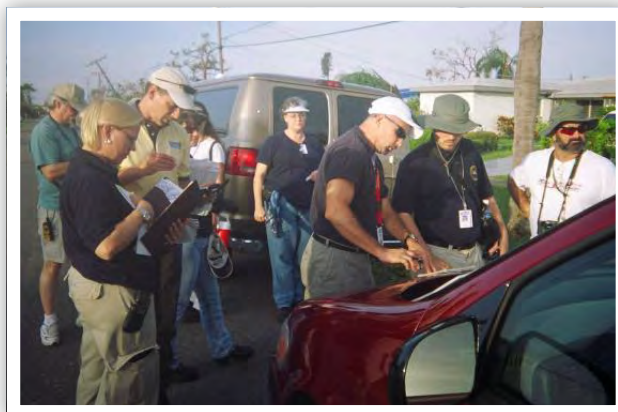


### 2012-2014 STRATEGIES

### 2011-2012 PROCESSES & DELIVERABLES

<p><b>Strategy 1.2.1</b> Maintain a competent, trained and qualified preparedness planning workforce to write, evaluate and improve public health and healthcare plans.</p>	<ul style="list-style-type: none"> <li>• Implement standards for public health and medical planners</li> </ul>
<p><b>Strategy 1.2.2</b> Develop and maintain a public health and healthcare hazard vulnerability analysis process.</p>	<ul style="list-style-type: none"> <li>• Hazard Vulnerability Analysis</li> <li>• Integrate planning priorities into the Multi-Year Training and Exercise Plan (MYTEP)</li> </ul>
<p><b>Strategy 1.2.3</b> Develop, maintain and test operational plans and tactical documentation which ensure an effective public health and medical response.</p>	<ul style="list-style-type: none"> <li>• Approved State Emergency Operations Plan (EOP)</li> <li>• Project Public Health Ready Recognition</li> </ul>
<p><b>Strategy 1.2.4</b> Maintain tools and resources to support local, regional and state planners to write, evaluate and improve public health and healthcare preparedness and emergency operations plans.</p>	<ul style="list-style-type: none"> <li>• Enhanced state planning tools and resources</li> <li>• Updated local-level planning tools, resources and profiles</li> </ul>

## OBJECTIVE 1.3 - TRAINING, EXERCISE AND EVALUATION CAPABILITY



Desired Outcome: Training and exercises are targeted to close priority gaps in readiness and sustain readiness capabilities achieved. Evaluation quantifies progress towards desired levels of readiness.

Definition: The PHHP Training, Exercise, and Evaluation Capability establishes the infrastructure for a comprehensive and efficient system to ensure public health and healthcare workforce readiness for response to natural and man-made disasters.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 1.3.1</b> Maintain a competent, trained and exercised workforce able to implement public health and healthcare preparedness capabilities.</p>	<ul style="list-style-type: none"> <li>• Credentialing framework for public health and healthcare responders</li> <li>• Identify instructor core competencies</li> <li>• Establish and credential Exercise Evaluation Team</li> </ul>
<p><b>Strategy 1.3.2</b> Maintain the Multi-Year Training and Exercise Plan (MYTEP) which supports building and sustaining critical capabilities.</p>	<ul style="list-style-type: none"> <li>• MYTEP</li> <li>• Implement two state-level exercises, to include medical surge and hurricane response</li> </ul>
<p><b>Strategy 1.3.3</b> Maintain a training and exercise review process that ensures alignment with nationally recognized and state-adopted standards of quality.</p>	<ul style="list-style-type: none"> <li>• Annual Tier I and II curriculum and exercise review process</li> <li>• Training review and evaluation process</li> </ul>
<p><b>Strategy 1.3.4</b> Sustain, evaluate and improve existing training, exercise and evaluation tools to support a public health and healthcare preparedness training and exercise system.</p>	<ul style="list-style-type: none"> <li>• After Action Report / Improvement Plan monitoring and evaluation process</li> <li>• Redesign Training and Exercise Website</li> </ul>

## OBJECTIVE 1.4 - CRISIS AND EMERGENCY RISK COMMUNICATIONS CAPABILITY

**Desired Outcome:** Effective and timely sharing of information and intelligence occurs across federal, state, local, tribal, territorial, regional, and private sector entities to achieve coordinated awareness of, prevention of, protection against, and response to a threatened or actual domestic terrorist attack, major disaster, or other emergency.

**Definition:** The Crisis and Emergency Risk Communications Capability includes the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.



### 2012-2014 STRATEGIES

### 2011-2012 PROCESSES & DELIVERABLES

**Strategy 1.4.1** Maintain a competent, trained and qualified public information workforce capable of performing public information and spokesperson roles.

- Public Information Officer (PIO) credentialing process Online PIO Training
- Implement PIO Training and Exercise priorities into the MYTEP

**Strategy 1.4.2** Sustain, evaluate and improve Crisis and Emergency Risk Communication (CERC) plans and processes, to ensure timely sharing of information to the public and responders.

- Approved Local CERC Annexes
- Approved State CERC Annex Tactical Documentation
- Approved Local Rumor Control Standard Operating Procedures (SOPs)
- Communications Exercise Objectives and After Action Report (AAR)/Improvement Plan (IP) Sections

**Strategy 1.4.3** Create, maintain, distribute and evaluate scenario-specific, accessible, targeted messages to ensure timely availability to decision-makers, responders, stakeholders, public health partners, elected officials, and the general public, including vulnerable populations.

- Updated all-hazards communications resources
- External affairs management process



# GOAL 2: EMERGENCY OPERATIONS COORDINATOR (ESF8)

**Goal 2: INCIDENT MANAGEMENT** ensures that systems and personnel are available to effectively manage all hazards. This goal encompasses the Emergency Operations Coordination Emergency Support Function 8 (ESF8), Information Sharing, Medical Logistics, and Public Health and Healthcare Responder Management capabilities.

## OBJECTIVE 2.1 - EMERGENCY OPERATIONS COORDINATION (ESF8) CAPABILITY



**Desired Outcome:** The event is effectively managed through incident management or multi-agency coordination for a pre-planned or no-notice event.

**Definition:** The Emergency Operations Coordination (ESF8) Capability is the ability to direct and support an event, or incident, with public health and medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with Florida standards and practices and the National Incident Management System.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 2.1.1</b> Maintain a competent, trained and credentialed ESF8 response workforce capable of implementing an Incident Management Team using Incident Command System principles and practices.</p>	<ul style="list-style-type: none"> <li>• Integration of all ESF8 deployable personnel into SERVFL registry</li> </ul>
<p><b>Strategy 2.1.2</b> Sustain, evaluate and improve ESF8 operational and tactical plans which align across local, state, regional, interstate and federal levels.</p>	<ul style="list-style-type: none"> <li>• Approved ESF8 Appendix to the State Comprehensive Emergency Management Plan and subordinate plans</li> <li>• ESF8 Support Standard Operating Procedure</li> <li>• ESF8 County Tools and Resources</li> <li>• State, federal and interstate meeting documentation and action item status reports</li> <li>• State Comprehensive Emergency Management Plan updates</li> </ul>
<p><b>Strategy 2.1.3</b> Sustain and evaluate public health and medical compliance with the National Incident Management System standards.</p>	This cell is intentionally left blank in the original image

## OBJECTIVE 2.2 - INFORMATION SHARING CAPABILITY

**Desired Outcome:** A continuous flow of critical information is maintained as needed among multijurisdictional and multidisciplinary emergency responders, command posts, agencies, and governmental officials for the duration of the emergency response operation.

**Definition:** Information Sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information, as well as, issuing of public health alerts in preparation for, and in response to, events or incidents of public health significance.



### 2012-2014 STRATEGIES

**Strategy 2.2.1** Sustain, evaluate and improve processes and systems to maintain 24/7 situational awareness for public health threats, in order to support planning and response.

**Strategy 2.2.2** Sustain, evaluate and improve alert and notification processes, procedures and systems to ensure key public health and healthcare partners receive accurate and timely notification of event specific information.

**Strategy 2.2.3** Integrate voice, data and video communications across all stakeholders, to support delivery of patient care.

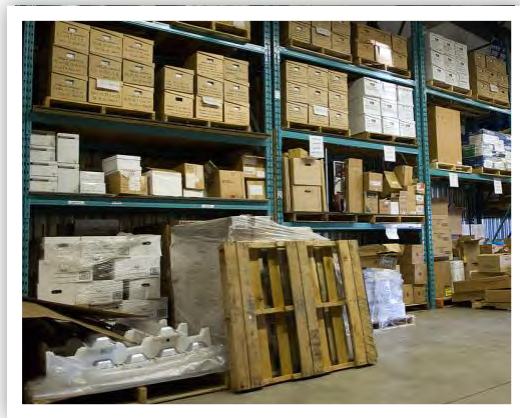
### 2011-2012 PROCESSES & DELIVERABLES

- Sustain 24/7/365 Duty Officer
- Situational Awareness Tools and Resources
- Disaster Recovery After Action Report/Improvement Plan
- Enterprise PPHP Communications Systems Strategy and Action Plan

- Alert and Notification Standard Operating Procedure
- Quarterly Alert and Notification Drill Reports
- Florida Department of Health Emergency Notification System User Training Plan
- Communications Software and Hardware Maintenance Agreements

- Telemedicine Contracts

## OBJECTIVE 2.3 - MEDICAL LOGISTICS CAPABILITY



**Desired Outcome:** Medical supplies and equipment are appropriately secured, managed, distributed, and restocked in a time frame appropriate to the incident.

