

**STATE OF FLORIDA
Department of Health**



**ESF 8 Logistics Standard Operating Guidelines
To
Annex VIII (ESF 8)
Of
The State of Florida Comprehensive Emergency Management Plan**

October 2013

Contents

1. Purpose	3
2. Situation.....	3
3. Assumptions	6
4. Operations	7
5. Authorities and References	10
6. Record of Changes and Approval.....	11
7. Acronyms.....	12
8. Attachments.....	13

I

1. Purpose

The purpose of this Standard Operating Guidelines (SOG) is to delineate ESF 8 Logistics capabilities based on the need to prepare for health and medical support action; to, mobilize, deploy, and support personnel; to supply pharmaceuticals, equipment, and medical supplies; and to recovery equipment and supplies

2. Situation

The ESF 8 Logistics SOG supports the State of Florida Comprehensive Emergency Management Plan (CEMP). During an emergency response the Medical Logistics Unit, of the Bureau of Preparedness and Response, is responsible for activating and running the ESF 8 Logistics Section. The ESF 8 Logistics Section is comprised of a Logistics Coordinator, Mission Management Unit, Staffing Unit, Forward Logistics Support Team, and an Equipment and Supply Unit.

Day to day, in preparation for an emergency response, the Medical Logistics Unit is responsible for the development and maintenance of plans, procedures, and guidelines related to; responder management, responder safety and health, receipt and distribution of the Strategic National Stockpile, readiness and deployment of the State Medical Response System, and field deployment support. The Medical Logistics Unit is also responsible for warehouse operations related to the maintenance, storage, and upkeep of materiel, to include ventilators and other medical supplies.

ESF 8 Logistics encompasses a wide variety of focus areas and provide support to resources and systems described in the Annex VIII (ESF 8) of the State of Florida CEMP.

A. Logistical Vulnerabilities

1) Procurement

- a. Sufficient supplies may not be available in commercial and/or governmental warehouses for emergency medical operations.
- b. Sufficient contingency contracts may not have been pre-identified or pre-established for all needed medical materiel (supplies, pharmaceuticals, equipment, fuel, spare parts, etc.).
- c. Supply lines may not be intact from commercial vendor or international suppliers.

2) Transportation

- a. Adequate and appropriate transportation (ground/air/sea) resources may not be available to meet demand.
- b. Transportation resources may not be matched to reception site capabilities. For example, reception sites may not have loading dock capability, and distribution assets may not have lift gates required for those reception sites.

- c. Sufficient numbers and types of vehicles may not be available for forward deployed personnel at disaster sites.
- d. Key transportation routes may not be available or may be negatively impacted due to hazards arising from a threat or incident.
- e. Traffic flow during a threat or incident may be negatively impacted due to associated hazards.
- f. Lack of pre-established contracts or failure to execute pre-established contracts may negatively impact the ability to move medical materiel in a timely manner.
- g. Logistical support for FDOH personnel and FDOH transportation assets may be neither available nor adequate (meals and lodging, forward deployed refueling, support gear and maintenance facilities).

3) Storage

- a. Sufficient permanent FDOH storage facilities and Receive, Stage and Store (RSS) sites may not be available to support all areas of the state and all FDOH materiel storage needs.
- b. Public health and medical storage facilities and RSS sites may not have adequate power supplies, refrigeration, warehouse staffing, maintenance logistical support, or logistical assets (floor jacks/forklifts, computers, communication).
- c. RSS response staffing may not be available and may not arrive on-time at RSS sites.
- d. Adequate automated standardized inventory systems may not be available with staff trained in its' use.
- e. Adequate temporary storage and distribution structures may not be available for operational logistics.
- f. Standardized procedures may not be established for non FDOH warehouses containing FDOH materiel.
- g. An appropriate relationship may not have been established with the Florida Division of Emergency Management (FDEM) to utilize Logistical Staging Areas (LSA), if needed.

4) Distribution

- a. Correct materiel in usable condition is not always available where and when it is needed.
- b. Mismatches in medical materiel and/or pharmaceuticals to county needs may occur and need to be prevented or minimized.
- c. Correct pediatric formulations may not be available or additional preparation by pharmacists from adult formulations might be required.
- d. Available supply may not meet initial demand at disaster sites.
- e. Disaster site distribution is not always appropriate or adequate.
- f. Point of Distribution (POD) staff is not always ready and available to receive delivered materiel.
- g. During shortages a priority distribution process may not be in place to ensure responders receive products first.

