Florida Department of Health
Strategic Priorities for Preparedness Activities
Associated with the Public Health Emergency Preparedness Cooperative Agreement
and the Healthcare System Preparedness Cooperative Agreement

July 2017 – June 2022

Maintained by the
Bureau of Preparedness & Response
Division of Emergency Preparedness and Community Support

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Overview

The purpose of this document, Strategic Priorities for Preparedness Activities Associated with, is to establish a common roadmap forward for preparedness activities as a part of the Public Health Emergency Preparedness Cooperative Agreement and the Healthcare System Preparedness Cooperative Agreement over the next five-year funding period. The hazard focus areas, capability priorities, function/activity levels and implementation strategies frame where funding, work effort, resources and time should be devoted during this grant period. This information will serve as the foundation for development of annual work plans and projects to build preparedness capability within Florida's public health and health care system.

The priorities and strategies within this document were developed as a part of a stakeholder workshop conducted in December of 2016 among state and local preparedness partners representing multiple aspects of the public health and health care system.

Hazard Focus Areas

The Preparedness Strategic Planning Oversight Team (SPOT) identified five (5) hazard types as the priority focus areas for alignment of preparedness activities. During the next five-year funding period, work effort should be aligned with and in support of building capability to respond to these hazard types. Additionally, preparedness efforts will be measured per these hazard types to determine if the residual risk to these hazards decrease as capability and resources increase.

Hazard Name	Definition
Biological Disease Outbreak*	The occurrence of a larger number of cases of a specific illness or syndrome than expected in a certain location during a certain (usually short) time frame. This definition also includes those biological agents found in the environment, diagnosed in animals. Biological disease outbreaks include zoonotic disease(s) and/or an increase in the population of disease-carrying species that have the potential for transmission to humans, including vectors of vector-borne illnesses. * This specific hazard serves as an overarching category for other hazards with similar public health and medical response activities to include Biological Terrorism – Communicable, Biological Terrorism - Non-Communicable and Pandemic Influenza. Biological Disease Outbreak will be the hazard measured as a proxy for all these hazard types.
Conventional Terrorism	The unlawful use of force and violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political and/or social objectives. May also include attempted or suspected terrorist intentions that have been successfully thwarted through investigative activity. For the purposes of this analysis conventional terrorism includes all terrorism except agricultural, biological, chemical or radiological terrorism which are covered in other hazards in this analysis.
Hurricane / Tropical Storm*	A tropical cyclone (hurricane) is defined as a low pressure area of closed circulation winds that originates over tropical waters. When sustained wind speeds exceed 39 mph they are called tropical storms, when wind speeds exceed 74 mph they are called hurricanes. * This specific hazard serves as an overarching category for other hazards with similar public health and medical response activities to include Storm Surge. Hurricane/Tropical Storm will be the hazard measured as a proxy for both hazard types.
Mass Casualty Incidents	An incident that generates a sufficiently large number of casualties whereby the available healthcare resources, or their management systems, are severely challenged or unable to meet the healthcare needs of the affected population.
Mass Population Surge	The population of an area is increased due to a migration/ relocation of another community.

Measuring Improvement

The Bureau of Preparedness and Response has built the Florida Public Health Risk Assessment Tool (FPHRAT) to measure progress, identify gaps and re-assess risk overtime. The residual risk score generated by the FPHRAT is the composite score that best indicates the impact building capabilities and increasing resources over time has on reducing the consequences a certain hazard will have on the public health and medical system if it should occur. Residual risk scores incorporate both pre-populated information and information provided by jurisdictions. The residual risk score incorporated the mitigation factors present in jurisdictions and is represented by the capabilities and resources scores, Community resilience and critical infrastructure index. Residual Risk = (Hazard Probability * Severity of Consequences) / Mitigation

Residual Risk Score – Scale of 0 – 10 with 10 being the greatest residual risk		
Hazard Focus Area	Baseline Score *(As of December 2016)*	Target Score *(By June 2022)*
Biological Disease Outbreak	4.39	TBD
Conventional Terrorism	1.44	TBD
Hurricane / Tropical Storm	3.08	TBD
Mass Casualty Incidents	2.54	TBD
Mass Population Surge	2.79	TBD

Capability Prioritization

Both the Public Health Emergency Preparedness Cooperative Agreement and the Healthcare System Preparedness Cooperative Agreement that provide preparedness funding to Florida have a corresponding set of capabilities in which the funding is designed to build to achieve a national standard for preparedness. Each capability includes a set of objectives/ functions that outline critical elements that must occur to achieve the capability. The priorities identified in this document outline which capabilities Florida will focus work effort and the level of work needed on each objective/function to achieve full capability by the end of the five-year period. Additionally, this document outlines strategies that should be taken over the next five-year period to implement the capabilities in Florida.