**Definition:** Medical Logistics Capability is the ability to acquire, maintain, transport, distribute and track medical materiel during an incident; and to recover and account for unused medical materiel, as necessary, after an event.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 2.3.1</b> Maintain a competent, trained and qualified logistics workforce.</p>	
<p><b>Strategy 2.3.2</b> Sustain, evaluate and improve medical logistics plans to manage medical materiel for any incident/event. Integrate medical logistics plans with other federal, state and local logistics plans.</p>	<ul style="list-style-type: none"> <li>• ESF8 Logistics Section Standard Operating Procedures</li> <li>• Department of Health Emergency Operations Plan</li> <li>• Logistics Annex Cache Appendix</li> </ul>
<p><b>Strategy 2.3.3</b> Sustain, evaluate and improve medical materiel caches, including pharmaceuticals, supplies and equipment to support response to hazards and vulnerabilities which have the highest risk for negative health outcomes.</p>	<ul style="list-style-type: none"> <li>• Updated State Inventory Management System</li> <li>• Sustain Medical Equipment and Supply Caches</li> <li>• Execute Leases and Contracts for Warehouses</li> </ul>

## OBJECTIVE 2.4 - PUBLIC HEALTH AND HEALTHCARE RESPONDER MANAGEMENT CAPABILITY

**Desired Outcome:** Credentialed and/or licensed healthcare responders are able to meet the increased demand for services during an incident.

**Definition:** Public health and healthcare responder management is the ability to coordinate the identification, recruitment, registration, credentialing, training, and engagement of responders to support incidents of public health significance. This capability integrates paid and volunteer, licensed and non-licensed responders into the local response system, as dictated by the incident.



2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 2.4.1</b> Maintain infrastructure and processes to ensure asset typed teams and credentialed individual resources are available to meet public health and medical missions.</p>	<ul style="list-style-type: none"> <li>• Updated Public Health and Medical Deployable Asset Typing documentation</li> <li>• Disaster Behavioral Health Volunteer recruitment, credentialing, training and exercising</li> </ul>
<p><b>Strategy 2.4.2</b> Sustain, evaluate and improve Medical Reserve Corps (MRC) capabilities and integrate into local response.</p>	<ul style="list-style-type: none"> <li>• Local MRC Unit Memoranda of Agreement</li> <li>• Updated MRC tools and resources</li> <li>• Annual MRC Training and Exercise Evaluation</li> </ul>
<p><b>Strategy 2.4.3</b> Sustain, evaluate and improve Public Health and Healthcare Responder System for managing volunteer and responder assets, to effectively fulfill mission requests.</p>	<ul style="list-style-type: none"> <li>• Compliant Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)</li> <li>• Enhanced SERVFL Application</li> </ul>

# GOAL 3: EMERGENCY TRIAGE AND PRE-HOSPITAL TREATMENT

**Goal 3: SURGE MANAGEMENT** ensures surge capacity to meet the needs of all-hazard events. This goal encompasses the Emergency Triage and Pre-Hospital Treatment, Medical Surge, Mass Care, and Fatality Management capabilities.

## OBJECTIVE 3.1 - EMERGENCY TRIAGE AND PRE-HOSPITAL TREATMENT CAPABILITY



**Desired Outcome:** Emergency Medical Services (EMS) resources are effectively and appropriately dispatched to provide pre-hospital triage, treatment, transport, tracking of patients, and documentation of care appropriate for the incident.

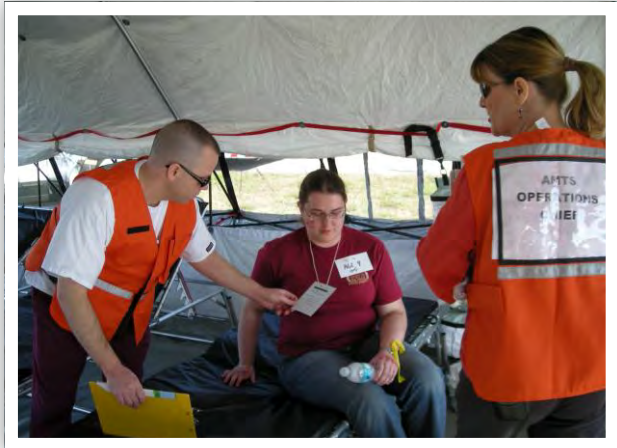
**Definition:** The Emergency Triage and Pre-Hospital Treatment component consists of the capability to appropriately dispatch EMS resources. This provides feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients, provides transport and medical care en route to an appropriate receiving facility, and tracks patients to a treatment facility.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 3.1.1</b> Maintain a competent, trained and credentialed EMS workforce capable of performing triage, treatment, transport, tracking of patients and documentation of care appropriate to the incident.</p>	<ul style="list-style-type: none"> <li>• Web-based Triage Training Course evaluations</li> <li>• Chemical, Biological, Radiological, Nuclear, and Explosives Patient Stabilization and Care Training</li> </ul>
<p><b>Strategy 3.1.2</b> Sustain, evaluate and improve EMS plans and protocols that support the triage and pre-hospital capability.</p>	<ul style="list-style-type: none"> <li>• Statewide Disaster Protocols Train-the-Trainer course</li> <li>• Emergency Triage Exercise Objectives and AAR/IP Sections</li> </ul>
<p><b>Strategy 3.1.3</b> Ensure availability of pre-hospital medical direction and consultation to first responders.</p>	<ul style="list-style-type: none"> <li>• ESF 8 Planning Technical Specialist (EMS Medical Director) Tactical Documentation</li> </ul>

## OBJECTIVE 3.2 - MEDICAL SURGE CAPABILITY

**Desired Outcome:** Injured or ill from the event are rapidly and appropriately cared for, while maintaining continuity of care for non-incident related illness or injury.

**Definition:** Medical Surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.



### 2012-2014 STRATEGIES

### 2011-2012 PROCESSES & DELIVERABLES

<p><b>Strategy 3.2.1</b> Maintain a competent, trained and credentialed health and medical surge workforce who are knowledgeable about roles and responsibilities during a response.</p>	<ul style="list-style-type: none"> <li>• Hospital Preparedness support process</li> <li>• Healthcare System training priorities integrated in MYTEP</li> </ul>
<p><b>Strategy 3.2.2</b> Sustain, evaluate and improve healthcare system surge capacity equipment and supplies. This includes assessing current levels of equipment and supplies, as well as, replacement and preventive maintenance of expiring disaster supplies/equipment.</p>	<ul style="list-style-type: none"> <li>• Hospital Preparedness support process</li> <li>• Medical Surge Assets Statewide Inventory</li> <li>• ESF8 Community Stabilization and Population Movement Appendix</li> </ul>
<p><b>Strategy 3.2.3</b> Sustain, evaluate and improve plans to ensure the capability of delivering care in non-traditional settings during an event.</p>	<ul style="list-style-type: none"> <li>• Alternate Care Site Plan development and exercise in four locations</li> <li>• Updated Medical Surge Tools and Resources</li> <li>• Guidelines for Approved Triage and Allocation of Scarce Resources</li> </ul>
<p><b>Strategy 3.2.4</b> Enhance healthcare system planning by ensuring partnerships, mutual aid and linkages to emergency management are established. Provide funding, tools and resources to sustain, evaluate and improve healthcare system plans for medical surge capability.</p>	<ul style="list-style-type: none"> <li>• Statewide Services Contracts</li> </ul>

## OBJECTIVE 3.3 - MASS CARE CAPABILITY



**Desired Outcome:** Public health, medical, and mental/behavioral health needs are met for impacted individuals at congregate locations.

**Definition:** Mass Care is the ability to address public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment, to ensure that health needs continue to be met as the incident evolves.

### 2012-2014 STRATEGIES

**Strategy 3.3.1** Sustain, evaluate and improve plans, protocols, and procedures to provide public health and healthcare services in mass care settings.

**Strategy 3.3.2** Maintain partnerships that support sheltering of persons with medical and functional needs, including pre-registration and discharge planning.

### 2011-2012 PROCESSES & DELIVERABLES

- Health and Medical Sheltering services and capability
  - Development of resources to expand shelter capacity
- 
- Implementation of Federal Emergency Management Agency Functional Needs Support Services Planning Guidance in Florida

## OBJECTIVE 3.4 - FATALITY MANAGEMENT CAPABILITY

**Desired Outcome:** Complete recovery and documentation of human remains and items of evidence (except in cases where health risks posed to personnel outweigh the benefits of the recovery of remains).

**Definition:** Fatality Management is the ability to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident.



2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 3.4.1</b> Sustain, evaluate and improve the Florida Comprehensive Emergency Management Plan Mass Fatality Plan, through coordination with a Medical Examiner Commission standing committee to oversee emergency operations plan maintenance.</p>	<ul style="list-style-type: none"> <li>• Approved State Comprehensive Emergency Management Plan, Fatality Management Plan</li> </ul>
<p><b>Strategy 3.4.2</b> Sustain, evaluate and improve the Florida Emergency Mortuary Operations Response System (FEMORS) capability including response team readiness, equipment and supplies maintenance.</p>	<ul style="list-style-type: none"> <li>• Quarterly FEMORS Status Report and FEMORS team sustainment and management services reports</li> <li>• Final Training and Exercise Report</li> </ul>
<p><b>Strategy 3.4.3</b> Enhance district and healthcare plans by ensuring that partnerships, mutual aid and linkages to Emergency Management are established. Provide training, tools and resources to sustain, evaluate and improve district and healthcare fatality plans.</p>	



# GOAL 4: COUNTERMEASURES AND MITIGATION

**Goal 4: COUNTERMEASURES AND MITIGATION** ensures that appropriate and effective countermeasures are available to mitigate the health consequences of any event. This goal encompasses the Medical Countermeasures Dispensing, Non-Pharmaceutical Interventions, and Responder Safety and Health capabilities.

## OBJECTIVE 4.1 - MEDICAL COUNTERMEASURES DISPENSING CAPABILITY



Desired Outcome: Appropriate drug prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event, to treat or prevent the development of disease in exposed individuals.