- h. Appropriate chain of custody from FDOH to recipients at the disaster site may not be clearly established.
- i. Ability to recover, store, and appropriately dispose of unused materiel may not be clearly established.

5) Legal Issues

- a. Lack of an Executive Order (EO) or Declaration of a Public Health Emergency negatively impacts all facets of a logistical response.
- b. The EO or Declaration does not always contain appropriate language for liability coverage and other significant issues to adequately protect all personnel involved in the emergency response.
- c. Memoranda of Understanding (MOU) with civilian counterparts may not be executed in advance to ensure the corporate and legal review process is completed prior to a threat or incident.
- d. Contingency contracts may not have been developed in advance.
- e. Legal issues for storage and emergency dispensing of pharmaceuticals may not be identified and resolved in advance.

6) Security

- a. Adequate security and physical protection may not be pre-established or present at RSS sites and FDOH storage facilities, especially during shortage situations.
- b. Adequate security for supplies being transported to RSS sites, other FDOH storage facilities, and POD sites may not be pre-established.

7) Finance

- a. Until a determination of payment authority is made the execution of the response may be negatively impacted or the execution may need to be modified.
- b. Appropriate financial accounting processes may not be implemented.

8) Communications

- a. Total visibility of FDOH assets may not be available to emergency managers on a real-time basis.
- b. Adequate communications may not always be available to support the mission.
- c. Security of voice communications and Information Technology (IT) resources may not be available when FDOH personnel are deployed.

9) Personnel

- a. Adequate staffing may not be available to continue normal operations as well as support emergency operations during contingencies.

- b. Contingency notification and deployment process may not be adequate to ensure Emergency Support Function (ESF) 8 staff members deploy quickly enough to meet contingency requirements.
- c. Adequate numbers of trained staff may not be available for extended operations in the field.

3. Assumptions

- The Logistics response will be based on the scope, scale, and complexity of the threat or incident, as well as the ability of the local government to respond.
- A scalable Logistics Section response may involve local aid, in-state mutual aid, out-of-state Emergency Management Assistance Compact aid, Federal aid, and commercial resources and personnel.
- ESF8 will address needs when multiple jurisdictions, including unaffected jurisdictions, do not work together to share emergency commodities and staff during an incident.
- The event or incident may result in significant disruptions to critical infrastructure for an extremely long duration of time, including; public health and medical systems, transportation, commodities distribution, energy, communications, potable water, and waste water systems.
- Demand may exceed supply in a catastrophic incident. Initially there may be shortages of response teams, first responders, equipment, supplies, and hospital beds.
- A common operating picture might not be achievable for 24-48 hours or longer after the incident begins. As a result, response and supporting logistics activities may have to begin with a preliminary or partial situation and critical needs assessment.
- Current pharmaceutical distribution strategies are designed based on county population and not based on other demographic aspects such as age stratification.
- All state assets, regardless of agency ownership, may become a part of the "available resources" including staff, irrespective of a federal declaration.
- Some responses (e.g. radiological incidents and weaponized Anthrax) require delivery and administration of biomedical countermeasures in an extremely short timeframe (e.g. within hours of the incident) to protect life.
- Transportation, and ultimately distribution of resources, to impacted areas may be disrupted due to damaged roads, bridges, rail, and airports.
- The limited capability to obtain fuel within an affected jurisdiction may become a critical factor in planning and affecting the timely distribution of materiel and resources.
- Transportation assets may be unavailable due to competing requirements.
- Until a determination of payment authority is made the execution of the emergency response may be negatively impacted due to financial concerns and contracting restraints.

- Military (Department of Defense, Reserves, and National Guard) resources may not be available to support operations due to other national security mission requirements.
- Responders may require prophylaxis prior to or in the initial phase of deployment.
- Trained, physically-capable, and/or licensed staff may not be available for activation or deployment, which would impede the rapid deployment of needed materiel and resources
- Florida may be impacted by multiple simultaneous or sequential events over large areas within and outside the state, which may impact the availability, receipt and distribution of local, regional, state, Emergency Management Assistance Compact, federal, and commercial resources.
- Should evacuation of health and medical facilities, and sheltering of that evacuated population, be required, regional and statewide acquisition and/or coordination of resources and facilities will be required.
- Receive, Stage, and Store (RSS) sites and FDOH storage facilities may require security in varying degrees and under various threat levels.
- Security may be required for supplies being transported to RSS sites, public health and medical storage facilities, Point of Distribution (POD) locations, and State Medical Response System (SMRS) deployment sites.

