

Florida's Integrated Rapid Response Team 2016 Hurricane Season Activations

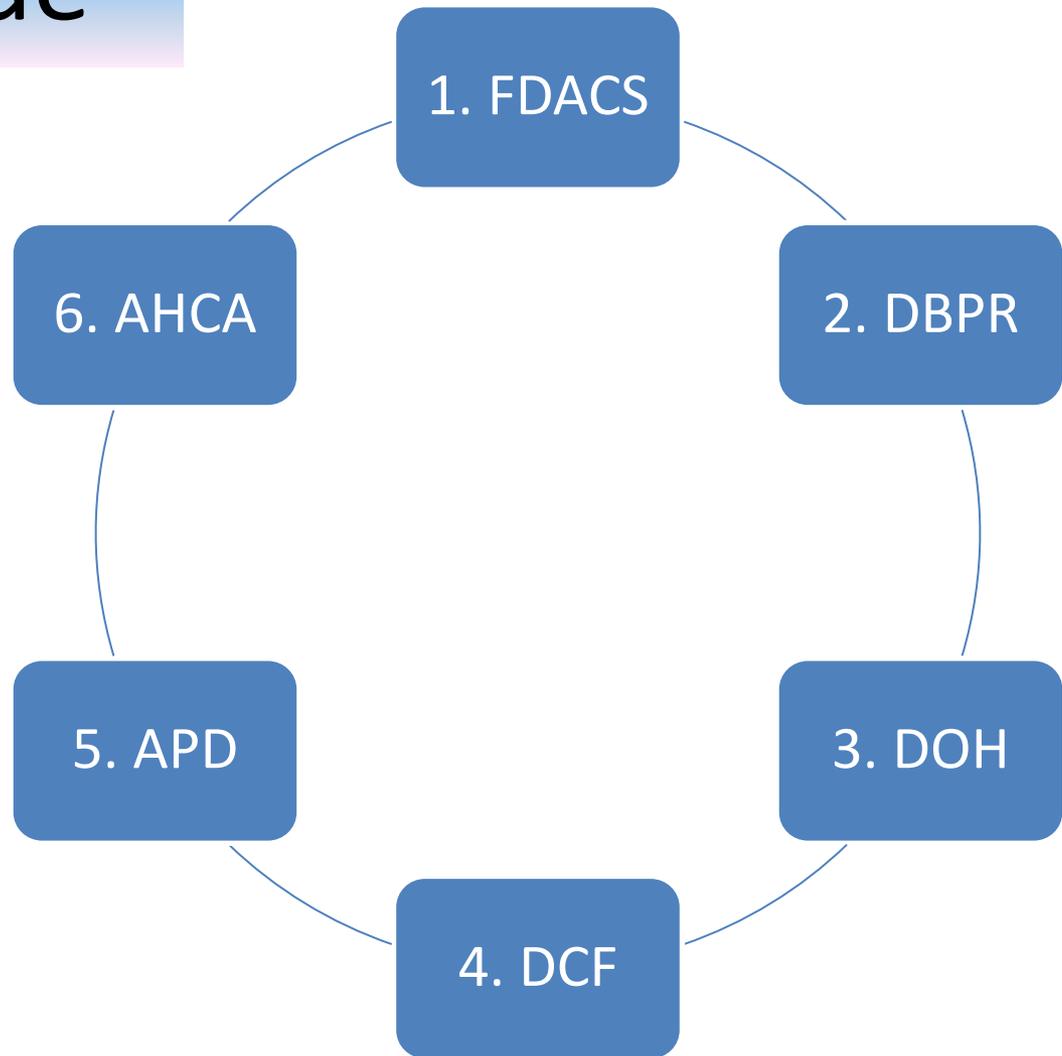


Summer Williams
FLIRRT Coordinator



Florida is Unique

1. Department of Agriculture & Consumer Services
2. Department of Business & Professional Regulation
3. Department of Health
4. Department of Children and Families
5. Agency for Persons with Disabilities
6. Agency for Health Care Administration



“MAC” Group

- ✓ Florida Department of Health
- ✓ Florida Department of Agriculture and Consumer Services
- ✓ Food and Drug Administration – Florida District Office