Definition: Medical countermeasures dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, and antitoxins) in support of treatment or prophylaxis to the identified population, in accordance with public health guidelines and recommendations.

### 2012-2014 STRATEGIES

**Strategy 4.1.1** Sustain, evaluate and improve the ability to execute the distribution and dispensing of countermeasures to an affected population, demonstrated through exercises and/or real-world response activities.

**Strategy 4.1.2** Sustain established relationship with the Florida Poison Control Centers to support surge for all-hazard emergency call centers, to meet demand for medical and pharmaceutical expertise.

### 2011-2012 PROCESSES & DELIVERABLES

- Updated State Strategic National Stockpile (SNS) Appendix
- Updated annual SNS, Cities Readiness Initiative (CRI) and Chempack Program Evaluations
- CRI Program Expansion
- Quarterly Poison Control Center reports

## OBJECTIVE 4.2 - NON-PHARMACEUTICAL INTERVENTIONS CAPABILITY

**Desired Outcome:** Individuals who are ill, or well persons who have been exposed to a case of communicable disease during its period of communicability, are separated and their movement is restricted to limit spread of a newly introduced communicable disease (e.g. pandemic influenza or SARS). Basic necessities of life are made available to affected persons and their health is monitored.



**Definition:** Non-pharmaceutical interventions are actions to mitigate disease, injury, and exposure and do not depend on vaccines and medications. These actions may include: isolation and quarantine; school and workplace closure; restrictions on movement and travel advisories; social distancing; external decontamination; and other precautionary protective behaviors. Successful implementation requires legal authority, logistical support, and crisis and emergency risk communications capability to maintain these measures.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 4.2.1</b> Sustain, evaluate and improve ability to recommend and implement strategies for disease, injury and exposure control to protect the health of the population.</p>	
<p><b>Strategy 4.2.2</b> Sustain, evaluate and improve the Isolation and Quarantine Annex of the DOH EOP.</p>	<ul style="list-style-type: none"> <li>• Updated DOH EOP Isolation and Quarantine Annex</li> <li>• Isolation and Quarantine Asset Team Typing Documents</li> </ul>
<p><b>Strategy 4.2.3</b> Develop tools and resources to assist local communities with accomplishing non-pharmaceutical interventions.</p>	

## OBJECTIVE 4.3 - RESPONDER SAFETY AND HEALTH



**Desired Outcome:** No illnesses or injury to any first responder, first receiver, medical facility staff member or other skilled support personnel, as a result of preventable exposure.

**Definition:** Responder Safety and Health (RSH) Capability ensures that plans, personnel, equipment and systems are in place to protect the safety and health of responders.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 4.3.1</b> Sustain, evaluate and improve plans and processes to identify responder safety and health risks, recommend personal protective interventions and disseminate protective measures.</p>	<ul style="list-style-type: none"> <li>• DOH RSH Program Planning Documentation</li> <li>• County RSH Tools and Resources</li> </ul>
<p><b>Strategy 4.3.2</b> Sustain healthcare responders Level “C” Personal Protective Equipment (PPE); and chemical, radiological, and other prophylaxis measures, to ensure RSH programs statewide.</p>	<ul style="list-style-type: none"> <li>• Enhanced responder PPE and pharmaceutical caches based on Hazard Vulnerability Analysis</li> </ul>
<p><b>Strategy 4.3.3</b> Sustain responder safety pharmaceutical countermeasure caches based on hazard analysis.</p>	
<p><b>Strategy 4.3.4</b> Ensure healthcare facilities and responders have easy access to protective measures for all hazards, including chemical and radiological events.</p>	

# GOAL 5: SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION

**Goal 5: DETECTION, SURVEILLANCE AND INVESTIGATION** ensures systems are in place to detect, monitor/track, investigate and mitigate chemical, biological, radiological, nuclear, and explosive (CBRNE) threats and their associated health consequences. This goal encompasses the Surveillance and Epidemiological Investigation, Laboratory Testing, CBRNE Detection, and Environmental Health capabilities.

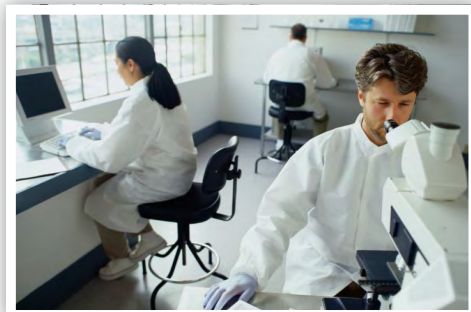
## OBJECTIVE 5.1 - SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION CAPABILITY

Desired Outcome: Potential exposure to disease is identified rapidly by determining exposure, mode of transmission and agent; interrupting transmission to contain the spread of the event; and reducing number of cases.

Definition: Surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine disease surveillance and detection systems and epidemiology investigation processes, as well as, to expand these systems and processes in response to incidents of public health significance.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 5.1.1</b> Maintain competent, trained and qualified epidemiology workforce capable of conducting epidemiologic investigations and providing surge capacity for large outbreaks or other public health emergencies.</p>	<ul style="list-style-type: none"> <li>• Updated EPI asset typing documentation</li> <li>• Epidemiology Competency Training</li> <li>• CHD Epidemiology Services, based on established quality standards</li> <li>• Maintain epidemiology support tools and resources</li> </ul>
<p><b>Strategy 5.1.2</b> Sustain, evaluate and improve protocols, procedures and systems to support investigations. Existing surveillance systems include MERLIN, ESSENCE and the Poison Information Center Network. Protocols and procedures include: maintaining contact lists of key partners; case report forms and definitions; a communications methodology to inform those responsible of changes in standard protocols and procedures; and a review procedure to evaluate and update existing protocols and procedures.</p>	<ul style="list-style-type: none"> <li>• Enhanced Electronic Lab Reporting (ELR) and Surveillance Systems meeting “Meaningful Use” requirements</li> <li>• Maintained Merlin, ESSENCE, Epi Gateway Applications</li> <li>• Enhanced Electronic Laboratory Reporting</li> <li>• Enhanced MERLIN, ESSENCE and EpiCom Applications</li> </ul>
<p><b>Strategy 5.1.3</b> Develop plans, protocols and procedures for enhanced surveillance and real-time data reporting during an event.</p>	<ul style="list-style-type: none"> <li>• Updated Epidemiology Annex</li> </ul>

## OBJECTIVE 5.2 - LABORATORY TESTING CAPABILITY



**Desired Outcome:** Potential exposure to disease is identified rapidly by determining exposure and mode of transmission and agent, interrupting transmission to contain the spread of the event, and reducing the number of cases.

**Definition:** Laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual

or potential exposure to all hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 5.2.1</b> Maintain competent, trained and qualified laboratory workforce capable of conducting laboratory testing for chemical, biological, and radiological agents.</p>	<ul style="list-style-type: none"> <li>• Rapid detection and confirmation capacity for exotic strains of influenza virus</li> </ul>
<p><b>Strategy 5.2.2</b> Sustain, evaluate and improve plans, procedures and systems to meet requirements and standards of the Laboratory Response Network (LRN), which includes, at a minimum, the biological and chemical capabilities.</p>	<ul style="list-style-type: none"> <li>• Sentinel Laboratories meet Biological LRN requirements</li> <li>• First Responder Sample Collection and Laboratory Awareness Training</li> <li>• LRN validated biological testing at the reference level</li> <li>• Department of Agriculture and Consumer Services Interagency Funding Agreement Deliverables</li> <li>• LRN Level 1 CT Laboratory Testing Capacity</li> </ul>
<p><b>Strategy 5.2.3</b> Sustain, evaluate and improve the State of Florida Comprehensive Laboratory Response Plan.</p>	<ul style="list-style-type: none"> <li>• Updated State of Florida Comprehensive Laboratory Response Plan and Exercise</li> </ul>
<p><b>Strategy 5.2.4</b> Sustain, evaluate and improve the Laboratory Information Management System.</p>	<ul style="list-style-type: none"> <li>• Enhanced LabWare Public Health Laboratory Information Management System</li> </ul>
<p><b>Strategy 5.2.5</b> Monitor federal direction related to Laboratory Response Network standards for radiological testing.</p>	

## OBJECTIVE 5.3 - ENVIRONMENTAL HEALTH CAPABILITY

**Desired Outcome:** Disease and injury are prevented through the rapid detection, identification and characterization of environmental hazards, which include chemical, biological, radiological, nuclear and/or high-yield explosives (CBRNE) materials. This also includes exposure to infectious diseases that are secondary to the primary event, as well as, secondary transmission modes.