4. Operations

The operations described below align with the purpose of this SOG, which is preparedness, mobilization of resources and supplies, deployment of resources and supplies, and recovery.

A. Preparedness

- Populate the responder management system as a means of identifying qualified and trained personnel appropriate for incident responses.
- Identify qualified and trained response personnel who are not mandated to be in the responder management system.
- Identify and document requirements for logistical support based on historical activations in support of counties and field deployment of ESF 8 staff.
- Confirm the legal authority during emergency operations to distribute, redistribute, and recover contracted pharmaceuticals and vaccines to and from non-governmental entities in a timely manner.
- Identify, train, exercise, and equip personnel to support the functions of the ESF 8 Logistics Section.
- Maintain FDOH Logistics functions that are synchronized with the processes of the Planning and Finance and Administration Sections.
- Update the ESF 8 Logistics Resource Manual for logistics personnel to use during activation.

- Follow procedures for the proper inventory, storage, rotation, and recovery of FDOH owned materiel to ensure all items are in a usable and deployable state ([see Property Management and Accountability SOP](#) and the [Vehicle and Equipment Maintenance SOG](#)).
- Train ESF 8 staff, and county health department staff, in the use of the Inventory Resource Management System (IRMS).
- Identify, procure, store, and maintain individual logistics resources for ESF 8 and FDOH emergency response teams, and ensure teams can obtain specialized logistical materiel as needed
- Identify responders through the Florida Medical Reserve Corps (MRC) Network and responder management system to:
 - Augment local community and state health and medical services.
 - Provide personnel and technical assistance to local jurisdictions for building capacity and responding to emergencies.
- Implement and update procedures for the receipt and distribution of the [Strategic National Stockpile](#) in coordination with federal and state partners and local jurisdictions (**Attachment 6: Strategic National Stockpile**).
- Utilize the responder management system to alert, notify, activate, and monitor FDOH and Medical Reserve Corps (MRC) response personnel.
- Maintain a system of warehouses statewide that supports the storage and rapid distribution of medical supplies, pharmaceuticals, equipment and other medical countermeasures in order to provide a timely response to events and incidents: The warehouse system includes:
 - Logistics Response Center – Tallahassee
 - Region II Warehouse – Tallahassee
 - State Pharmacy - Tallahassee
 - State Logistics Response Center - Orlando

B. Mobilization of Resources and Supplies

- Once permission has been obtained from the FDOH Executive Staff to use additional workspace at the FDOH Central Office, the Logistics Section will provide assistance in opening and supporting the identified workspace.
- Ensure that access is provided to the ESF 8 staff to gain access to designated workspaces and buildings within the Capital Circle Office Complex (CCOC).
- Arrange for after-hours building security.
- Establishes phone and computer connectivity in the designated FDOH Central Office workspaces in support of the emergency operations.
- The Division of Information Technology (DIT) supports incident responses with mobile communications technology managed by Regional IT Security/ Disaster Preparedness Consultants.

- Activate the Bureau of Preparedness and Response inventory management system, as discussed in the [Property Management and Accountability Standard Operating Procedure](#), to verify status and location of materiel that may be needed for response efforts.
- Ensure warehouse staff and ESF 8 Logistics Support staff have, and reference, copies of the [Florida Department of Health Warehouse Safety Standard Operating Guidelines](#).

