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# **Florida Department of Health**

## **County Health Department/ESF8 Staff Augmentation Teams**

**July 2008**

## **BACKGROUND**

Florida has developed an extensive response network for dealing with a variety of natural hazards. The use of the Emergency Support Function (ESF) structure has worked well in meeting the logistical support for their respective communities. However, the operational aspects of the health and medical response have not been as refined. For the most part, the operations response has been a cadre of volunteer public health personnel that have traditionally assisted over the years. This system worked for the hurricane response until 2004. Previously the state dealt with only one significant event per year. Multiple responses left the system utilizing an unbalanced mixture of seasoned and trained responders with individuals who had no prior response experience either in their own county or previous occupations.

Further, the state has experienced, in addition to hurricanes, additional response for tornadoes, wild land fire, and flooding- many of them in the same year. The growth of Florida with the concomitant growth of both vulnerable populations and systems to support these populations, have led to longer and more complex activations of the emergency response system.

In addition, Florida has unfortunately been the epicenter to manmade events as well. The mail anthrax attacks, large scale biological infections with *E.coli* O: 157 and the emerging threat of a novel influenza virus, all have the capability of reducing the local health system personnel to maintain a response over an extended period of time.

Florida has adopted the Incident Command System (ICS), in accordance with the National Incident Management System (NIMS) as the framework for an all hazards method of response. The use of credentialing, coupled with the identification and typing of teams trained to perform tasks in these events, has led to the state being a leader in both Region IV Health and Human Services (HHS) Region IV and the current national effort.

## **AUGMENTATION TEAMS**

The core staffing for any state response through Emergency Support Function 8: Public Health and Medical (ESF-8) is the responsibility of the local County Health Department (CHD). The majority of the county Emergency Management systems utilizes key personnel from the local CHD to staff and manage the local ESF-8 (or health and medical branch under ICS); however all counties have some responsibility in a response, with sheltering of Special Needs patients being their primary assignment.

In the days to weeks following a major event, the administrative and programmatic management of the affected county and CHD will require relief personnel from CHDs outside the affected zones. The implementation of this charge has some unique aspects to be addressed. County population size in Florida ranges from 8,000 to over 3 million, and the management structures reflect that breadth. Therefore, the teams that are to be designed have to have some flexibility and a credentialing system to assure a workforce replacement that will meet the need. This objective is further challenged by the turnover of many CHD Administrators and Directors in the past several years. While many have experienced some sort of event in their home county, many have not been to other counties or experienced a catastrophic-level event.

The core personnel of the Augmentation Team are:

- CHD Administrators/Directors
- Medical Directors
- Business Managers
- Nursing Directors
- Environmental Health Directors and Managers
- Information Technology Managers
- Clinic Managers
- Personnel who serve as an assistant director in any of the above capacities
- Additional personnel are available through the various consortia that make up the administrative structure of the public health system
- The Children's Medical Service (CMS) Program has regional administrative structures that can relieve their counterparts using this methodology as well

The augmentation teams are a scaleable design that is the core of ICS. They should cover the range of small events where individual critical staff might be unavailable due to vacation or illness, up to a full Management Team to assist one or several counties in a major event. The augmentation teams will have three distinct typing schemes.

Note: The Department has trained a number of individuals to the Plans Chief level of ICS. In order to both increase their actual operational experience, as well as to assist counties to learn the objective based elements of ICS, the Plans Chief personnel should be assigned to any level response in this team structure. As the event escalates, these personnel are fully trained as Resource Unit Leaders and Situation Status Unit Leaders and could be deployed in that capacity as well.

### **PERSONNEL CREDENTIALING**

In order to establish a baseline for identifying individual resources, the following minimum experience/training criteria are required:

- Basic CHD or CMS orientation
- At least one year of experience in their respective position prior to independent deployment. Persons with less experience can deploy as part of a team to an event with qualified personnel
- ICS 300 (400 preferred)

Additionally, to enhance personnel response capacities as they relate to county operations, individual selection should be based upon the following:

- Previous response roles and experience
- Current and previous CHD and CMS experience
- Size of county/region where employed

While it is not mandatory that personnel be selected to match the county size (small, medium, large) of the requesting county, it may be beneficial for ease of assimilation into the role assigned. For example, personnel from a rural county might have difficulty with metropolitan operations; likewise, large county urban personnel may not be conversant with medical, environmental, and agricultural issues in a small county.

The personnel are then credentialed into the following types:

Type III- personnel have the above experience and have not deployed to another county or state, nor been involved in a local activation of their Emergency Operations Center (EOC)

Type II-personnel have the above experience and have managed a local response that required activation of the EOC, and CHD participation in managing some aspect of the population. Personnel who have previous or current military experience in the appropriate field (medical, environmental) in assisting a civilian population qualify at this level.