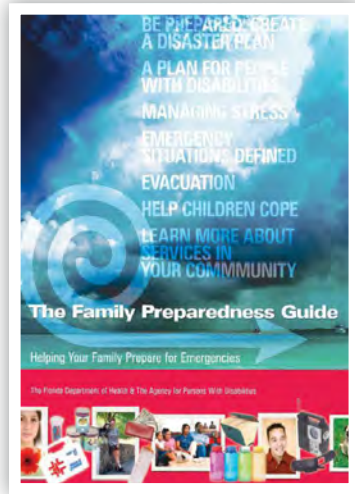
**Definition:** The Environmental Health Capability addresses detection; monitoring of long-term health impacts; control of exposure to biomedical waste; promotion of personal hygiene; inspection of facilities for proper sanitary practices and equipment; ensuring proper functioning of onsite sewage treatment and disposal systems; protection of drinking water wells from contamination; investigation of the cause of food and waterborne disease outbreaks; protection of the public from zoonotic and vector-borne diseases; and conducting assessments in response to public health needs.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 5.3.1</b> Maintain competent, trained and qualified Environmental Health (EH) workforce capable of conducting environmental health services and support during natural or man-made disasters.</p>	<ul style="list-style-type: none"> <li>• Credentialing Implementation Status Report, integrating EH Strike Teams</li> <li>• Environmental Epidemiology Surveillance and Training</li> </ul>
<p><b>Strategy 5.3.2</b> Sustain, evaluate and improve plans, protocols and ongoing surveillance activities for environmental health issues.</p>	<ul style="list-style-type: none"> <li>• Updated DOH EOP Environmental Health Annexes, Appendices and Standard Operating Procedures</li> <li>• Updated EH Preparedness Tools and Resources</li> <li>• Enhanced ESSENCE-FPIC and RTDD-ESSENCE</li> <li>• Vector-borne and Zoonotic Data Management Application</li> </ul>
<p><b>Strategy 5.3.3</b> Integrate public health and healthcare components into state CBRNE detection initiatives.</p>	
<p><b>Strategy 5.3.4</b> Sustain, evaluate and improve surveillance, monitoring systems, recovery planning and remote locations for CBRNE detection and identification.</p>	<ul style="list-style-type: none"> <li>• Special Events Technical Support</li> <li>• Chemical and Radiological Surveillance Reports</li> </ul>

# GOAL 6: COMMUNITY PREPAREDNESS

**Goal 6: COMMUNITY RESILIENCE** requires an informed, empowered and resilient public; and a prepared healthcare system. This goal encompasses the Community Preparedness, Critical Infrastructure Protection, and Community and Healthcare System Recovery capabilities.

## OBJECTIVE 6.1 - COMMUNITY PREPAREDNESS CAPABILITY



**Desired Outcome:** Community healthcare systems are prepared for and can recover quickly from all hazards.

**Definition:** Community preparedness is the ability of communities to prepare for, withstand, and recover - in both the short and long terms - from public health incidents. Community healthcare system resilience relies on the ability to ensure access to culturally informed, timely and high-quality healthcare, as well as a robust public health system. Community preparedness is accomplished through partnerships with state and local emergency management, state and local governmental non-emergency services agencies, community-based organizations, governmental and non-governmental entities serving vulnerable populations and other NGOs.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 6.1.1</b> Sustain, evaluate and improve efforts to integrate the needs of vulnerable populations into preparedness planning, training and exercises.</p>	<ul style="list-style-type: none"> <li>• Updated Vulnerable Population Tools and Resources</li> <li>• Disability Coordinator Interagency Agreement Deliverables</li> <li>• Neighborhood Emergency Preparedness Program and home care course assessment</li> <li>• Pediatric Health Preparedness strategy and resource development</li> </ul>
<p><b>Strategy 6.1.2</b> Integrate health and medical information into all-hazards preparedness training and education for residents and visitors.</p>	<ul style="list-style-type: none"> <li>• Healthcare System Preparedness contract deliverables</li> </ul>

**OBJECTIVE 6.2 - CRITICAL INFRASTRUCTURE PROTECTION CAPABILITY**

Desired Outcome: The risk, vulnerability, and consequences of an attack on critical infrastructure are reduced or eliminated.

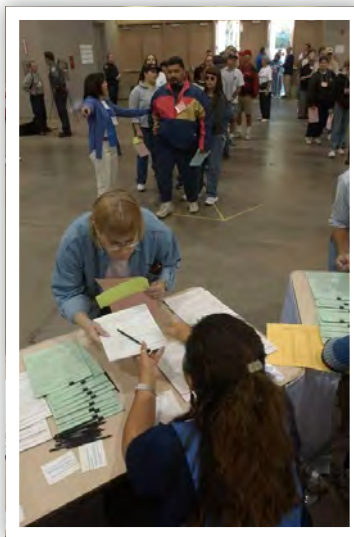
Definition: Critical Infrastructure Protection is the ability for public and private entities to identify, assess, prioritize, and protect critical infrastructure and key resources so they can detect, prevent, deter, devalue and mitigate deliberate efforts to destroy, incapacitate or exploit Florida’s critical infrastructure and key resources.



2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 6.2.1</b> Enhance integration of Healthcare and Public Health sector of critical infrastructure (CI) and key resources (KR) into State Critical Infrastructure Programs.</p>	<ul style="list-style-type: none"> <li>• Health and Healthcare CI/KR Strategic Plan</li> <li>• Updated Automated Critical Asset Management System with additional Facility Hazard Vulnerability Analysis</li> </ul>
<p><b>Strategy 6.2.2</b> Identify, assess, monitor, and analyze the dependencies and interdependencies of the Healthcare and Public Health CI/KR to inform the protection, mitigation, response and recovery cycles.</p>	<ul style="list-style-type: none"> <li>• Health and Healthcare CI/KR Analysis</li> </ul>



## OBJECTIVE 6.3 - COMMUNITY AND HEALTHCARE SYSTEM RECOVERY CAPABILITY



**Desired Outcome:** A structure and a process for ongoing collaboration between governmental and nongovernmental resources at all levels; Florida Medical Reserve Corps (MRC) Network Program volunteers, other volunteers, and nongovernmental resources are incorporated in plans and exercises. The public is educated and trained in the four mission areas of preparedness. Citizens participate in volunteer programs and provide surge capacity support. Nongovernmental resources are managed effectively in disasters and there is a process to evaluate progress.

**Definition:** Community recovery is the ability to collaborate with community partners (e.g. healthcare organizations, business, education and emergency management), to plan and advocate for the rebuilding of public health, medical, mental and behavioral health systems to, at least, a level of functioning comparable to pre-incident levels, and to improved levels where possible.

2012-2014 STRATEGIES	2011-2012 PROCESSES & DELIVERABLES
<p><b>Strategy 6.3.1</b> Partner with state/local agencies and associations to sustain, evaluate and improve plans, training, and exercises for Florida’s healthcare system.</p>	
<p><b>Strategy 6.3.2</b> Establish protocols for long-term health and behavioral health monitoring of the population following chemical, radiological or nuclear events.</p>	<ul style="list-style-type: none"> <li>• Long-term health and behavioral health monitoring research and resource development</li> </ul>
<p><b>Strategy 6.3.3</b> Partner with federal, state and local agencies and associations to develop plans and processes to re-establish routine healthcare delivery following disasters.</p>	

## II. THE PATH TO PREPAREDNESS

Florida faces many threats with the potential for negative health consequences, including disease outbreaks, natural disasters and terrorist attacks. Florida Statutes charge DOH to promote, protect, and improve the health of all people in Florida. The Division of Emergency Medical Operations (DEMO), Bureau of Preparedness and Response (BPR) recognizes that preparing for and responding to these threats requires the commitment of and cooperation among all segments of the healthcare system and the public.

In support of the PHHP Strategic Plan, the role of BPR is to:

- **Facilitate** a culture of preparedness in DOH through developing policy, ensuring a competent and trained public health workforce, and maintaining a viable DOH Emergency Operations Plan.
- **Guide** the state's public health and healthcare preparedness efforts through collaborative strategic planning and engaging and maintaining key partnerships.
- **Coordinate** the development of capabilities that build community resilience and ensure sustainable public health, healthcare, and emergency management systems. This coordination is accomplished through allocating federal funding; engaging partners; building sustainable planning, equipping, training and exercise processes; and sharing best practices.
- **Support** incident response through maintaining situational awareness, providing leadership and staff to the State Emergency Response Team, conducting incident planning, and mobilizing medical logistics.

Continuing the efforts that began immediately following the 9/11 terrorist attacks, BPR works with the diverse public health and healthcare stakeholders to develop and implement the PHHP Strategic Plan. This is the sixth iteration of the strategic plan, which incorporates lessons learned over the past ten years, as well as, the evolving national health-related preparedness and response strategies. The 2012-2014 strategic plan guides our efforts for the next three years and will be updated annually.

PHHP uses an enterprise strategic planning system that includes four components:

**1. Strategy Development:** Since 2007, the PHHP strategic objectives have been based on building capabilities necessary to successfully prevent, prepare for, respond to and recover from any hazard event. These capabilities are aligned with the National Target Capabilities and the Public Health Preparedness Capabilities. The National Health Security Strategy guided our goal development. This new framework allows continued alignment to the Florida Domestic Security Strategy.

Implementation of the framework requires commitment to four cross cutting priorities: (1) meeting the needs of our vulnerable populations, (2) developing a competent and trained workforce, (3) building sustainable processes, and (4) monitoring and measuring progress. Additional information on the cross-cutting priorities is outlined in Section IV.

**2. Strategy Implementation:** Florida utilizes a team-based approach to implement the PPHP goals, objectives, strategies and programs/projects. Three types of teams make up the strategic planning structure:

- Strategic Plan Oversight Team (SPOT) is comprised of interdisciplinary members that serve as the PPHP advisory body. The Oversight group focuses on setting strategic priorities, allocating resources, and monitoring progress against the objectives.
- Goal Area Teams focus on relationships among capabilities within a given Strategic Goal. These teams are responsible to identify efficiencies across capabilities and monitor implementation for alignment to strategies in the plan.
- Program Teams are responsible for implementation of specific deliverables developed for a given capability identified in the plan. The Program team includes individuals directly funded to implement the deliverables, as well as, external subject matter experts who provide advice on implementation.

The Program Teams annually review capability requirements, document the capabilities achieved, identify and prioritize gaps and recommend strategies and deliverables to close these gaps and sustain capabilities and capacities. The program teams' and deliverables are presented to the Goal and Oversight teams for the prioritization and approval process. This process informs federal funding requests and annual updates to the strategic plan.

**3. Program Management:** Beginning in 2007, PPHP initiated implementation of a project management framework designed to systematically build and sustain the capabilities identified in the strategic plan. In 2008, a common platform for the documentation of projects and management reporting was established through the acquisition of a Project Portfolio Management (PPM) tool. In 2011, PPHP transitioned to a program management framework that consolidated related projects and work activities, in order to better manage, achieve, and sustain our strategic capabilities. Program implementation requires that those identified to implement programs understand the scope, risks, and linkages of their programs to the overall preparedness system. Preparedness program managers have been provided a series of instructor-led and on-line program/project management training sessions, tools, and other supporting resources.