C. Deployment of Resources and Supplies

- The Assessment Task Force is supported, as needed and necessary, with the establishment of a Forward Operating Base (FOB), in accordance with the [ESF 8 Forward Logistical Support for Deployed Personnel Concept of Operations](#). The FOB is established and maintained by the Logistics Support Team.
- Utilize a system of statewide warehouses as a point for storing and distributing emergency response medical supplies, pharmaceuticals, equipment and other medical countermeasures.
- ESF 8 Logistics provides for delivery of THE Strategic National Stockpile (SNS) materiel to a single delivery site per county or region.
- Ensure that Potassium Iodide (KI) is deployed through, and in conjunction with, the Bureau of Radiation Control as appropriate and necessary (**Attachment 7: Bureau of Radiation Control Stockpile [KI]**).
- Maintain a mix of owning and contracting for logistics distribution assets.
- Implement the Inventory and Resource Management System to track all FDOH emergency materiel.
- Utilize the Emergency Management Assistance Compact in case assistance is needed from another state.
- In any situation where federal assistance is required those requests will be predicated on the requirements outlined in the [Robert T. Stafford Disaster Relief and Emergency Assistance Act \(Public Law 93-288, as amended\)](#).
- Through the Bureau of Public Health Pharmacy coordinate the resupply and redistribution of pharmaceuticals for responders and teams including; SMRT caches, trailers, and mobile medical hospitals, EMS mass casualty trailers, ambulance deployments, alternate medical treatment sites, EMS chemical countermeasures, and Special Needs Shelters.
- Coordinate acquisition of supplemental pharmaceuticals (Vendor Managed Inventory) in support of a Strategic National Stockpile request.
- Execute pre-approved Memoranda of Understanding (MOU) and Memoranda of Agreement (MOA) with civilian health partners to support the timely distribution of pharmaceuticals in response to events and incidents
- Provide antibiotics in response to a bioterrorism incident, outbreak of infectious disease, or other public health emergency (**Attachment 8: Antibiotic Stockpile and Attachment 9: Antiviral Stockpile**).

- Assist in the relocation of medically dependent individuals from hospitals, nursing homes, adult congregate living facilities, etc. through the use of ground and air medical transport (see [Ambulance Deployment SOP](#), [FEMA Ambulance Contract](#), Florida Air Medical Services Disaster Response Plan).
- Deploy mobile communication tools for FDOH personnel to use during forward deployed activities.
- Deploy the Logistics Support Team (LST) which supports the rapid deployment, standup, and support of health and medical assets and assessment teams, as established in the Logistics Support Team SOG and State ESF 8 Assessment SOP.
- During an event or incident communications equipment, which is stored in Tallahassee and in warehouses and mobile units located around the state, can be deployed for immediate support of response personnel. Additional communications capabilities may be obtained or provided by the federal government, other states, or local governments.

D. Recovery

- Follow established procedures to retrieve materiel in a timely manner during demobilization.
- Ensure all financial records are accurate and complete, and forward them to the Office of Finance and Accounting.
- Implementation of the ESF 8 Demobilization Plan for the event or incident.
- Ensure that the IRMS is updated to show depleted, relocated, and recovered equipment.
- In conjunction with the Resource Unit ensure that all deployed personnel have returned safely.

5. Authorities and References

A. Plans

- [FDOH Emergency Operations Plan \(EOP\)](#) Version 3.0, December 2011.
- [Appendix VIII: ESF 8 –Public Health and Medical Services 2012](#) to [The State of Florida Comprehensive Emergency Management Plan \(February 2012\)](#)
- [The State of Florida Comprehensive Emergency Management Plan \(February 2012\)](#)

B. Statutes

- [Chapter 20.43\(2\), Florida Statutes. Surgeon General](#)
[Chapter 20.43\(3\)\(b\), Florida Statutes. Division of Emergency Preparedness and Community Support](#)
- [Chapter 252.35\(2\)\(e\) and \(g\), Florida Statutes. Emergency Management.](#)

- Cooperate with presidential and federal emergency directives
- Work with state emergency management program regarding logistics activities.
- [Chapter 381.0011\(4\), Florida Statutes. Public Health – General Provisions](#)
 - Cooperate with state and federal authorities to suppress communicable disease, illness, injury and hazards to human health
- [Chapter 381.0011\(7\), Florida Statutes. Public Health – General Provisions](#)
 - Manage and coordinate emergency preparedness and disaster functions.

6. Record of Changes and Approval

Prepared by: Michael McDonald
ESF 8 Logistics Section Coordinator
October 1, 2013

Reviewed by: Bobby Bailey
Medical Logistics Unit Leader
October 1, 2013

Reviewed by: Sonia McNelis MD, MPH
Planning Consultant Planning Program
October 1, 2013

Reviewed by: Samantha Cooksey
ESF 8 Program Manager
November 12, 2013

Approved by: Mike McHargue
Emergency Coordination Officer

Signature of Approval: Signature On File Date: November 13, 2013
Mike McHargue
Emergency Coordination Officer
Bureau of Preparedness and Response