Capability Priority Levels – Assign the importance of the capability to preparedness in Florida over the next five-year period.
- High priority capabilities are those which must be fully established in advance of an incident affecting the public health and/or healthcare system to save lives and protect the public's health.
- Medium priority capabilities are those that should be well established in advance of an incident affecting the public health and/or healthcare system to sustain the continuity of care within the existing public health and/or healthcare system.
- Low priority capabilities are those that add efficiencies to or supplement a public health or medical response but do not directly result in life safety or delivery of public health and/or healthcare service delivery.

Function / Objective Activity Level – Determine the appropriate level of work activity to be devoted to the objectives/functions within capability by the end of the five-year period.
- No Activity: No work should be done on this function
- Build or Enhance Capability: Gaps in preparedness exist that require new or additional work on this function in order to achieve the capability
- Sustain Existing Capability: Existing levels of preparedness to carry out this function should be maintained but no additional work effort is necessary
- Scale Back Capability: Work effort for this function should be reduced either because its yielding a low return on investment and/or because resources should be re-directed to high priority activities

Healthcare Preparedness & Response Capabilities Prioritization

Capability 1: Foundation for Health Care and Medical Readiness	Low Priority
Objective 1.1: Establish and operationalize a health care coalition	Sustain Existing Capability
Objective 1.2: Identify risks and needs	Sustain Existing Capability
Objective 1.3: Develop a health care coalition preparedness plan	Sustain Existing Capability
Objective 1.4: Train and prepare the health care and medical workforce	Build or Enhance Capability
Objective 1.5: Ensure preparedness is sustainable	Build or Enhance Capability
Capability 2: Health Care and Medical Response Coordination	**High Priority**
Objective 2.1: Develop and coordinate health care organization and health care coalition response plans	Build or Enhance Capability
Objective 2.2: Utilize information sharing procedures and platforms	Build or Enhance Capability
Objective 2.3: Coordinate response strategy, resources, and communications	Build or Enhance Capability
Capability 3: Continuity of Health Care Service Delivery	**Medium Priority**
Objective 3.1: Identify essential functions for health care delivery	Build or Enhance Capability
Objective 3.2: Plan for continuity of operations	Build or Enhance Capability
Objective 3.3: Maintain access to non-personnel resources during an emergency	Build or Enhance Capability
Objective 3.4: Develop strategies to protect health care information systems and networks	Build or Enhance Capability
Objective 3.5: Protect responders' safety and health	Build or Enhance Capability
Objective 3.6: Plan for and coordinate health care evacuation and relocation plans	Build or Enhance Capability
Objective 3.7: Coordinate health care delivery system recovery	Build or Enhance Capability
Capability 4: Medical Surge	**High Priority**
Objective 4.1: Plan for medical surge	Build or Enhance Capability
Objective 4.2: Respond to Medical Surge	Build or Enhance Capability

Health Care System Preparedness & Response Capability Implementation Strategies

1. Ensure Health Care Coalitions are integrated with local emergency management and ESF8 structures.

2. Continually evaluate Health Care Coalitions to determine most effective infrastructure to meet state and federal guidelines.

3. Assess the essential elements of information needed across public health and medical system to maintain situational awareness and build mechanisms to collect and report that information.

4. Define response role for Health Care Coalitions in Florida and ensure that role aligns with existing emergency management structures and jurisdictional authorities.

5. Provide statewide guidance, planning resources, and technical assistance to the health care system to support objectives at the individual facility level.

6. Maintain contingency plans and resources to support individual facilities when capabilities are overwhelmed during incidents.

7. Conduct coordinated exercises that allow opportunities for testing continuity of health care service delivery objectives by individual health care facilities.

8. Develop a statewide strategy for implementing alternate care systems during incidents to include care delivery, sites of care and medical protocols.