**4. Performance Measurement:** During the past eight years, PPHP has used multiple methods to measure preparedness capabilities and performance. These include:

- Achieving 100% compliance with all federal cooperative agreement performance measures for grant years 2008-2009 and 2009-2010.
- In 2006 and 2008, PPHP conducted extensive, internal assessments against the health and healthcare-related target capabilities. This data provided snapshots of capabilities and capacities achieved and helped identify gaps in preparedness. In 2010, PPHP participated in two federally-required, state-level, interdisciplinary capabilities assessments (the Domestic Security Capabilities Review and the State Preparedness Report assessment).

- In 2008, preparedness expectations were established for county health departments (CHD), and an annual CHD preparedness assessment was conducted to measure compliance.
- The PPM tool provides quarterly data on project performance and yearly data on project deliverables and objectives achieved.

During the years 2007-2010, the foundation for a performance measurement process was established, in order to provide actionable data to guide our strategic initiatives and to build sustainable public health, healthcare, and emergency management systems. Subsequently, the Capability Teams began identifying potential measures to populate individual capability scorecards. During the years 2011-2012, the initial set of performance measures will be completed that will monitor progress towards achieving the expected capability outputs and outcomes.

## III. CELEBRATING OUR SUCCESSES

Florida continues to build and improve its public health, healthcare and emergency management systems, and has been successful in responding to a variety of public health emergencies and disasters. These successes are attributable to many factors, including Florida's integrated emergency management structure, strong domestic security leadership, and the diversity, commitment and cooperation among partners in emergency management, law enforcement, hospitals, fire/rescue, emergency medical services, healthcare providers, universities, and other federal, state and local organizations.

### **Exercises:**

The true test of public health and healthcare capabilities is measured by the effectiveness of response to real-world events. Across Florida, local responders are called on each day to manage events with potential negative health impacts. In 2011, there were no incidents or events that required state level activation in support of local responders.

In the absence of emergency response to real-world events, the public health and healthcare system maintains a state of readiness through participation in exercises designed to test state and local capabilities using hazard specific scenarios. In 2011, local public and private entities conducted a variety of exercises to test both capability and capacity for response. The State Emergency Support Function 8 partners participated in two exercises designed to test state ability to support a local response for a "no-notice" biological event and a hurricane.

### **BioShield 2011**

Stage 1 – May 4, 2011 - The BioWatch Actionable Result Call

Stage 2 – May 5, 2011 - Activation and Notification

Stage 3 – May 19, 2011 - Allocation and Apportionment

Stage 4 – June 7-8, 2011 - Operation of Receipt, Store and Stage Facility and Management of SNS Assets

BioShield 2011 was developed and conducted to test the Florida Department of Health's ability to respond to a "no-notice" biological event and to meet guidance and requirements from the Centers for Disease Control and Prevention and the Public Health Emergency Preparedness Cooperative Agreement BP-10 grant.

The exercise was designed to test and validate policies and procedures outlined in the state's SNS Appendix to the DOH Logistics Support Annex, for activation of the Appendix as the result of a "no notice" event. It was intended to test various aspects of the Emergency Support Function 8 plans relating to the same event, to include Activation/Notification actions, Allocation and Apportionment problems, Crisis and Emergency Response Communications (an add on), and Strategic National Stockpile (SNS) Receipt, Stage, Store (RSS) operations. The ability to use these elements is required in an SNS plan per CDC guidance.

Lessons learned from BioShield 2006 and the response to the H1N1 pandemic of 2009-2010 were critical in the exercise design and activities chosen to be tested. BioShield 2006 showed the importance of having an available backup inventory system. That year's exercise

stopped when the DOH computer system failed to launch the inventory management system being used. As a result, a search was conducted to find a better electronic inventory management system, and to create an electronic spreadsheet and paper-based backup systems. BioShield 2011 tested the newly developed spreadsheet and paper-based backup systems.

The H1N1 response demonstrated the need for an inventory management system, as well as, new inventory procedures to ensure a fast and reliable accounting of inventory received. All of these “lessons learned” were tested during Bioshield 2011’s exercise events.

### Capabilities Tested:

- Information Gathering and Recognition of Indicators and Warnings
- Direct Medical Supplies Management and Distribution Tactical Operations
- Activate Medical Supplies Management and Distribution
- Repackage and Distribute
- Demobilization

### Major Strengths:

- The understanding of a comprehensive biological response by ESF8 and partner stakeholder leadership.
- The relationships between local, state, federal officials and contractors (the BioWatch representative and the inventory management company) to work together and problem solve.
- Earlier training allowed participants to be competent in their exercise roles and better prepared to train their Miami-Dade counterparts.
- The presence of experienced warehouse staff on the RSS team, including regional response personnel.

### Primary Areas for Improvement:

- Exercise events which are simultaneously performed in a real-world event should not be split into separate events. The events held May 4, 5 and 19 should be performed on the same day, not over a three day period, which included a two-week break.
- The lack of frequent training opportunities impedes success of the SNS program. Participants suggested multiple training events throughout the year for all RSS team members in all operational activities.
- The development of pre-defined pick lists which would list the items available from the SNS materiel, allowing them the ability to pick what they need.
- The need to develop threshold levels for re-supply of materiel (pharmaceuticals and medical supplies) to ensure materiel will not run short.
- The lack of guidelines and training documents for use of the bar-code scanning portion of Inventory Resource Management System.

### **Florida Hurricane Griffin – Statewide Hurricane Exercise – May 23 – 26, 2011**

The Hurricane Griffin - Statewide Continuity of Operations Plan (COOP)/Hurricane Exercise was developed to test the state’s ability to relocate from the State Emergency Operations Center in Tallahassee, to the alternate location in Camp Blanding. The new alternate facility, called the Joint Operations Center Training Facility (JOCTF), had never been tested before by the State Emergency Response Team (SERT). Once communications and operations were established at the JOCTF, the exercise transitioned to a SERT response to a Category 3 hurricane (Hurricane

Griffin) that impacted the southern, central and northern regions of Florida.

The exercise was developed to test roles and responsibilities of the SERT. ESF8's specific exercise objectives tested the EOC Management, Medical Logistics, Interoperable Communications, and Planning capabilities. The exercise planning team was composed of numerous and diverse agencies, including all members of the SERT. ESF8 appointed a single member to the exercise design team from DOH.

### Capabilities Tested:

- Communications
- Emergency Operations Center Management

### Major Strengths:

- Successfully relocated ESF8 logistics and planning staff to the JOCTF.
- Successfully implemented planning processes at an alternate Tallahassee location (including resource forecasting, establishing incident display boards and documentation), in order to provide the entire organization a better understanding of the overall situation.
- Regional Staffing Points of Contact were able to more quickly identify and recruit local personnel to support public health and medical missions than in previous exercises/ events.
- Successful implementation of COOP, in order to maintain core ESF8 functions at alternate locations did not hinder ESF8's ability to meet its primary responsibilities.
- Successfully established voice and data communications between the JOCTF and the Planning Section located in Tallahassee.

### Primary Areas for Improvement:

- Had difficulty fully implementing or maintaining communication resources (Video Over Internet Protocol [VOIP] and Radio Over Internet Protocol [ROIP]) within reasonable time frames when existing infrastructure was disrupted.
- Standard operating procedures for all-hazards functions were sometimes ignored or overlooked.
- The established mission management process was unclear to staff working off-site.

## BUILDING CAPABILITIES

The chart below shows the current state of each capability and a summary of accomplishments over the past year.

CAPABILITY	2011 SUCCESSES - CAPABILITIES ACHIEVED AND SUSTAINED
1.1 Risk Management	<p>PHHP utilizes its enterprise strategic planning model to assess and manage risks and ensure a return on investment through achieving robust public health and healthcare capabilities.</p> <ul style="list-style-type: none"> <li>• Maintained a strategic planning enterprise system to assess and manage risks at a systems level, including:                             <ul style="list-style-type: none"> <li>○ A strategy development process that assesses risks, documents capabilities achieved, and identifies and prioritizes gaps in capabilities that resulted in annual updates to the strategic plan.</li> <li>○ An implementation process using a team-based approach.</li> <li>○ A systematic program/project management model to design, implement, and evaluate programs/projects to achieve and sustain capabilities.</li> </ul> </li> <li>• Maintained partnerships with federal, state and local public and private entities, to ensure alignment and integration among all preparedness and response activities.</li> </ul>
1.2 Planning	<p>Florida's PHHP planning capability provides the framework for linking together individual resources and capacities into an integrated preparedness and response system. Plans are the foundation of preparedness and this capability provides a structure to ensure integration of plans at the local, regional and state level.</p> <ul style="list-style-type: none"> <li>• Implemented the "Plan Development Guide for State-level Operational Plans". This guide provides standards for creating consistent operational plans and tactical documentation. The Guide aligns with the federal Comprehensive Preparedness Guide (CPG) 101 for developing and maintaining state, tribal and local government emergency plans.</li> <li>• Received recognition from the Association of State and Territorial Health Officials for achieving State Public Health Ready recognition.</li> <li>• Continued participation in Project Public Health Ready (PPHR), a collaborative public health preparedness initiative with the National Association of County and City Health Officials (NACCHO), and the Centers for Disease Control and Prevention. Almost half (49%) of Florida's 67 counties received National Project Public Health Ready recognition. In addition, during the period July 2010 and July 2011, 14 counties submitted applications for re-recognition, and 20 counties submitted applications for initial recognition.</li> </ul>