7. Acronyms

BPR	Bureau of Preparedness and Response
BSPS	Bureau of Statewide Pharmaceutical Services
CCOC	Capital Circle Office Complex
CEMP	Comprehensive Emergency Management Plan
DIT	Division of Information Technology
EMS	Emergency Medical Services
EO	Executive Order
EOP	Emergency Operations Plan
ESF 8	Emergency Support Function 8
FDEM	Florida Division of Emergency Management
FDOH	Florida Department of Health
LSA	Logistical Staging Area
MOA	Memoranda of Agreement
MOU	Memoranda of Understanding
MRC	Medical Reserve Corps
POD	Point of Distribution
RSS	Receive, Stage and Store
SMRT	State Medical Response Team
SNS	Strategic National Stockpile
SOP	Standard Operating Procedure

8. Attachments

Attachment 1: SMRS Caches, Trailers, and Mobile Medical Hospitals

Attachment 2: EMS Mass Casualty Incident Support Units

Attachment 3: State Ventilator Cache

Attachment 4: State Radiological Stockpile (RadPack)

Attachment 5: EMS Chemical Antidotes

Attachment 6: Strategic National Stockpile

Attachment 7: Bureau of Radiation Control Stockpile (KI)

Attachment 8: Antibiotic Stockpile

Attachment 9: Antiviral Stockpile

Attachment 1

Attachment 1: State Medical Response System (SMRS) Caches, Trailers and Mobile Medical Hospitals

Agent Specificity: All-hazards

Resource Type: State

Program Description

The State Medical Response Teams provide medical response to incidents and events. SMRT caches, trailers and mobile medical hospitals provide a response capability that may help reduce the numbers of patients seeking care in the emergency departments. The list of pharmaceuticals, medical supplies, and equipment for SMRT caches, trailers, and mobile medical hospitals is maintained by the Bureau of Preparedness and Response (BPR).

The BPR manages the medical supplies and equipment provided to the SMRT caches, trailers, and mobile medical hospitals.

The Bureau of Statewide Pharmaceutical Services (BSPS) manages pharmaceuticals provided to the SMRT caches, trailers, and mobile medical hospitals through the pharmaceutical prime vendor contract. BSPS has procedures for emergency ordering of pharmaceutical resources for direct delivery to an emergency site.

ESF 8 manages the replenishment of medical supplies for the SMRT. ESF 8 will coordinate the request for support. The information required for a complete supply request includes:

- Mission number (assigned by SEOC)
- Purchase order number (assigned by SEOC)
- Quantity
- Shipping method (time frame for materiel delivery)
- Delivery location
- Delivery time (i.e., 7 am – 7 pm, or evening)
- Name, position, and telephone number(s) of local level contact person requesting product
- Name and license number of practitioner licensed to receive pharmaceuticals (i.e., medical Director, Physician, CHD Administrator)
- DEA license number of physician, pharmacist, or other DEA registrant authorized to receive controlled substances [Only required for controlled substances]
- Reason / Nature of the State of Emergency

Contents

- SMRT Rx Cache
- Primary Response Basic Load
- SMRT Basic Load
- SMRT Trailer Basic Load
- SMRT Mobile Medical Hospital Basic Load

Contents are intended to provide for primary care needs for 100 persons for 3-5 days. ESF 8 and BSPS review's the lists at least annually.

Target Population(s)

Any Alternate Care Site (ACS) where a State Medical Response Team is located.

Activation Process

Once an event occurs, the local Emergency Operations Centers (EOC) will communicate with ESF 8 at the State Emergency Operations Center (SEOC), consistent with procedures as outlined in the CEMP. ESF 8 at the SEOC will implement response actions.

State ESF8 will notify the BPR and the BSPS Central Pharmacy of the SMRT Activation. BPR and BSPS will assess burn rates and order re-supply.

Limitations

1. Must have establish pre-event purchase order process
2. Time required for mobilizing cache resource
3. Time required to request, order and deliver re-supply
4. Competition with other agencies locally, statewide, and nationally that may be requisitioning the same type of pharmaceuticals and medical supplies during a public health emergency or disaster.
5. Supplies and medications may be subject to temporary shortages, as this is a predetermined order list, not a stockpile of supplies and medications on hand.
6. Limited number of medications provided; may not cover all needs in the general population.
7. Expensive resource to stockpile and maintain
8. Pharmaceuticals are not eligible for participation in the federal Shelf-Life Extension Program (SLEP)

Location

Six SMRT caches are located with the regional SMRT Teams. A seventh cache is located in Leon County. Trailers and Mobile Medical Hospital are located at specified locations throughout the state.