Type I-personnel have the above experience and have at least one local response as well as one deployment to another county in an operational capacity. Deployment to another state qualifies for this level.

The Division of Emergency Medical Operations (DEMO) will establish a roster of all CHD personnel by appropriate specialty and by type. The roster will be reviewed at least annually and updated for classification changes as well as addition and deletion of rostered personnel.

While exercises are a key component of ICS, they do not count in this classification system as a deployment or activation.

#### **TYPE IV AUGMENTATION TEAM-SINGLE RESOURCES**

The Type IV Team is designed to be a personnel specific request of individual resources requested by the county. It could be a single resource of any of the aforementioned team members. It is anticipated that a Type IV deployment is no more than two of the functional individual resources. A county, for example, could request an Environmental Manager to assist in a long-running flood event requiring numerous days of environmental health objectives that are beyond the scope of normal operations. This scenario might be coupled with the separate request for provision of an Environmental Health Strike Team to meet specific objectives for the event. These resources plug directly into the CHD management system and are assigned within the county's EOC framework, as applicable.

A request for a Type IV Team would be for those individuals credentialed as Type II or higher. However, this situation presents an opportunity for those personnel classified as Type III to be co-assigned and gain experience in the various aspects of the operation.

There is no structural organizational chart for this level of deployment. Individual resources can be coupled together to meet less than a full CHD structural team.

#### **TYPE III AUGMENTATION TEAM**

A Type III augmentation team is a complete basic CHD supervisory management structure. This structure is not established in an ICS format although it can certainly function as one.

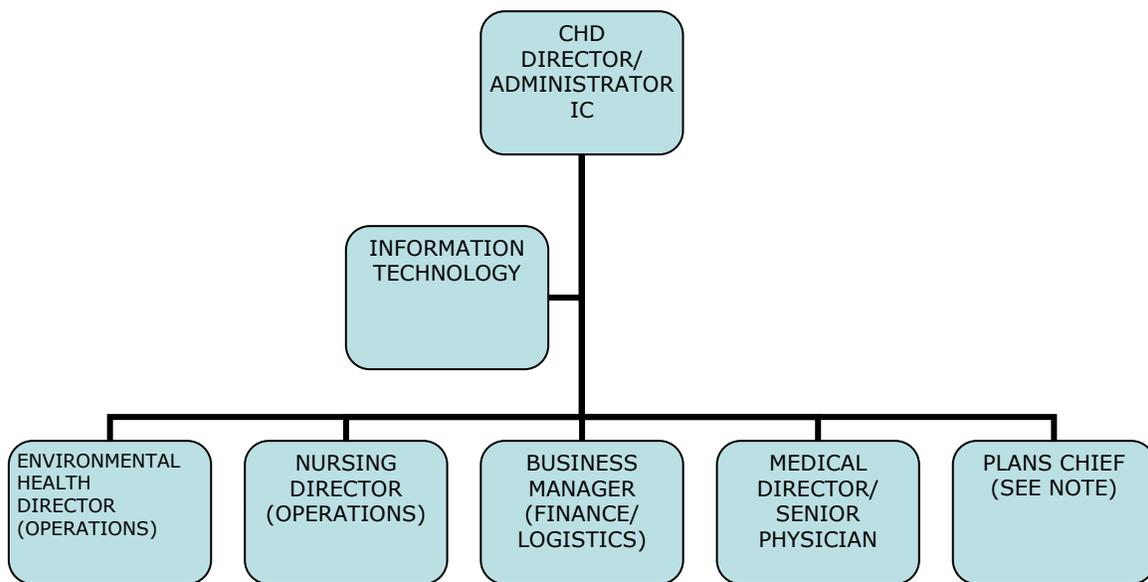
These personnel would be tasked with carrying out the ongoing daily functions that the CHD has been assigned or is attempting to perform as part of their CHD

operation. No more than two of the members of these teams would be from the same CHD in order to not deplete the ongoing mission of the deploying county. The receiving CHD must issue appropriate delegation of authority to the replacement team to carry out the objectives for the CHD.

A Type III team has the following requirements:

- One member has to be credentialed as a Type One
- All other members must be credentialed as Type Two
- Be fully conversant with utilization of the county profiles
- Be able to produce situation reports (SitReps)
- Have a hand-off briefing with their counterparts

Below is a schematic of a Type III team:



A Type III team is designed primarily to provide respite leave for the entire CHD leadership team. In most cases, the impacted leadership have been operating for over three days in a 24/7 environment, and have had neither a break nor the ability to care for their personal affairs. It is assumed that most, if not all, of the affected CHD assets have been functioning in some capability for the entire event. Type III Teams should be assembled at least twenty-four hours prior to insertion and be provided access to all communications traffic between central office and the impacted county. This action allows for at least two full state Emergency Operations Center briefings, as well as the ability to be briefed about specific areas by the persons being relieved.