CAPABILITY	2011 SUCCESSES - CAPABILITIES ACHIEVED AND SUSTAINED
<p>1.3 Training and Exercise</p>	<p>The PPHP Training and Exercise program provides an infrastructure to ensure a comprehensive and efficient training and exercise system. Training and exercises for the PPHP workforce have focused on ensuring new employees are well grounded in their roles, building ESF8 response roles and staff for deployable strike teams, and that response personnel receive Incident Command training to ensure a common understanding of the response structure.</p> <ul style="list-style-type: none"> <li>• Maintained a comprehensive PPHP Training and Exercise Learning Management System. An annual PPHP MYTEP is published, which aligns to federal and state guidelines. Public health and healthcare preparedness training and exercises have been standardized and streamlined through implementation of a two-tiered evaluation process. Tier I and Tier II is a well established process that requires and has undergone annual updates and continuous improvement since 2006. A detailed online application provides criteria necessary for review, and requests the developer to identify the links to the Strategic Plan and the MYTEP. A total of 25 curricula and 10 exercises have been approved during this cycle.</li> <li>• Implemented a process to ensure annual updates to existing public health and healthcare training and exercise tools and resources, including the Training Catalog, Calendar, and the HSEEP Mechanics Manual. These tools and resources are accessible at <a href="http://www.floridashealth.com/prepare/training.htm">http://www.floridashealth.com/prepare/training.htm</a></li> <li>• Developed the “Florida PPHP Disaster Workforce Credentialing White Paper” (July 2011). The white paper describes the credentialing framework, which consists of processes, procedures, tools and/or other resources to support the development of a qualified and prepared public health workforce.</li> <li>• Implemented an After Action Report Database from which reports can be generated using AAR data that has been entered from historical exercises and real events.</li> </ul>
<p>1.4 Emergency Public Information and Warning</p>	<p>Each of Florida’s 67 county health departments has at least one designated public information officer (PIO). DOH has many experienced communications professionals to assist with CERC messaging, training, exercising and planning at the state, regional and local levels. An ESF8 Information Management Unit can be activated during a response to any incident, to ensure effective, timely and accurate information is provided to internal and external audiences.</p> <ul style="list-style-type: none"> <li>• Completed the state CERC Annex and developed operational protocols including a CERC guidance procedure for county planners and PIOs, a rumor control procedure, and updated the Joint Information Center (JIC)/Joint Information System (JIS) guidelines.</li> <li>• Developed a web-based portal of risk and crisis communication resources for county PIOs, including a comprehensive CERC messages inventory.</li> <li>• Compiled 40 of 67 county health departments Crisis and Emergency Risk Communications Plans.</li> <li>• Developed DOH Virtual JIC/JIS Standard Operating Procedures.</li> </ul>

CAPABILITY	2011 SUCCESSES - CAPABILITIES ACHIEVED AND SUSTAINED
<p>2.1 Emergency Operations Coordination (ESF8)</p>	<p>The public health and healthcare system in Florida has demonstrated a strong capability to support responses to a variety of hazards over the past five years. Each of these activations required different levels of subject matter expertise and variations in Incident Command System (ICS) response structures. The State ESF8 currently has the capability to staff more than 40 ICS positions, with a minimum of three deep for each position.</p> <ul style="list-style-type: none"> <li>• Updated the ESF8 Appendix to the State Comprehensive Emergency Management Plan.</li> <li>• Sustained a State Medical Response System, including six State Medical Response Teams and a Florida Advanced Surgical and Transport Team.</li> <li>• Restructured the State ESF8 system using the Multi-Agency Coordination concept to ensure effective support to local events.</li> </ul>
<p>2.2 Information Sharing</p>	<p>Florida continues to expand and improve its health and medical voice and data communications infrastructure. The State Emergency Medical Services Communications Plan assigns radio frequencies for all EMS and hospitals. Florida Department of Health Emergency Notification System (FDENS) provides statewide alerting capability.</p> <ul style="list-style-type: none"> <li>• Continued implementation of a statewide standard application, to track the capabilities of critical health infrastructure. Florida is eighteen months into the three year implementation plan, with a goal of 80% coverage of populated areas.</li> <li>• Expanded FDENS to 20,000 users statewide, including county health departments; hospitals; healthcare providers; emergency medical services; law enforcement; and state agencies.</li> </ul>
<p>3.1 Emergency Triage and Pre-Hospital Treatment</p>	<p>Since 2002, EMS preparedness and response capabilities have been enhanced through partnerships, training, exercises and equipment distribution. EMS has increased its capacity to respond to threats and incidents in Florida through local, regional and state level cross-discipline strategic and tactical capability-based planning; training and exercises; and distribution of equipment, such as Level “C” PPE, chemical prophylaxis and mass casualty trailers.</p> <ul style="list-style-type: none"> <li>• Developed and sustained plans, including the State Ambulance Deployment Plan and the EMS Mass Casualty Strategic Plan.</li> <li>• Continued pre-hospital training, including strike team leader training and disaster trainings at the ClinCon conference, the Pediatric Symposium and the International Disaster Conference.</li> </ul>

CAPABILITY	2011 SUCCESSES - CAPABILITIES ACHIEVED AND SUSTAINED
3.2 Medical Surge	<p>To date, more than 70% of Florida's acute care hospitals have participated in the Hospital Preparedness grant program to support equipment purchases, training and exercises to increase hospital surge capacity. Community providers, such as Federally Qualified Health Centers and community-based programs, have received training in preparedness and continuity of operations planning.</p> <ul style="list-style-type: none"> <li>• Formalized a Hospital Inventory Monitoring Reporting system; revised hospital equipment lists to reflect minimum requirements and equipment for selected capabilities; and developed a Hospital Practical Application Testing process to verify equipment requirements are met during hospital site visits.</li> <li>• Provided disaster training to more than 75,000 hospital staff, including Incident Command System training, Occupational Safety and Health Administration first receiver decontamination training, and updated trauma training for acute care hospitals.</li> <li>• Developed an Alternate Care Site state plan with resources for local planning, training and exercises.</li> <li>• Developed draft Altered Standards of Care guidelines, which were broadly reviewed by health and medical stakeholders.</li> <li>• The Regional Disaster Behavioral Health Assessment Teams in two regions (Region 4 and Region 5) are now at full strength. There are more than 100 disaster behavioral health assessment team members ready to deploy statewide.</li> <li>• Assisted two counties (Broward and Monroe) with local Alternate Care Site plan development and exercises.</li> <li>• Added positive and negative pressure capability to the FDOH Western Shelter Gateway systems (3) used for mobile field treatment centers.</li> </ul>

CAPABILITY	2011 SUCCESSES - CAPABILITIES ACHIEVED AND SUSTAINED
<p>3.3 Volunteer Management</p>	<p>Efforts to increase the number of volunteers for all-hazard events have been very successful. Florida's MRC Network Program has 32 local units covering 55 of Florida's 67 counties, with a total of 13,821 volunteers statewide. A total of 10 Quality Improvement on-site visits are conducted annually or as needed, to identify best practices that can be shared with other MRC units in Florida and throughout the nation.</p> <ul style="list-style-type: none"> <li>• New Florida MRC Network volunteers increased annually by 102%, SERVFL missions increased by 118%, and active SERVFL registry accounts increased to 18,960. Florida MRC ID badges are deployed throughout the Network of 32 local MRC units for consistency in identification.</li> <li>• A new schedule manager application to effectively track responders and the ICS 203 Organization Assignment List were both implemented in SERVFL. Training on the new enhancements was completed with local and regional SERVFL administrators in Florida.</li> <li>• The MRC Core Competency Training Program continues to be enhanced with a web page specifically for online reporting and tools for local MRC Coordinators. The MRC Core Competencies was launched by the Florida MRC Network Program, via web-based learning through a partnership with Nova Southeastern University.</li> <li>• A 2011 Prudential Davis Productivity Award was presented to the Florida MRC Network Program as a result of the efficient H1N1 response and over \$500,000 in services provided by Florida MRC Network Program volunteers and units.</li> <li>• The Emergency System for Advanced Registration of Volunteer Health Professionals State Coordinator participated in the following workgroups: ESAR-VHP Pandemic and All-Hazards Preparedness Act Interoperability Demonstration Plan, ESAR-VHP Program Costs and Sustainability, and ESAR-VHP Coordination with Other ESF8 Response Entities.</li> </ul>
<p>3.4 Mass Care</p>	<p>Mass care training and operations continues to result in best practices for Florida. Medical Shelter Teams are identified in local Emergency Operations Plans and these teams are prepared to provide medical sheltering during large scale responses.</p> <ul style="list-style-type: none"> <li>• Maintained, assessed and enhanced county Special Needs Shelter Teams.</li> <li>• Nurse Strike Teams were established in two regions; these teams have been trained and have exercised response capabilities.</li> <li>• A one-hour Special Needs Shelter Overview Course was established and deployed statewide as an introductory course on the Department of Health's role in sheltering.</li> <li>• A refresher skills online course was launched for increased accessibility that helps with health and medical sheltering clients.</li> <li>• Special Needs Shelter Interagency Committee is being utilized to assist the Division of Emergency Management (DEM) with planning considerations and operations for Functional Needs Support Services.</li> </ul>