Attachment 2

Attachment 2: EMS Mass Casualty Incident Support Units

Agent Specificity: Multi casualty equipment and supplies

Resource Type: Local / Regional

Program Description

The Florida Department of Health has twenty-three stocked EMS Mass Casualty Trailers (MCI) and Prime Movers deployed strategically across the state to provide surge supplies to first responders. The MCI trailers can be brought to the scene or to an alternate treatment site. The mission of the trailers is to enhance local capabilities to respond to, treat and transport 500 patients.

Contents

Communication equipment and medical supplies

Target Population(s)

- a. **Primary** – On-scene victims or those reporting to an alternate treatment site for treatment
- b. **Secondary** - Surge resource for any agency including hospitals as identified in an event

Activation Process

Once an event occurs, local agencies will seek local and regional mutual aid until the point that local resource capacities have been exceeded. Once regional capabilities are exceeded, the local Emergency Operations Centers (EOC) will make resource requests to State ESF 8, consistent with procedures as outlined in the CEMP. State ESF 8 will implement response actions.

Limitations

- 1. Time required for mobilizing EMS Mass Casualty Trailer/Prime Mover and logistical personnel.
- 2. Maintenance of medical supplies is dependent on grant funding, which may not be available to replace outdated / expended supplies.
- 3. Limited staffing.

Location

Public and private EMS agencies statewide

Attachment 3

Attachment 3: State Ventilator Cache

Resource Type: State

Agent Specificity: Respiratory Hazards

Program Description

The BPR stores a cache of ventilators that may be deployed during state or federally declared disasters and for public health and medical emergencies. There are approximately 700 ventilators stored in FDOH warehouses in North and Central Florida. The procedures and guidelines for storage, maintenance and distribution of these assets will be described in the State Ventilator Cache Standard Operating Guidelines.

Contents

Ventilators type: LTV 1200

Targeted Population

This cache is intended to provide additional ventilators to hospitals, alternate medical treatment sites, or special needs shelters overwhelmed by patients with respiratory conditions that require mechanical ventilation.

Activation Process

Once an event occurs, the local Emergency Operations Centers (EOC) will communicate with the State Emergency Operations Center (SEOC), consistent with procedures as outlined in the CEMP. The SEOC will contact the DOH Emergency Coordination Officer to activate the ventilator cache.

Limitations

Time required for mobilizing cache resource.

The amount of stocked ventilators may or may not meet the needs of all who require emergency ventilation.

Expensive resource to stockpile and maintain.

Limited staff to support the cache.

Attachment 4

Attachment 4: State Radiological Stockpile (RadPack)

Agent Specificity: Radiological

Resource Type: State

Program Description

The Florida Department of Health has created a kit of radiological countermeasures (RadPack) used to treat emergency responders and victims in an event of a radiological emergency. There are approximately 2,000 treatment doses available in the state of Florida (divided into 4 kits).

The Bureau of Public Health Pharmacy is responsible for maintaining and replacing expired and expiring radiological countermeasures.

Contents

- Potassium Iodide
- Prussian Blue
- Zn-DTPA
- Ca-DTPA
- Syringes
- Filter needles
- Administration needles

Targeted Population

Primary – First responders: hospital and emergency medical health and medical staff; and critical event personnel.

Secondary – On-scene victims or those reporting to a hospital requiring treatment

Tertiary - Available as a surge resource to any agency, hospital, or treatment center as identified in an incident

Activation Process

Once an event occurs the county Emergency Operations Centers (EOC) will communicate with the State Emergency Operations Center (SEOC), consistent with procedures as outlined in the CEMP. The SEOC will implement appropriate response actions.

Limitations

Time required for mobilizing cache resource

The amount of medical supplies / pharmaceuticals stocked may or may not meet the needs of all who require emergency medical treatment.

Expensive resource to stockpile and maintain

Pharmaceuticals are not eligible for participation in the federal Shelf-Life Extension Program (SLEP)

Attachment 5

Attachment 5: EMS Chemical Antidotes

Agent Specificity: Chemical

Resource Type: Local

Program Description

Advanced Life Support ground based EMS agencies have been provided with the chemical antidotes that are designed to provide protection for EMS personnel against chemical attacks/incidents.

The Bureau of Public Health Pharmacy coordinates with EMS agencies to replace expired and expiring chemical antidotes. The Bureau of Public Health Pharmacy has procedures for ordering and delivering directly to the EMS agencies.