FLIRRT Goals

1. Respond to food and feed emergencies in a **coordinated** manner with multiple agencies
2. Enhance **resources** of all agencies involved in food and feed
3. Utilize Incident Command System (**ICS**) in response



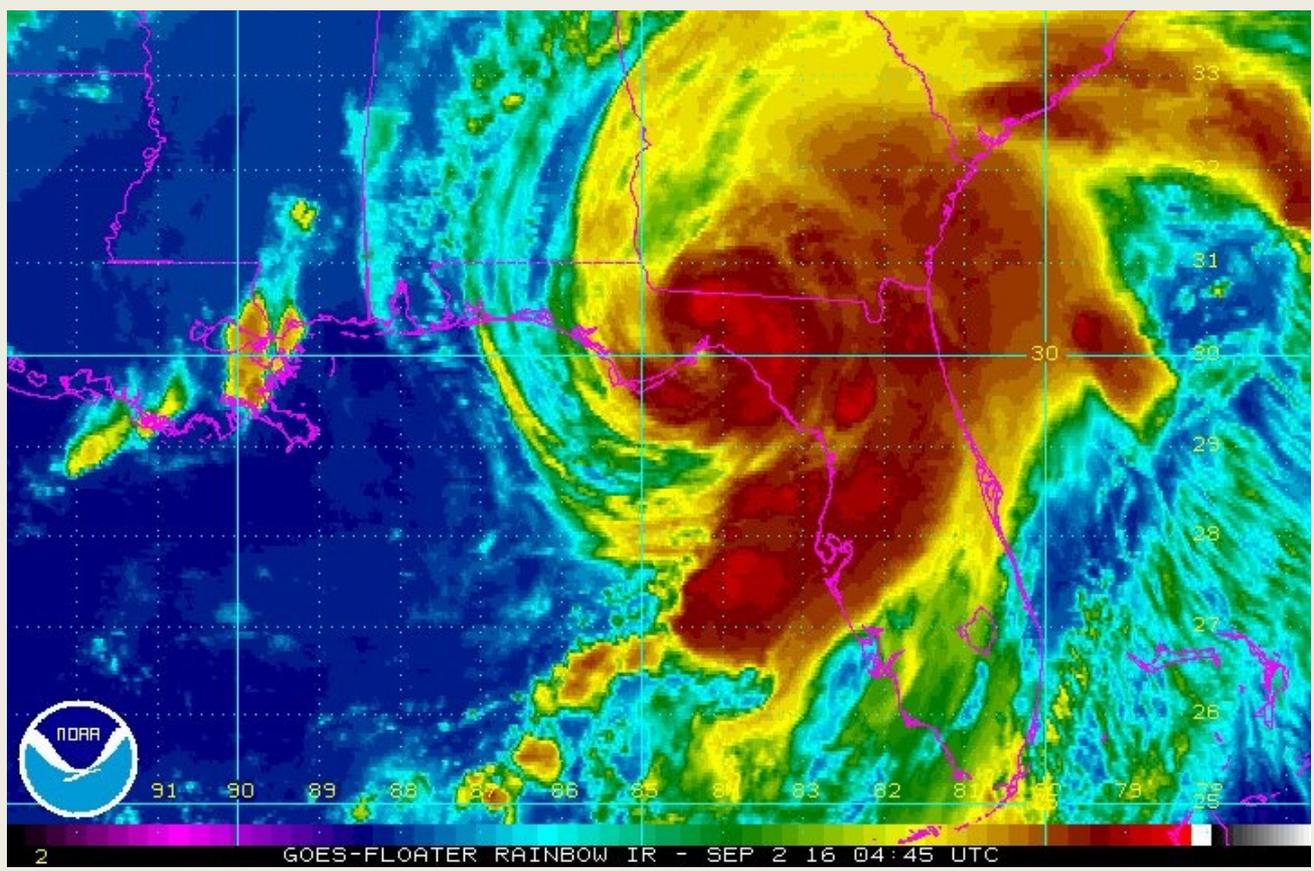


Types of Incidents

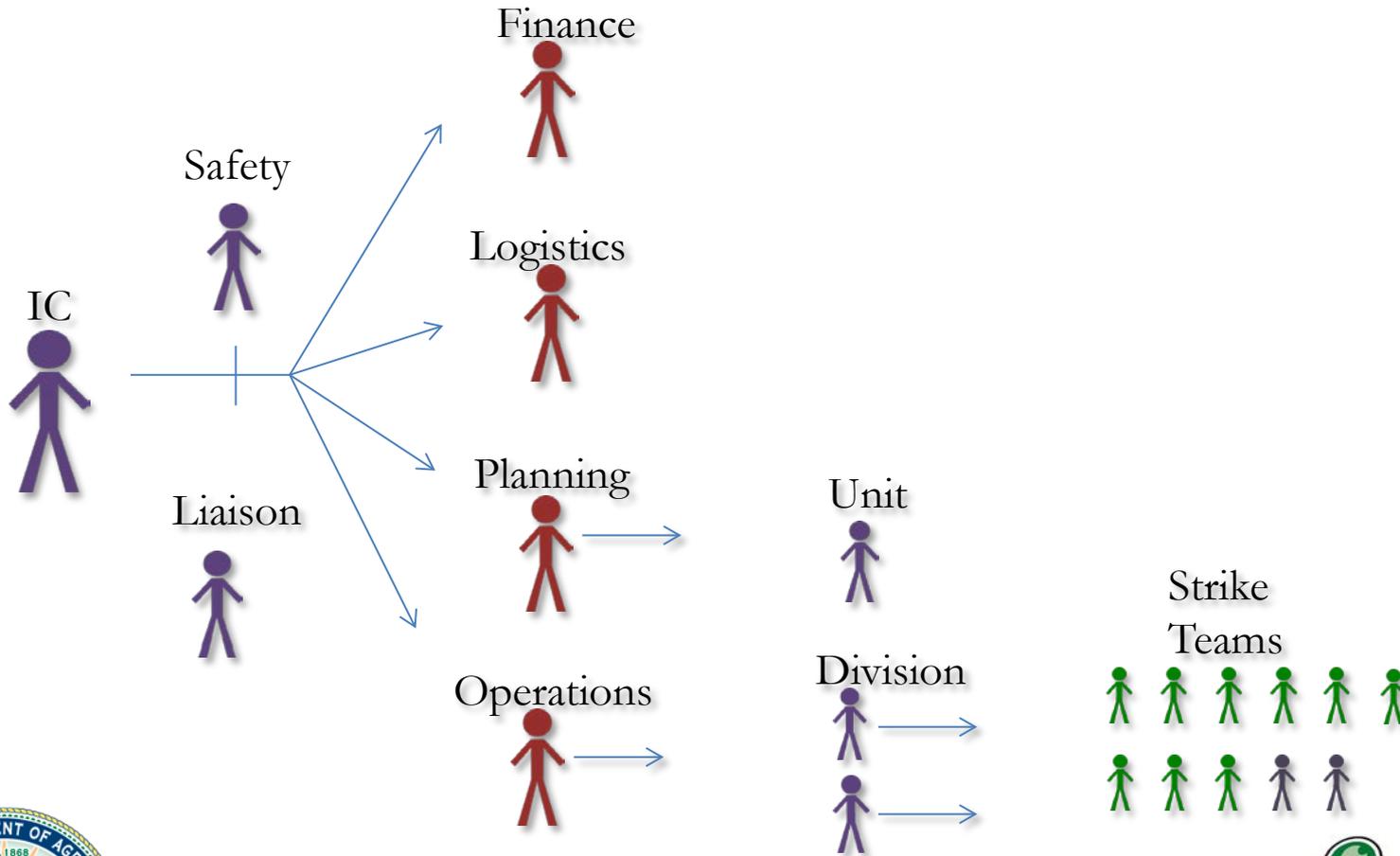
- ✓ Natural disasters
- ✓ Food recalls
- ✓ Foodborne outbreaks
- ✓ Intentional food contamination
- ✓ Agency exceeds their capability to respond



