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I. Policy

A. All Department of Health (DOH or the Department) staff is subject to mandatory emergency duty to meet the needs of an emergency, disaster, or public health emergency. Mandatory emergency duty may include deployment for staff designated as Group 1 as described below.

B. The delegated authority or designee may grant staff exemptions from emergency duty or deployment on a case-by-case basis following the steps outlined in Section VII, “Procedure.”

C. The Department must announce the implementation of emergency duty provisions. These provisions do not apply to routine DOH business. This policy may be implemented:

1. To support a declaration of a local, state, or federal emergency.

2. To support a public health event at the request of the delegated authority or designee and approval of the State Surgeon General or designee.

D. Each division, office, county health department (CHD), and children’s medical services (CMS) office must designate staff in one of two groups for emergency duty and deployment purposes, based on their job duties, responsibilities, and capabilities:

1. Group 1

   a. Staff with specific, pre-determined emergency duty responsibilities within their county (for CHD staff, CMS staff, and central office staff working in the field) or at the state level (for central office staff working in Tallahassee), and secondary duties which include deployment to provide assistance in a location other than their county (another county or out-of-state).

   b. All preparedness positions shall be included in Group 1.

   c. Offices should pre-identify and designate Group 1 staff for specific emergency duty and deployment roles.

2. Group 2

   a. Staff with emergency duty responsibilities within their county (for CHD, CMS staff, and central office staff working in the field) or at the state level (for central office staff working in Tallahassee).

   b. The delegated authority or designee may elevate Group 2 staff to Group 1, on a case-by-case basis, if necessary to support the needs of the incident.
E. The delegated authorities or designees of CMS and central office staff who work in the field must coordinate with the local CHD director/administrator prior to an incident to ensure that emergency responsibilities will be covered.

F. Divisions, CHDs, and CMS offices are encouraged to designate five to ten percent of their staff as Group 1.

G. Group 1 staff must register in the Department’s responder management system and provide contact information, including after-hours contact information, and their skill sets and competencies. Group 2 staff is required to register in their unit’s responder management system.

H. Upon implementation of emergency duty provisions, the delegated authority or designee (or the DOH emergency coordination officer or designee with the prior notification to and concurrence of the delegated authority or designee), may assign emergency duties to Group 1 or Group 2 employees or direct Group 1 employees to deploy. In addition, delegated authorities, or their designees, may activate staff under their operational control for emergency duty or deployment.

I. Upon implementation of emergency duty provisions, delegated authorities or their designees shall ensure that, in the absence of mitigating circumstances, Group 1 staff within their chain of command is available for emergency duty (including deployment for Group 1).

J. Upon implementation of emergency duty provisions, delegated authorities, or their designees, may cancel or alter pre-approved annual and/or compensatory leave.

K. The Department will train and use staff as necessary to meet the needs of an emergency, disaster, or public health emergency.

II. Authority

A. Section 381, Florida Statutes, “Public Health: General Provisions”

B. Section 252.36, Florida Statutes, “Emergency Management Powers of the Governor”

C. Chapter 60L-34, Florida Administrative Code, “Attendance and Leave”

D. Title 29, Code of Federal Regulations (CFR), Part 825, “U.S. Family and Medical Leave Act” (FMLA)

III. Supportive Data

A. “On-Call Fees for Career Service Employees,” DOHP 60-18
B. “Attendance and Leave,” DOHP 60-3
C. “Classification,” DOHP 60-7
D. “Grievances,” DOHP 60-13
E. Department of Health Emergency Operations Plan, Priority Services
F. State Comprehensive Emergency Management Plan
G. Collective bargaining agreements between the state and the Florida Nurses Association (FNA); American Federation of State, County, and Municipal Employees (AFSCME); and the Federation of Physicians and Dentists (FPD).
H. DOH “Request for Limited or Temporary Exemption from Emergency Duty” form
I. DOH “Notice of Emergency Duty Responsibilities” form

IV. Signature Block with Effective Date

Signature on File
Kim E. Barnhill, MS, MPH
Chief of Staff
June 24, 2013

V. Definitions
A.Charge Object: An hours-type code established by the Bureau of Personnel and Human Resource Management (AHRM) in the People First system to track hours worked toward specific projects.

B. Delegated Authority: That position and associated authority outlined in the official delegation of authority on file with the Department’s agency clerk.

C. Deployment: Emergency duty requiring overnight travel for up to 14 consecutive calendar days to support the incident from a location other than the employee’s regular work location. Upon demobilization, staff will be evaluated for rehabilitation before being redeployed.