Contents

- Mark I Kits/ Duodotes
- Diazepam,
- AtroPen Auto Injectors
- Cyanokits

Target Population(s)

- a. **Primary** – On-scene Emergency Responders
- b. **Secondary** – On-scene Victims

Activation Process

Activation of this resource will be based on the decision-making process of the on-scene emergency responders and the medical director specific to the incident.

Limitations

1. Variation of the amount of antidotes carried on each ground based Advance Life Support EMS vehicle
2. Some agencies do not carry the EMS Chemical Antidotes on their EMS vehicles
3. Continued sustainment of EMS Chemical Antidotes is dependent on grant funding, which may not be available to replace outdated medications.
4. EMS Chemical Antidotes are not eligible for participation in the federal Shelf-Life Extension Program (SLEP)

Location

Public and private EMS agencies statewide

Attachment 6

Attachment 6: Strategic National Stockpile (SNS)

Agent Specificity: All-hazards

Resource Type: Federal

Program Description

This is a federally managed and funded program that delivers critical medical assets (pharmaceuticals, medical supplies, medical equipment, and vaccines) to the site of a national health emergency within 12 hours or less of a public health emergency request. Any event that results in significant casualties could involve deployment of SNS assets. The state's role in deployment of SNS assets is to facilitate delivery of materiel to the local points of dispensing (PODs). The state's strategy for receipt of SNS assets for response includes warehouse facilities in the Northern, Central, and Southern regions of the state.

Contents

- a. **Push Package:** The Centers for Disease Control and Prevention Division of Strategic National Stockpile (CDC/SNS) has 12 caches of medical assets, including pharmaceuticals, medical supplies, and equipment that are available for immediate deployment (delivered within 12 hours) for response to an incident. These caches are stored strategically throughout the United States.
- b. **Managed Inventory (MI):** Additional supplies from various sources (Veteran's Administration, private Pharmaceutical or Medical Supply Wholesalers) are available for deployment in support of continued response to an event. The MI may be expected to arrive 36-48 hours after it is requested.
- c. **Antivirals:** As of September 2006 the Strategic National Stockpile has 20 million treatment courses of Tamiflu of which 1.15 million courses are allocated to Florida.
- d. **Federal Medical Stations (FMS):** Equipment for provision of non-acute care, provided in 50-bed modules for use for Special Needs Shelters (SpNS), Alternate Care Sites (ACS), or quarantine site. The FMS provides equipment, supplies, and pharmaceuticals but does not provide personnel.

Target Population(s)

- a. **Primary** – First responders; hospital, emergency, public health and medical staff; critical event personnel
- b. **Secondary** – Community at large
- c. **Tertiary** – Supplement and re-supply state agencies, CHDs, and hospitals in the event of a state or national emergency

Activation Process

Once an event occurs, the local Emergency Operations Centers (EOC) will communicate with ESF 8 at the State Emergency Operations Center (SEOC), consistent with procedures as outlined in the CEMP. ESF 8 at the SEOC will implement response actions and will contact the SNS Manager (BPR Pharmaceutical & Medical Supplies Manager). DOH maintains a complete set of plans for SNS activities. Please refer to the State SNS Plan for detailed activation information.

Attachment 6

From the perspective of the FDOH, Strategic National Stockpile Plan, the decision to request the SNS will be a collaborative effort among local, state and federal officials. It will start when officials identify a potential or actual situation that exceeds local and state capacities to provide appropriate mass prophylaxis. Should sufficient and reliable intelligence arise indicating the need for deploying the SNS, federal officials may activate the SNS prior to a request by the affected state.

Limitations

1. Time required for mobilizing cache resource
2. Time to mobilize and deploy SNS/RSS staffing.
3. Requires a gubernatorial request to initiate deployment
4. Labor intensive

Location

Various locations throughout the country, under the control of CDC/DSNS.

Attachment 7

Attachment 7: Bureau of Radiation Control Stockpile (KI)

Agent Specificity: Radiological

Resource Type: State/Local

Program Description

Potassium Iodide (KI) tablets for public use are stored by the Bureau of Public Health Pharmacy in Tallahassee, and near each of Florida's three nuclear power plants: Turkey Point, St. Lucie, and Crystal River. There are approximately 2 million treatment doses available. The Bureau of Radiation Control manages this asset and coordinates with the NRC to replace expired KI.