9. Enhance medical surge capabilities and coordination of medical surge resources at the regional level.

10. Increase access to medical surge resources at the local level.

11. Increase statewide planning efforts for trauma, burn, pediatric, and behavioral health surge.

12. Establish a statewide patient tracking solution.

Public Health Preparedness Capabilities Prioritization

Capability 1: Community Preparedness	Low Priority
Function 1: Determine risks to the health of the jurisdiction.	Sustain Existing Capability
Function 2: Build community partnerships to support health preparedness.	Build or Enhance Capability
Function 3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks.	Build or Enhance Capability
Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts.	Build or Enhance Capability
Capability 2: Community Recovery	Medium Priority
Function 1: Identify and monitor public health, medical and mental/behavioral health system recovery needs.	Build or Enhance Capability
Function 2: Coordinate community public health, medical and mental/behavioral health system recovery operations.	Build or Enhance Capability
Function 3: Implement corrective actions to mitigate damages from future incidents.	Build or Enhance Capability
Capability 3: Emergency Operations Coordination	Medium Priority
Function 1: Conduct preliminary assessment to determine need for public activation.	Build or Enhance Capability
Function 2: Activate public health emergency operations in preparation for an event, or in response to an incident of public health significance.	Build or Enhance Capability
Function 3: Develop incident response strategy.	Build or Enhance Capability
Function 4: Manage and sustain the public health response.	Build or Enhance Capability
Function 5: Demobilize and evaluate public health emergency operations.	Build or Enhance Capability
Capability 4: Emergency Public Information & Warning	Low Priority
Function 1: Activate the emergency public information system.	Sustain Existing Capability
Function 2: Determine the need for a joint public information system.	Sustain Existing Capability
Function 3: Establish and participate in information system operations.	Sustain Existing Capability
Function 4: Establish avenues for public interaction and information exchange.	Sustain Existing Capability
Function 5: Issue public information, alerts, warnings, and notifications.	Build or Enhance Capability
Capability 5: Fatality Management	Medium Priority
Function 1: Determine role for public health in fatality management.	Sustain Existing Capability
Function 2: Activate public health fatality management operations.	Build or Enhance Capability
Function 3: Assist in the collection and dissemination of ante mortem data.	Build or Enhance Capability
Function 4: Participate in survivor mental/behavioral health services.	Build or Enhance Capability
Function 5: Participate in fatality processing and storage operations.	Build or Enhance Capability

Capability 6: Information Sharing	Medium Priority
Function 1: Identify stakeholders to be incorporated into information flow.	Build or Enhance Capability
Function 2: Identify and develop rules and data elements for sharing.	Build or Enhance Capability
Function 3: Exchange information to determine a common operating picture.	Build or Enhance Capability
Capability 7: Mass Care Coordination	High Priority
Function 1: Determine public health role in mass care operations.	Build or Enhance Capability
Function 2: Determine mass care needs of the impacted population.	Build or Enhance Capability
Function 3: Coordinate public health, medical and mental/behavioral health services.	Build or Enhance Capability
Function 4: Monitor mass care population health. Monitor ongoing health-related mass care support, and ensure health needs continue to be met as the incident response evolves.	Build or Enhance Capability
Capability 8: Medical Countermeasure Dispensing	High Priority
Function 1: Identify and initiate medical countermeasure dispensing strategies.	Sustain Existing Capability
Function 2: Receive medical countermeasures.	Sustain Existing Capability
Function 3: Activate dispensing modalities.	Build or Enhance Capability
Function 4: Dispense medical countermeasures to identified population.	Build or Enhance Capability
Function 5: Report adverse events.	Build or Enhance Capability
Capability 9: Medical Material Management and Distribution	High Priority
Function 1: Direct and activate medical materiel management and distribution.	Build or Enhance Capability
Function 2: Acquire medical materiel.	Sustain Existing Capability
Function 3: Maintain updated inventory management and reporting system.	Build or Enhance Capability
Function 4: Establish and maintain security.	Build or Enhance Capability
Function 5: Distribute medical materiel. Distribute medical materiel to modalities (e.g., dispensing sites, treatment locations, intermediary distribution sites, and/or closed sites).	Build or Enhance Capability
Function 6: Recover medical materiel and demobilize distribution operations.	Sustain Existing Capability
Capability 10: Medical Surge	High Priority
Function 1: Assess the nature and scope of the incident.	Build or Enhance Capability
Function 2: Support activation of medical surge.	Build or Enhance Capability
Function 3: Support jurisdictional medical surge operations.	Build or Enhance Capability
Function 4: Support demobilization of medical surge operations.	Build or Enhance Capability