Hurricane Hermine



Hurricane Hermine Incident Management Team



Hurricane Hermine IMT



Hurricane Hermine IMT



Hurricane Hermine Activation

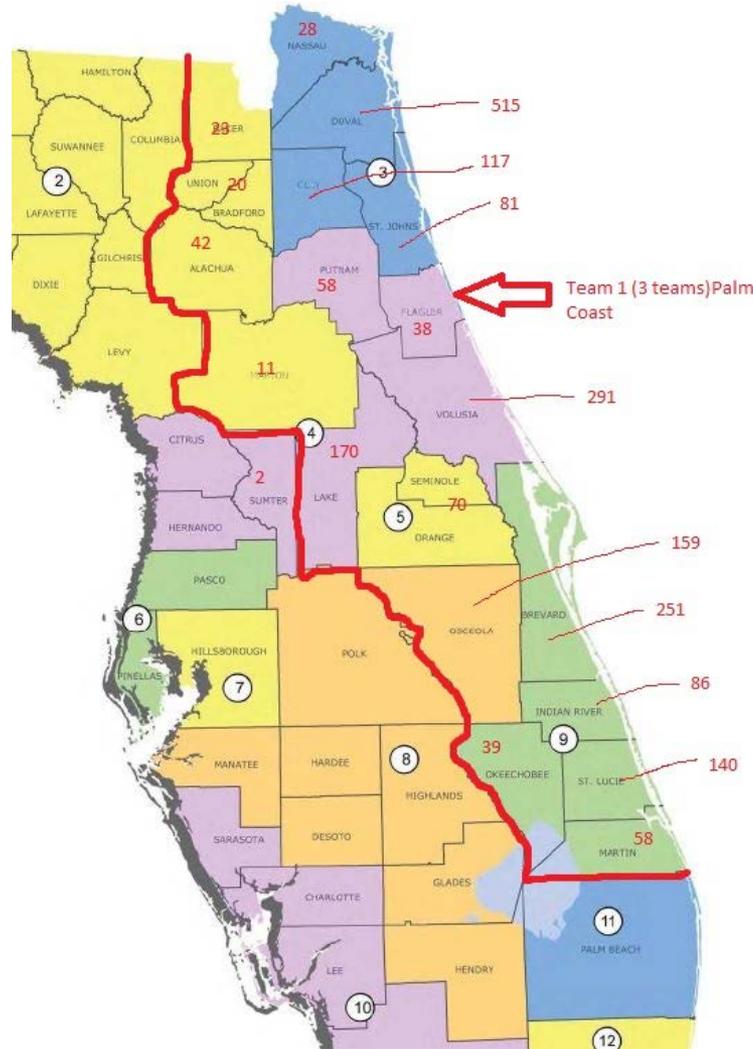
- 97 FLIRRT personnel split into an Incident Management Team with 11 Strike Teams
- Over 2,000 of FDACS food establishments assessed via visit and phone in **32** counties in **only 4 days!**



Hurricane Matthew



Hurricane Matthew Activation



Hurricane Matthew Activation

- 93 FLIRRT personnel split into an Incident Management Team with 10 Strike Teams
- Over 2,000 of FDACS food establishments assessed via visit and phone in **17** counties in **only 5 days!**







Activation Success

Follow-Up Recommended



Multi-Agency Assessment Checklist

Event: _____
 Facility is (check one): Open Closed
 Date: _____ Visit or Phone
 Time in: _____ Time out: _____

Building Condition	Yes	No	Unk
Does the facility have physical damage? If yes, select best physical damage description below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extensive <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/>			

Electricity/Gas	Yes	No	Unk
Electricity source currently being used? Municipal <input type="checkbox"/> Generator <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did facility lose electricity during event? If yes, when was power lost (day and time)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when was power restored (day and time)?			
Is gas on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water	Yes	No	Unk
Pre-Event water source: Municipal <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well <input type="checkbox"/> Both <input type="checkbox"/> Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a boil water notice in effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What type of water is currently being used? Bottle <input type="checkbox"/> Boiled tap <input type="checkbox"/> Un-boiled tap <input type="checkbox"/> Tank/Bulk <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Event Source <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Waste Disposal	Yes	No	Unk
Sewage system: Municipal <input type="checkbox"/> Septic Tank <input type="checkbox"/> Unknown <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage system operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage collection occurring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Prep/Processing/Storage	Yes	No	Unk
Is facility preparing or serving prepared food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry storage/dry retail area(s) free of contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation/processing area(s) free of contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold storage, refrigeration or freezer equipment operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to properly wash hands or acceptable alternative to hand washing available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Condition of Food Products	Yes	No	Unk
Are damaged, adulterated or time/temperature abused foods segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What does facility plan to do with segregated product? Recondition <input type="checkbox"/> Voluntarily Destroy <input type="checkbox"/> Undecided <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – explain: _____			