D. Disaster: Any natural, technological, or civil emergency that causes damage of sufficient severity and magnitude to result in a declaration of a state of emergency by a county, the Governor, or the President of the United States.

E. Emergency: Any occurrence, or threat thereof, whether natural, technological, or man-made, in war or in peace, that results or may result in substantial injury or harm to the population or substantial damage to or loss of property.
F. **Emergency Coordination Officer:** The person delegated by the State Surgeon General or designee who is responsible for coordinating with the Division of Emergency Management on emergency preparedness issues; preparing and maintaining the Department’s emergency preparedness and post-disaster response and recovery plans; maintaining rosters of staff to assist in disaster operations; and coordinating appropriate training for DOH staff.

G. **Emergency Duty:** Performing work duties in support of an incident, which may include working extended hours, weekends, holidays, overnight shifts, or hours in excess of an employee’s routine work schedule. Deployment is one type of emergency duty. Deployment may include a location in-state or out-of-state.

H. **Employee:** A person in a Career Service, Selected Exempt Service (SES), Senior Management Service (SMS), or Other Personal Services (OPS) position within DOH.

I. **Public Health Emergency:** Any occurrence, or threat thereof, whether natural or man-made, that results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters.

J. **Staff:** DOH employees and federal assignees.

VI. **Protocols**

A. **Outcome**

Provide clear procedures, responsibilities, and authorities in emergency duty and deployment situations. This policy reflects the administrative and operational framework to activate emergency duty requirements and deploy staff to alternate work locations to fully address the incident.

B. **Personnel**

1. Executive management
2. Senior management
3. DOH emergency coordination officer
4. Human resource liaisons
5. Managers and supervisors

C. **Competencies**

1. All DOH supervisors must ensure that staff in their organizational unit is aware of and in compliance with this policy.
2. All DOH supervisors are responsible for ensuring that staff maintains training requirements, certifications, or licenses necessary to perform assigned or required duties in accordance with this policy.

D. Areas of Responsibility

1. The Bureau of Personnel and Human Resource Management (AHRM), in coordination with the Bureau of Preparedness and Response, is responsible for this policy.

2. Each division, office, CHD, and CMS office is responsible for:
   a. Designating the emergency duty group for staff.
   b. Notifying staff of their emergency duty group.
   c. Assuring that Group 1 staff registers in the DOH’s responder management system.

3. The Bureau of Preparedness and Response is responsible for:
   a. Maintaining DOH’s responder management system.
   b. Providing periodic reports to senior management about staff registration in the system and counts of registered staff by group.
   c. Establishing and managing processes for activating and deploying staff for emergency duty on a statewide basis.

4. Each staff member is responsible for:
   a. Complying with the provisions of this policy unless he or she has received an exemption from emergency duty or deployment.
   b. Making necessary arrangements for family members and personal obligations in order to be available for emergency duty or deployment.

5. The DOH emergency coordination officer or designee is responsible for:
   a. Ensuring the timely and effective implementation of this policy.
   b. Ensuring that deployed staff is being used to support activities defined in the approved mission request.
c. Establishing a process to ensure that all deployed responders are supported, safe, and accounted for throughout the deployment period.

d. Serving as the point of contact for information relating to the inappropriate or under-utilization of deployed staff, and ensuring that all reported issues are effectively addressed.

VII. Procedures

A. Implementing Emergency Duty Requirements

1. The delegated authority or designee must ensure that current staff members are notified in writing that they are subject to mandatory emergency duty. Group 1 staff members must indicate whether they are willing and able to deploy in-state only, or in-state and out-of-state. Supervisors must give the “Notice of Emergency Duty Responsibilities” form to all current and new employees to sign, and place copies in the employees’ official personnel files.

2. All DOH vacancy advertisements must include a statement advising applicants of required emergency duty. The following statement is suggested:

   “Incumbents may be required to perform emergency duty before, during, and/or beyond normal work hours or days.”

3. All DOH vacancy advertisements should include the following screen-out qualifying question:

   “Are you willing to work before, during, and/or beyond normal work hours or days in the event of an emergency? This may include working in a special needs or Red Cross shelter, or performing other emergency duties including, but not limited to, responses to or threats involving any disaster or threat of disaster, man-made or natural.”

   If the incumbent will be in Group 1, the following statement should also be included: “Emergency duties may also include in-state and/or out-of-state deployment.”

4. Position descriptions for SES, Career Service, and SMS employees must include the following statement:

   “Incumbent may be required to work before, during and/or beyond normal work hours or days in the event of an emergency. Emergency duty required of the incumbent includes working in special needs or Red Cross shelters, or performing other emergency duties including, but not
limited to, responses to or threats involving any disaster or threat of
disaster, man-made or natural."