The operational difference between the Type IV and Type III teams is that the Type III team comes as an entire package. These teams will be pre-identified and rostered by name annually. The team will be given the initial task of identifying their core capabilities and previous response experience to better adapt to the local situation. The Type III team utilizes the planning capabilities of the local jurisdiction. The Team is responsible for daily Incident Action Plans (IAP) and Situation Status reports to be provided to the local EOC on their schedule, with copies to the Planning Section of

the state ESF-8. While the Business Manager is assigned both Logistics and Finance roles, the majority of the Logistics functions will be carried out by indigenous CHD personnel, or those assigned by the local EOC.

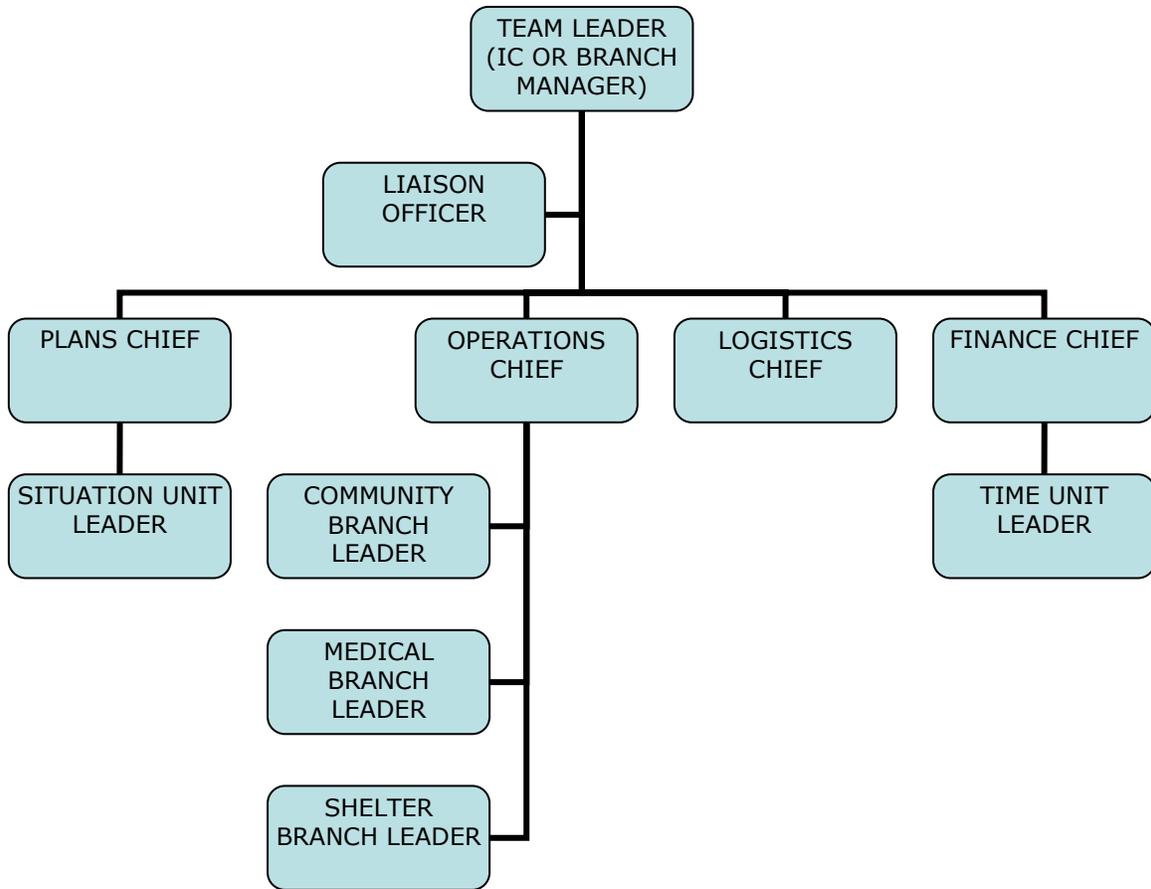
As with all logistics issues, the request for this team will follow the county's approved method of requesting resources.

### **TYPE II AUGMENTATION TEAM**

The Type II team is designed to integrate into event conditions that have overwhelmed the local management structure due to size, complexity, or level of damage. It is a structure also suitable to manage large urban environments. Unless the administrative structure of the county has been compromised or the team is directed to do so, the team works in direct relationship with the local emergency management operation.