SUBMIT

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Facility name: _____

Address: _____

Contact name/title: _____

Phone #: _____

E-mail address: _____

Facility Type? Food Service Retail Other
 Food Storage/Warehouse Food Processing

Agency with jurisdiction over the facility?
 DOH DBPR FDACS FDA Other – specify: _____

Date facility re-opened: _____

Assessed by (print name & agency): _____

Assessed by (signature): _____

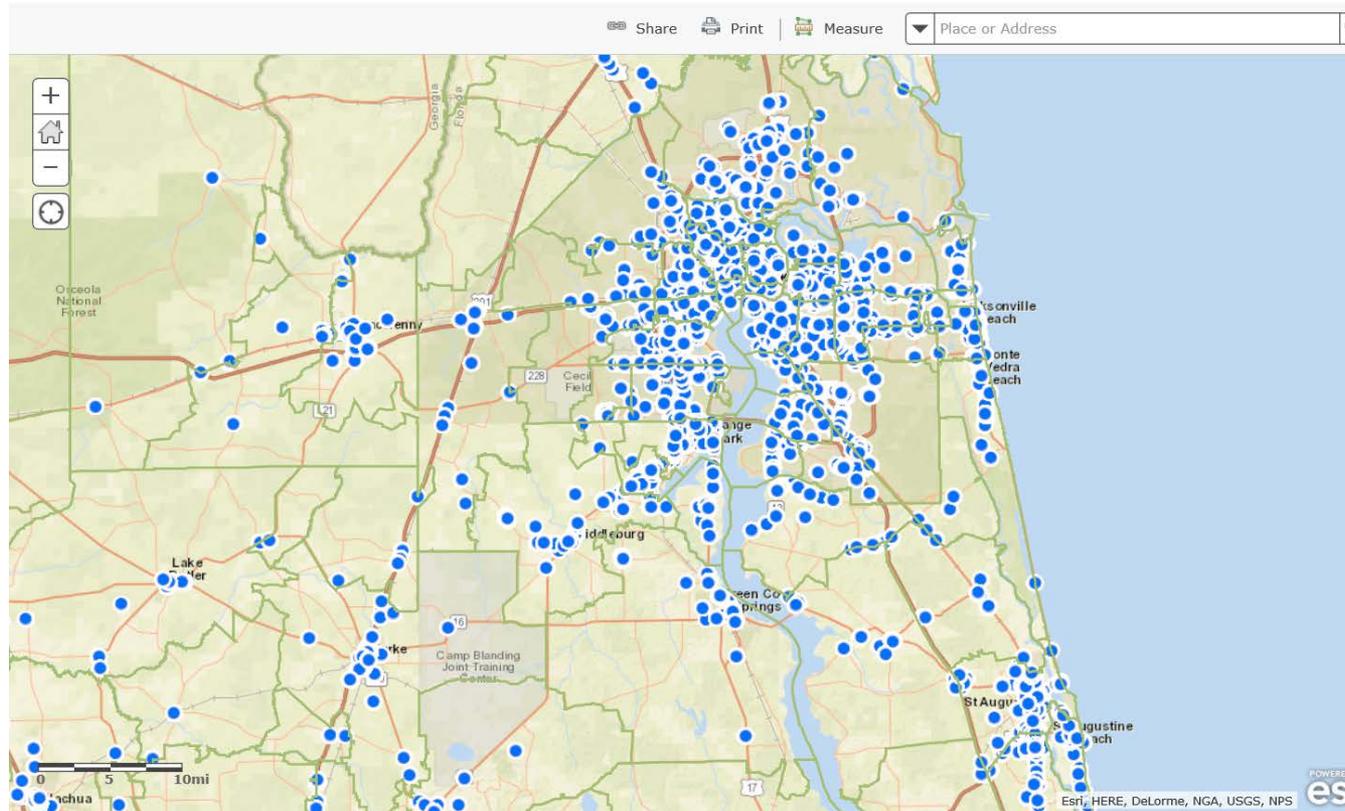
Facility Representative (signature): _____

Comments or Follow-up Action recommended: _____

- Assessment should take no longer than 20 minutes per team with form
- Easy way of tracking follow-ups



Lesson Learned- GIS needed



Questions?

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