Capability 11: Non-Pharmaceutical Interventions	High Priority
Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions.	Sustain Existing Capability
Function 2: Determine non-pharmaceutical interventions.	Sustain Existing Capability
Function 3: Implement non-pharmaceutical interventions.	Build or Enhance Capability
Function 4: Monitor non-pharmaceutical interventions.	Build or Enhance Capability
Capability 12: Public Health Laboratory Testing	High Priority
Function 1: Manage laboratory activities.	Sustain Existing Capability
Function 2: Perform sample management.	Build or Enhance Capability
Function 3: Conduct testing and analysis for routine and surge capacity.	Build or Enhance Capability
Function 4: Support public health investigations.	Sustain Existing Capability
Function 5: Report results.	Build or Enhance Capability
Capability 13: Public Health Surveillance & Epidemiological Investigation	High Priority
Function 1: Conduct public health surveillance and detection.	Sustain Existing Capability
Function 2: Conduct public health and epidemiological investigations.	Sustain Existing Capability
Function 3: Recommend, monitor, and analyze mitigation actions.	Build or Enhance Capability
Function 4: Improve public health surveillance and epidemiological investigation systems.	Build or Enhance Capability
Capability 14: Responder Safety and Health	High Priority
Function 1: Identify responder safety and health risks.	Build or Enhance Capability
Function 2: Identify safety and personal protective needs.	Build or Enhance Capability
Function 3: Coordinate with partners to facilitate risk-specific safety and health training.	Build or Enhance Capability
Function 4: Monitor responder safety and health actions.	Build or Enhance Capability
Capability 15: Volunteer Management	Low Priority
Function 1: Coordinate volunteers. Recruit, identify, and train volunteers who can support the public health agency's response to an incident.	Sustain Existing Capability
Function 2: Notify volunteers.	Sustain Existing Capability
Function 3: Organize, assemble, and dispatch volunteers.	Sustain Existing Capability
Function 4: Demobilize volunteers.	Sustain Existing Capability

Public Health Preparedness Capability Implementation Strategies

1. Enhance partnerships to address emerging issues in public health preparedness.

2. Utilize program evaluation and risk assessments to identify and prioritize preparedness activities.

3. Increase community stakeholder involvement in preparedness training opportunities.

4. Increase access to guidance, planning resources and technical assistance for community recovery at the local level.

5. Integrate public health and medical activities into the development of recovery support functions statewide.

6. Assess statewide gaps in recovery activities across the public health and medical system.

7. Ensure access to written plans and job aids for personnel with response roles.

8. Broaden awareness of incident management principles to an expanded audience.

9. Increase access to refresher level training on response protocols.

10. Increase awareness of existing fatality management capabilities across the state.

11. Increase capability of deployable fatality management resources.

12. Enhance medical examiner capability to manage mass fatality operations.

13. Maximize and streamline use of information systems.

14. Ensure personnel are well trained to use information systems.

15. Increase access and awareness of capabilities of existing information systems.

16. Ensure functionality of information systems through exercising.

17. Reassess public health role in sheltering.

18. Redefine public health's sheltering capability in coordination with mass care partners.

19. Establish systematic mechanisms for tracking an adverse events and dispensing and reporting statewide for all medical countermeasures.

20. Increase utilization of closed points of dispensing.

21. Establish statewide utilization of a single inventory management system.

22. Reduce time to get medical material to individuals in the community when needed.

23. Improve man-power redundancy and training for logistical operations.

24. Develop a statewide strategy for implementing alternate care systems during incidents to include care delivery, sites of care and medical protocols.

25. Enhance medical surge capabilities and coordination of medical surge resources at the regional level.

26. Increase access to medical surge resources at the local level.

27. Increase statewide planning efforts for trauma, burn, pediatric, and behavioral health surge.

28. Establish a statewide patient tracking solution.

29. Increase the awareness of public health's authority and protocol to implement non-pharmaceutical interventions.

30. Coordinate with community partners to ensure ability to provide support system to those receiving non-pharmaceutical interventions (including on a large scale).

31. Identify and train resources for just in time surge for epidemiological activities.

32. Expand electronic activities and processes to gather, integrate, interpret, and communicate data to support epidemiologic activities.

33. Enhance the capacity to document, monitor, analyze, and evaluate mitigation actions throughout the response.

34. Establish responder safety and health program for personnel within the Department of Health

35. Evaluate the existing volunteer management program.