Contents

Potassium Iodide tablets and oral liquid dosage forms

Target Population(s)

a. **Primary – Evacuees** relocated to reception centers outside of the 10-mile emergency zone.

Activation Process

Defined in the Bureau of Radiation Control SOGs.

Limitations

1. Limited protection provided by potassium iodide to prevent uptake of radioactive iodine by the thyroid gland.

Location

Risk counties within 10 miles of nuclear power plants

Attachment 8**Attachment 8: Antibiotic Stockpile**

Agent Specificity: Biological – Bacterial**Resource Type:** State**Program Description**

The Bureau of Public Health Pharmacy has stockpiled Doxycycline, Ciprofloxacin, and Amoxicillin which are antibiotics used to treat and prevent infection from Category “A” Biological Agents *Bacillus anthracis* (Anthrax), *Francisella tularensis* (Tularemia) and *Yersinia pestis* (Plague). These antibiotics are for use by first responders and healthcare workers to provide protection and prophylaxis during the initial phases of a major biological disease outbreak or biological terrorist attack. The use of these medical countermeasures has been shown to be effective in controlling and combating communicable diseases in order to prevent the bacterial agent from causing increased illness or death.

This stockpile supplements the antibiotic stockpile distributed through the Strategic National Stockpile. The Bureau of Public Health Pharmacy is responsible for maintaining this stockpile.

Contents:

30,000 regimens of Doxycycline 100 mg
50,000 regimens of Ciprofloxacin 500 mg
10,000 regimens of Amoxicillin 500 mg.

Target Population(s) –

Primary – Those infected, those in direct contact of infected, and those at high risk of becoming infected with anthrax, tularemia, or plague.

Location:

Region	Location	Contact	Phone Number
2	Central Pharmacy	Jennifer Thompson	(850) 922-9036

Activation Process

Once an event occurs, the county Emergency Operations Centers (EOC) will communicate with the State Emergency Operations Center (SEOC), consistent with procedures as outlined in the CEMP. The SEOC will implement appropriate response actions through ESF8.

Limitations

1. Time required for mobilizing cache resource.
2. Expensive resource to stockpile and maintain.
3. Pharmaceuticals are not eligible for participation in the federal Shelf-Life Extension Program. (SLEP)

Attachment 9

Attachment 9: Antiviral Stockpile

Agent Specificity: Biological, specifically *Influenza A or B* virus

Resource Type: State

Program Description

The Bureau of Public Health Pharmacy has stockpiled Tamiflu (oseltamivir) and Relenza (zanamivir) for use by public health disease control responders during the initial phases of an influenza outbreak. As of October 2013, Florida has maintained 430,184 courses of antiviral medication to treat adults and children. This stockpile includes 415,712 courses of Tamiflu and 14,472 courses of Relenza. An additional 2,533,259 courses are allocated for Florida and being held in the Strategic National Stockpile.

Contents:

- Tamiflu (oseltamivir)
- Relenza (zanamivir)

Target Population(s) - To date, antivirals have been shown to be effective in the treatment of the H1N1 virus. The department is committed to ensuring that all Florida residents and visitors have access to antiviral medication for the H1N1 Influenza virus. In circumstances where antivirals are not available through local supply chains, the department has authorized the use of the stockpile for the following groups:

- Treatment of confirmed, probable and suspected cases based on the CDC guidelines and definitions.
- Post-exposure chemoprophylaxis of household close contacts of a confirmed or probable case that are at high-risk for complications of influenza.
- Post-exposure chemoprophylaxis of health care workers and public health workers who were not using appropriate personal protective equipment during close contact with an ill confirmed, probable, or suspect case of swine-origin influenza A (H1N1) virus infection during the case's infectious period.

All individuals in these groups who need antivirals have access through local county health departments and the Public Antiviral Stockpile regardless of their ability to pay.

Activation Process

Activation protocols are documented in the DOH Pandemic Influenza Appendix to the DOH EOP.

Limitations

1. Time required for mobilizing cache resource
2. Expensive resource to stockpile and maintain
3. Only antivirals distributed by the Division of Strategic National Stockpile are eligible for participation in the federal Shelf-Life Extension Program (SLEP)

Location:

The State Antiviral Stockpile is stored in the Bureau of Public Health Pharmacy warehouse and at other Bureau of Preparedness and Response storage sites.