CAPABILITY	2011 SUCCESSES - CAPABILITIES ACHIEVED AND SUSTAINED
3.5 Fatality Management	<p>Florida maintains a robust fatality management capability. FEMORS was inaugurated in July 2002 with a handful of individuals focused on the unique challenges of fatality management response. Now in its tenth year of operation, FEMORS provides a cadre of more than 200 forensic professionals and a full cache of portable morgue equipment, as response assets to meet surge capacity needs of Medical Examiners. FEMORS has:</p> <ul style="list-style-type: none"> <li>• Maintained and exercised the FEMORS' team and equipment.</li> <li>• Produced an on-line awareness level training module on Fatality Management for Healthcare Settings.</li> <li>• Convened subject matter experts and produced the "Fatality Management Response in a Chemical, Radiological, or Nuclear Environment: Concept of Operations Plan and Action Steps Plan."</li> </ul>
4.1 Medical Countermeasure Dispensing	<p>Florida has demonstrated a robust capability to distribute and dispense biomedical countermeasures at the state and local level through comprehensive planning, training, exercises and real-world response.</p> <ul style="list-style-type: none"> <li>• The Mass Prophylaxis and Treatment Annex was approved.</li> <li>• Florida received a SNS Technical Assistance Review score of 100% in 2011.</li> <li>• Florida's 13 CRI jurisdictions successfully completed all required drills. The effectiveness of Florida's mass prophylaxis capabilities were demonstrated during the H1N1 response.</li> </ul>
4.2 Non-Pharmaceutical Interventions	<p>Florida is beginning to build its isolation and quarantine capability.</p> <ul style="list-style-type: none"> <li>• The Isolation and Quarantine Annex was approved.</li> <li>• Voluntary isolation and quarantine of H1N1 cases was utilized early in the pandemic; this has also occurred following the introduction of measles cases in the state.</li> <li>• Regular open communication channels have been established between the Bureau of Epidemiology and the CDC Miami Quarantine Station.</li> </ul>
4.3 Responder Safety and Health	<p>Many local jurisdictions and organizations have Responder Safety and Health (RSH) programs that have not yet been fully evaluated.</p> <ul style="list-style-type: none"> <li>• A statewide assessment was conducted during this last cycle to identify gaps and best practices via an Online RSH County Health Department Self Assessment that was distributed to 67 CHDs. Eight CHDs were identified as having robust RSH plans, and 6 of those 8 plans were submitted for review and incorporation into the RSH SOG.</li> <li>• The Public Health RSH Annex was drafted and submitted for approval. A Concept of Operations plan is in place to alleviate gaps during the approval of the RSH Special Operations Group.</li> <li>• Sustained PPE equipment and chemical antidotes for first responders.</li> </ul>

CAPABILITY	2011 SUCCESSES - CAPABILITIES ACHIEVED AND SUSTAINED
4.4 Medical Logistics	<p>The ESF8 Medical Logistics capability responded quickly and effectively to the SNS push at the beginning of the H1N1 response and supported pharmaceutical and PPE supplies for all counties in Florida. State ESF8 Logistics encompasses more than \$7.5 million in inventory distributed among 12 warehouse locations across the state.</p> <ul style="list-style-type: none"> <li>• A Logistics Annex was approved, which allows for forecasting and logistical modeling to assist the State in supporting local needs during an event.</li> <li>• A medical logistics system was developed, including 10 warehouses statewide with caches of ventilators, PPE, IT equipment and alternate medical treatment site equipment to support local needs during an event.</li> </ul>
5.1 Surveillance and Epidemiological Investigation	<p>Florida has a comprehensive epidemiological surveillance and investigation capability. Since 2001, more than 75 positions a year have been funded to build local surveillance and response capacity, and the Florida Epidemic Intelligence Service (EIS) fellowship program has produced 35 well-trained public health epidemiologists by placing fellows in local health departments to assist during emergency field epidemiological investigations.</p> <ul style="list-style-type: none"> <li>• The Pandemic Influenza, Biological Incident Support and Smallpox annexes were approved.</li> <li>• Maintained a robust network of trained state and local epidemiologists throughout Florida, including training Florida EIS Fellows in county health departments. Competencies are maintained through monthly Grand Rounds teleconference trainings, biweekly conference calls and a weekly webinar training series.</li> <li>• ESSENCE added several new data sources and features including: the addition of 11 new hospitals and one urgent care center, bringing the total number of participating hospitals and urgent care centers to 156 and 20, respectively. This improved system performance through the installation of new hardware; improved system disaster recovery making the system more resistant to power and network failures; expanded the inclusion of emergency department discharge disposition data to over 100 facilities; added user customizable data dashboards and alert lists for all available data sources; added new data visualizations to improve data summary reports; added statistical summary table functionality; and improved the ability to share results internally with other users of ESSENCE. As a result of the Florida specific customization, the system was the winner of the 2011 National Healthcare Information and Management System Society Public Health Davies Award of Excellence for positively impacting population health by optimizing health information technology.</li> <li>• MERLIN accomplished 6 releases and additional laboratories were brought into compliance through electronic laboratory reporting. All major laboratories are now participating in electronic laboratory reporting at a production level, and approximately 60% of all reported cases in MERLIN have at least one electronic lab associated with the case. Initiated automated case generation and processing for two high volume diseases, leading to an estimated time saving of approximately 30 minutes per case (processing case, data entry, interpretation of laboratory results) and an estimated savings of 6.3 Full Time Employees annually; this change also reduced the average time to enter cases into the system and ultimately submit the case notification to CDC by 7.5 days.</li> </ul>

CAPABILITY	2011 SUCCESSES - CAPABILITIES ACHIEVED AND SUSTAINED
<p>5.2 Laboratory Testing</p>	<p>Florida has developed and enhanced a strong network of partners to provide the state with biological, chemical and limited radiological laboratory testing capability and training. The partner laboratories and their roles, responsibilities and capabilities are outlined in the Comprehensive Laboratory Response Plan, which was developed in 2004 and is updated annually. In 2010, Florida received the first-ever “Excellence in Partnerships” Award from the CDC and the Association of Public Health Laboratories.</p> <ul style="list-style-type: none"> <li>• Florida has maintained and enhanced its Level I Chemical Laboratory testing capability and has conducted a major Chemical Threat exercise with state and national partners for the past several years.</li> <li>• Florida has maintained its five Laboratory Response Network (LRN) reference laboratories, including four Department of Health Labs and one Department of Agriculture and Consumer Services Lab.</li> <li>• Maintained the Advanced Capacity Hospital Laboratory Network, which includes five hospital laboratories capable of conducting rapid testing.</li> <li>• Continued to offer Packaging and Shipping training for all sentinel hospital laboratories (approximately 450 individuals trained over the past year) and First Responder Sample Collection training (approximately 700 individuals trained over the past year).</li> </ul>
<p>5.3 Environmental Health</p>	<p>The CBRNE Detection capability is managed within the Environmental Health capability. The program has begun training hospital personnel, environmental health staff, emergency responders and epidemiologists in CBRNE detection and response. Population monitoring by the Bureau of Radiation Control during large-scale events is one of the tasks performed in this capability. A CBRNE epidemiologist partners with the Florida Poison Control Centers to catalogue and track all exposures related to CBRNE events.</p> <ul style="list-style-type: none"> <li>• BioWatch Exercises were held in Miami-Dade and Tampa.</li> <li>• Partnered with the Poison Control Network for real-time disease detection.</li> <li>• Sustained the Preventative Radiological and Nuclear Detection program.</li> <li>• Provided Emergency Medical Radiological training to physicians and hospital radiological staff.</li> </ul> <p>In existence since 2001, the Environmental Health capability provides local entities assistance with: emergency response planning; hazard and vulnerability analysis; strike team development, training and exercises; food and waterborne disease outbreak investigations; Florida Fusion Center integration; zoonotic disease information; and GIS services for all ESF8 partners.</p> <ul style="list-style-type: none"> <li>• Developed standard operating guidelines for Food and Waterborne Disease Program Emergency Response, Zoonotic Response, Surveillance and Control of Selected Mosquito-borne diseases, and Water Emergency Response.</li> <li>• Environmental Health surveillance priorities have been integrated into MERLIN. This includes production of an extract from MERLIN for the Department of Agriculture and Consumer Services application, RAD Animal Database and the implementation of extended data screens.</li> <li>• Environmental Health competencies have been maintained through online and webinar training on the use of field computers for environmental health emergency assessments during a response, and through satellite broadcasts covering a range of environmental epidemiology topics including pan flu, food borne disease investigation, Rift Valley fever and Rabies prevention and control.</li> </ul>

CAPABILITY	2011 SUCCESSES - CAPABILITIES ACHIEVED AND SUSTAINED
6.1 Community Preparedness	<p>The Community Preparedness capability includes outreach to the public to increase citizen preparedness through the Neighborhood Emergency Preparedness Program (NEPP), and a focus on outreach to vulnerable populations.</p> <ul style="list-style-type: none"> <li>• A Neighborhood Emergency Preparedness Online Toolkit was launched for local capacity building.</li> <li>• NEPP was expanded to 46 communities in Florida, resulting in additional neighborhood preparedness plans. Of these, 28 NEPP communities participated in tabletop exercises to test their preparedness plans and developed After Action Reports/Corrective Action Plans. The total population served by NEPP during this reporting period is 143,876.</li> <li>• Home Care Series satellite broadcast was conducted with over 400 participants. Florida State University School of Medicine web site maintains the recorded broadcast.</li> <li>• Training and orientation on Americans with Disabilities Act was provided to local emergency managers and persons with disabilities. Twelve workshops on preparedness for persons with disabilities were offered, with close to 1,000 attendees.</li> </ul>
6.2 Critical Infrastructure Protection	<p>Assessments of more than 150 critical healthcare facilities statewide have been completed using the Automated Critical Asset Management System (ACAMS). A Healthcare Facility Security Assessment Instrument was recently developed and specifically tailored to the healthcare and public health sector of critical infrastructure as a supplement to ACAMS; and to provide facility owners with a written report of assessment findings, mitigation techniques, and documentation necessary to pursue internal and external funding opportunities.</p> <ul style="list-style-type: none"> <li>• Completed HVAs for all Florida acute care hospitals; this information is used by hospitals to improve their protection as critical infrastructure, and is shared with Fusion Centers and law enforcement.</li> <li>• Integrated healthcare sector into Florida Critical Infrastructure Program through participation in the State Working Group on Preparedness Critical Infrastructure Committee.</li> </ul>
6.3 Community Healthcare System Recovery	<p>The Community Healthcare System Recovery is a new capability.</p>