If an employee is in Group 1, the position description must also include a
sentence, “Emergency duties may also include in-state and/or out-of-
state deployment.”

Current and new employees should review and sign position descriptions,
and supervisors should provide copies to them.

5. The delegated authority or designee should make, and new employees
should accept, written offers of employment. The offer letter signed by
the employee should include the following statement:

“In the event of an emergency, this office may be required to perform
emergency operations functions, including deployment. I understand that
I may be required to work before, during, and/or beyond my normal work
hours or days in a special needs shelter, Red Cross shelter, emergency
operations center (EOC), or to perform other emergency duties including,
but not limited to, responses to or threats involving any disaster or threat
of disaster, man-made or natural.”

If an employee is in Group 1, the offer letter should also include a
sentence, “I also understand that emergency duties may include in-state
and/or out-of-state deployment.”

Supervisors should place a copy of the signed letter in the employee’s
official personnel file.

6. Management should meet, in person, by phone, or by videoconference,
with staff at the time of the emergency to discuss plans, duties,
assignments, and other relevant issues.

7. If staff are not immediately needed or are sent home from emergency
duty, they should be advised that they may be subject to call or, for
Career Service employees, placed on-call, and may be required to report
or return to emergency duty.

B. Exemptions from Emergency Duty or Deployment

1. Staff may have medical or non-medical reasons why they cannot perform
emergency duty or deploy. Each division, office, CHD, and CMS office
should establish a process for staff to request an exemption from
emergency duty for medical or other legitimate reasons. Staff should use
the “Request for Limited or Temporary Exemption from Emergency Duty”
form. Offices should announce this process to staff and include it in any
staff newsletters.
The delegated authority or designee may grant exemptions on a temporary basis, for a specific period of time, or for individual circumstances. For example, staff may not be able to work beyond their regularly scheduled hours but may be able to perform emergency duty during their regularly scheduled hours, or may be able to perform some emergency duty functions, such as working a “telephone tree”, even though they cannot work in an emergency shelter. The delegated authority or designee generally will not grant exemptions for duties that employees routinely perform as part of their jobs during the normal workday. The delegated authority or designee will consider requests for approval on a case-by-case basis and notify staff in writing of their decision.

2. Offices may set an annual deadline by which requests for exemption must be submitted, but should have a process for employees to request an exemption if they are new to the office or have an acute (not long-standing) reason why they are requesting an exemption mid-cycle.

3. Offices should also be prepared to address the issue of employees whose annual or compensatory leave has been approved prior to, or who are on such leave during, the emergency. Supervisors should notify employees when their leave is approved that it may be cancelled in the event of an emergency or need to deploy. When an employee’s leave is cancelled or they are called back to work because of an emergency or deployment, the employee may be eligible for reimbursement for non-refundable costs. These must be handled on a case-by-case basis in accordance with all applicable policies and procedures.

4. The Family and Medical Leave Act (FMLA), the Family Supportive Work Program (FSWP), the Americans with Disabilities Act (ADA), and other federal or state laws or statutes may impact mandatory emergency duty requirements.

   a. Staff may request an exemption from emergency duty or deployment because of a condition of the employee or, in some situations, a family member (as defined in the FMLA implementing regulations), that may qualify under FMLA and/or FSWP. In these situations, offices should provide the staff person with a FMLA/FSWP letter and a “Certification of Health Care Provider” form in coordination with the servicing human resource (HR) office. If a healthcare practitioner certifies that the employee or a family member has a FMLA and/or FSWP qualifying condition that precludes them from performing emergency duty or deployment, the employee cannot be disciplined for failure to report for or perform emergency duty, if the failure is a result of the serious health condition.
b. Staff may also be exempt from performing emergency duty or deployment because of an ADA-qualifying documented health condition. The employee must request an accommodation per the “Americans with Disabilities Act Accommodation” policy (DOHP 60-32), if the employee’s ADA-qualifying condition precludes them from performing emergency duty or deploying. An employee cannot be disciplined for failure to report for or perform emergency duty or deployment, if the failure is a result of the documented health condition.

c. Employees who have a documented medical condition that affects their ability to respond to an emergency or deployment mandate must request an exemption as indicated above. Medical information submitted by the employee is confidential and the servicing HR office will maintain this information in the employee’s confidential medical file in the servicing HR office.