The Type II team utilizes a complete ICS structure to maintain planning and operational integrity. The team leader provides the local command structure with assessment information, planning assistance, operations assistance through branch/division structure, and provides logistical support for outside resources coming into the community.

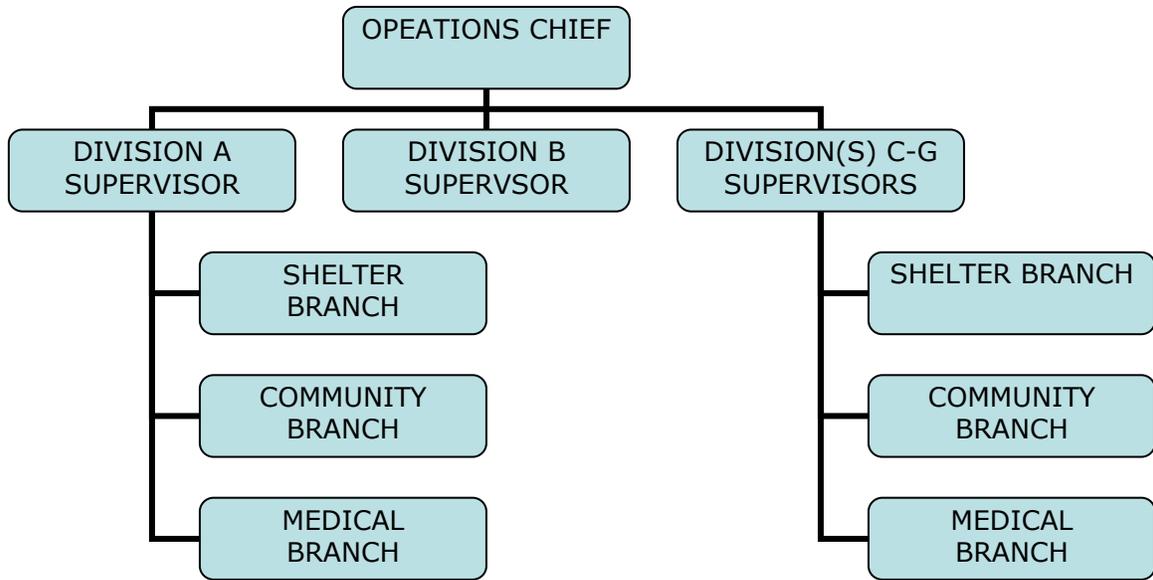
In a Type II team, all personnel at the command level are to be Type I personnel. The exception can be the Plans Chief, who must have completed Plans Chief specific training, or be a certified Plans Chief from another agency. Personnel beneath the Chief level can be Type II personnel. All personnel for this team are from outside the impacted area, and are staffed to provide 24/7 coverage to assist the local ESF-8 (health and medical) operation. The schematic below shows the team organizational structure:



There are no specific CHD/CMS equivalent titles within this structure. The positions are filled by those individuals who have the credentials and understand the functions of their roles regardless of CHD/CMS title. If the event is of significant scale for the county size, the use of Divisions can be added to this team. Divisions are geographic areas for a component of the teams to operate in. Currently, in many of the counties, the use of a divisional structure is being identified to better manage a response both for the population to be served as well as better evaluation and utilization of key health infrastructure to meet identified needs.

In this structure, the event would in all likelihood require the use of Strike Teams as part of the response. The teams would be assigned into the Branch structure under Operations as appropriate; for example, the Shelter Teams would report to the Shelter Branch leader, while both Environmental Health and Epidemiology would be community based. Epidemiology assignments could and would originate from all three branches.

The next figure looks only at the expanded Operations sections for clarity of discussion of the points made above.



## CHD/CMS Leadership Augmentation Team Registration

Name: \_\_\_\_\_

County/Region: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Current CHD/CMS Position:

- |   |   |
|---|---|
| <input type="checkbox"/> Director/Administrator | <input type="checkbox"/> Environmental Health Director  |
| <input type="checkbox"/> Assistant Director     | <input type="checkbox"/> Business Manager               |
| <input type="checkbox"/> Medical Director       | <input type="checkbox"/> Information Technology         |
| <input type="checkbox"/> Nursing Director       | <input type="checkbox"/> Consortium Management Position |
|   | <input type="checkbox"/> Clinic Director/Manager        |

**Please list any out of county or state deployments including the role and function performed**

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**Please list ICS courses you have successfully completed:**

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**Please list any previous local county response including the role/function you performed:**

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**Please return form to: Susan Bulecza via email [susan\\_bulecza@doh.state.fl.us](mailto:susan_bulecza@doh.state.fl.us) or fax (954)713-0576. Questions please call (850) 245-4444 x 3383.**