## FLORIDA DEPARTMENT OF HEALTH PREPAREDNESS COOPERATIVE AGREEMENT AWARDS FUNDING CYCLES 2002 – 2011

Year	CDC Public Health Preparedness	CDC Pandemic Influenza Preparedness and/or H1N1 Response	HRSA/ ASPR Pandemic Influenza Preparedness and/or H1N1 Response	HRSA/ ASPR Hospital Preparedness Program	Annual Total
2002-03	\$40,581,081			\$6,441,669	\$47,022,750
2003-04	\$47,457,596			\$25,775,967	\$73,233,563
2004-05	\$39,015,079			\$25,975,967	\$64,991,046
2005-06	\$33,560,014	\$4,633,819		\$26,311,287	\$64,505,120
2006-07	\$33,822,883	\$12,134,261	\$3,726,035	\$25,638,227	\$75,321,406
2007-08	\$32,281,767	\$9,178,384		\$23,432,938	\$64,893,089
2008-09	\$32,844,973			\$22,422,494	\$55,267,467
2009-10	\$32,774,175	\$72,571,686	\$5,348,721	\$20,280,168	\$130,974,750
2010-11	\$33,154,444			\$21,973,177	\$55,127,621
2011-2012	\$27,257,909			\$19,720,658	\$46,978,567
Total	\$352,749,921	\$98,518,150	\$9,074,756	\$217,972,552	\$678,315,379

### IV. THE JOURNEY CONTINUES

The PPHP Strategic Plan sets our course for the next three years. DOH and the healthcare system are working to achieve community resilience and strong public health, healthcare and emergency management systems. The plan focuses on building specific capabilities and successful implementation, which requires commitment to four cross-cutting themes: (1) meeting the needs of vulnerable populations, (2) developing a competent and trained workforce, (3) building sustainable processes, and (4) monitoring and measuring progress.

#### 1. MEETING THE NEEDS OF VULNERABLE POPULATIONS

The effects of recent disasters and response evaluations have highlighted the need for better identification and enhanced planning to ensure that the needs of vulnerable populations are met in a coordinated way through all phases of planning, preparedness and response, to mitigate the potential for adverse health outcomes. Federal guidance has incorporated specific requirements for vulnerable populations that focus on addressing public health and medical needs (including behavioral and mental health) in a comprehensive functional approach that includes provisions for maintaining independence, communication, transportation, supervision and medical care.

While Florida has implemented a number of initiatives to address these needs and made significant strides in improving overall preparedness for those at-risk, there remains the need for better coordination across agencies to develop a broader integrated approach for preparedness and response planning. We need to:

- Understand the nature of the vulnerabilities that put individuals more at risk.
- Develop methodologies for identification and needs determination.
- Develop strategies for meeting those needs during disasters to enhance existing plans and capabilities.

## 2. DEVELOPING A COMPETENT AND TRAINED WORKFORCE

Minimizing the loss of life, injury and illness is achieved by people helping people. Successful implementation of each capability requires that a workforce with specialized knowledge, skills, and abilities be available at the right time and place. During the 2012-2014 timeframe, Florida will continue developing a credentialing system for key response roles, typing assets and providing training and education opportunities to individuals and teams.

## 3. BUILDING SUSTAINABLE PROCESSES

Since 2002, Florida public health and healthcare partners have focused on building preparedness and response capabilities that did not previously exist, or strengthening existing capabilities to ensure the surge capacity needed for a large scale disaster. Building and strengthening these capabilities required assessing threats, developing plans, and equipping, training, and exercising the workforce engaged in the capability. Each capability generates multiple processes that rarely operate in isolation and must link to the other processes that impact them. The 2009 Linkages Project helped to identify those connections. A future focus is to ensure that each capability achieved can be translated into processes that integrate into a seamless preparedness and response system, which can be sustained with the minimum amount of resources.

## 4. MONITORING AND MEASURING PROGRESS

Monitoring and measuring progress is critical for quantifying the level of readiness and allocating resources effectively. Establishing a performance measurement system is an iterative process that requires a long-term commitment to excellence. In 2004, PPHP adopted the WF Kellogg performance measurement model to support the implementation of the then Public Health and Medical Preparedness Strategic Plan. The model was designed for public health and includes capability and capacity measures as part of the overall performance measurement system.

During 2007-2010, Florida used a variety of initiatives to monitor and measure progress, which are described in Section II of this document. The Capability Teams have made considerable progress in identifying capability/capacity outcomes and process measures designed to monitor progress in achieving public health and medical readiness. The initial stages of developing measures began with answering the question “What does success look like?” During 2012-2014, Florida will refine the measures of success into performance measures, establish targets for each measure, identify data sources and sets, collect baseline data and develop score cards for each capability.

As the journey continues, the strategic plan is an evolving document that will change as new threats emerge, capabilities are achieved, and best practices are discovered and implemented. Each year, we will review and update the plan to set priorities for the subsequent three years.

### V. ACKNOWLEDGING OUR PARTNERS

An essential strength of public health and healthcare preparedness and response in Florida is its robust partnerships. These partnerships have moved us toward our common objectives and ensured the success of recent responses. We continue to rely on and appreciate the commitment of time and expertise provided by these partners:

- The Florida Domestic Security Oversight Council
- The State Working Group on Preparedness Executive Board and Committees
- The seven Regional Domestic Security Task Forces
- The EMS Advisory Council and Constituent Groups
- Florida Division of Emergency Management
- The State Emergency Response Team
- The Strategic Planning Oversight Team
- The PPHP Capability Teams
- Federal funding partners: U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, the Assistant Secretary for Preparedness and Response and the Department of Homeland Security
- State and community associations (Florida Hospital Association, Florida Healthcare Association, Florida Association of Community Health Centers, and many others)
- All state, regional, local and tribal partners throughout Florida



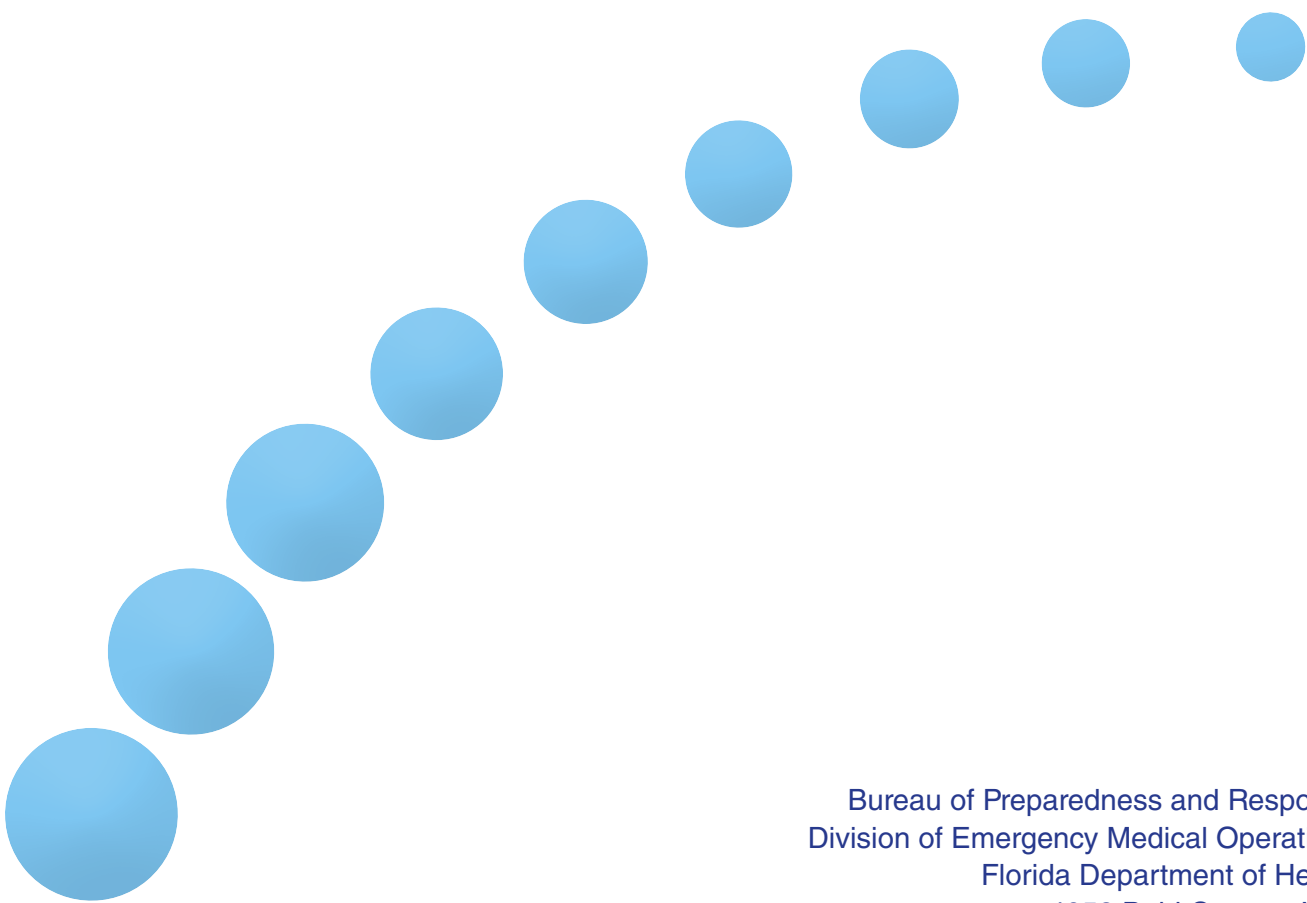




Florida's Public Health and Healthcare System  
**PREPARES & RESPONDS**



**FLORIDA DEPARTMENT OF HEALTH BUREAU OF PREPAREDNESS AND RESPONSE**

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