5. Employees may have non-medical reasons that impact their ability to perform emergency duty or deploy. These reasons may include things such as those listed below. Documentation from the employee may be required.

a. Single parents of young children

b. Staff whose spouses are considered essential employees for another agency (for example, police, fire, EMS, etc.)

c. Staff whose spouses are military service members who are deployed

d. Staff who have caregiver responsibilities for elderly or disabled dependents, etc.

The following are not acceptable reasons for an exemption from emergency duty:

a. Pet ownership or care

b. Residing in an evacuation zone

c. Out-of-county residency

d. Secondary employment or volunteer activities

C. Activating Emergency Duty Provisions

1. Statewide activation
a. Emergency duty provisions are automatically activated department-wide upon the declaration of a state of emergency when the governor issues an executive order or upon a declaration of a public health emergency.

b. The State Surgeon General or the delegated authority, or their designees, may activate emergency duty provisions department-wide when additional staff is necessary to manage a public health incident that has overwhelmed a single division, CHD, or CMS office. The State Surgeon General or the delegated authority, or their designees, can enact this with or without the existence of an executive order or public health emergency.

2. County-specific activations

a. Emergency duty provisions are automatically activated within a CHD or CMS office when a local state of emergency or local public health emergency is declared in the county in which it is located.

b. In addition, a CHD director/administrator or CMS medical director may activate emergency duty provisions within the CHD or CMS office to manage a local public health incident (with or without the existence of a local state of emergency or public health emergency).

D. Emergency Duty and Deployment Groups

1. Group 1 staff serves as, or augments, the Department’s primary response force and may be required to remain at work until released by a supervisor when an emergency, disaster, or public health emergency occurs. Supervisors may call these staff in to return to work during non-scheduled hours with little or no notice during an emergency. Management may place Group 1 staff in on-call (Career Service employees) or subject-to-call status per “On-Call Fees for Career Service Employees” policy (DOHP 60-18), and staff is required to report for emergency duty when called. When necessary, management may deploy Group 1 staff, up to 14 consecutive calendar days, for emergency duty to meet the objectives of an incident.

2. Group 2 staff augments the Department’s response force and may be required to remain at work until released by a supervisor when an emergency, disaster, or public health emergency occurs. Supervisors may call in these staff after scheduled working hours for emergency duty. When feasible, supervisors should provide 24 hours advance notice.
E. Tracking Emergency Duty and Deployment

1. The organizational unit responsible for managing the incident response shall track all staff assigned to the incident response, including dates, times, and role.

2. All employees are required to track time for emergency duty or deployment in People First by coding work hours to the appropriate charge object code.

F. Compliance

1. Failure to comply with this policy may result in disciplinary action, up to and including dismissal.

2. Career Service employees who have permanent status and are disciplined may have grievance or appeal rights as indicated in “Grievances” policy (DOHP 60-13), and any applicable collective bargaining (union) contract. Permanent Career Service employees may also have appeal rights to the Public Employees Relations Commission (PERC).

G. Compensation for Emergency Duty

Compensation for emergency duty must follow the “Attendance and Leave” policy (DOHP 60-3). Specific aspects of the policy related to emergency duty include the following components:

1. Disaster Pay Plan: The disaster pay plan allows SES and Career Service employees (below the bureau chief level) to be financially compensated for required disaster-related hours worked that are beyond the established work schedule, in accordance with Department of Management Services (DMS) rules, applicable collective bargaining agreements, and DOH policies and procedures. Activation of the disaster pay plan requires a governor’s executive order declaring a state of emergency. The Department’s emergency coordination officer or designee must request activation of the disaster pay plan from the State Surgeon General. If approved, AHRM will activate the plan.

2. Temporary Special Duty Salary Additives: Management may authorize temporary special duty additives for Career Service employees performing emergency duties. Temporary special duty pay additives for emergency duties do not require an executive order. The requesting authority must identify a budget source for the salary additive. The delegated authority or designee must approve this additive type and coordinate with AHRM prior to implementation.
3. SES Discretionary Pay Increase: Management may authorize discretionary pay increases for SES employees performing emergency duties. SES discretionary pay increases for emergency duties do not require an executive order. The requesting authority must identify a budget source for the pay increase and the delegated authority or designee must approve it prior to implementation.

4. On-Call Salary Additives: Management may make temporary on-call assignments during natural disasters only when demonstrated that an employee performs an essential service vital to DOH operations. On-call salary additives are limited to Career Service employees. The requesting delegated authority or designee must identify a budget source for the salary additive and the request must be coordinated with the servicing HR office prior to implementation.

VIII. Distribution List

All DOH employees and federal assignees

IX. History Notes

This policy replaces the “Emergency Duty Guidelines” previously issued by AHRM.

X. Appendices

None