



**Regional Public Health Response Teams
Recruitment and Deployment
Guidelines for County Health Departments**

March 1, 2007

Message from the Secretary:

Each member of the department is essential to accomplishing our mission of being prepared for and responding to events which overwhelm our routine business processes. Our response roles may take many forms and are not limited to deployment. However, when we need to send assistance into an affected area it is imperative that we develop the practices to allow effective and timely response, while ensuring counties offering assistance maintain capacity to conduct daily operations. This can be achieved through the development of regional public health response teams. The department's Asset Typing Policy (DOHP 310-1-06) provides the overarching directive for development of these teams.

These guidelines provide information for team structure, recruitment, and deployment. The Regional Domestic Security Task Force (RDSTF) Health & Medical Co-Chairs have been tasked with leading the development of these teams in each of their regions. I am confident that these efforts will move our health and medical response system to the next level.

I would also like to take this opportunity to remind everyone that our capacity to respond is only as good as our individual preparedness. So I encourage everyone to review and update their own family preparedness plans.

Sincerely,

Ana M. Viamonte Ros, M.D., M.P.H.
Secretary of Health

Table of Contents

BACKGROUND	4
DESCRIPTION	4
KEY FEATURES.....	5
TEAM DEVELOPMENT.....	5
CONCURRENT INITIATIVES.....	6
NEXT STEPS	6
TEAM RECRUITMENT & DEPLOYMENT PROCESS	7
Purpose	7
Planning Assumptions	7
Recruitment	7
Pre-event Team Identification.....	8
During Event, Team Identification	8
Mobilization.....	8
Team Orientation/Deployment-Mobilization/Demobilization Center	9
Team Coordination/Deployment- Duty Site	9
Team Coordination Demobilization- Duty Site.....	10
Team/Staff Rotation	10
SUBJECT MATTER TECHNICAL SPECIALIST.....	11
REGIONAL POINTS OF CONTACT.....	12
TEAM ROLES AND RESPONSIBILITIES	13
Epidemiology Strike Team	13
Environmental Health Strike Team.....	13
Special Needs Shelter Team.....	14
Disaster Behavioral Health Assessment Team	14
TEAM TYPING MATRICES	15
Epidemiology Strike Team	16
Environmental Health Strike Team.....	18
Special Needs Shelter Team.....	19
Disaster Behavioral Health Responders.....	22
Behavioral Health Assessment Team	24

Regional Public Health Response Teams

BACKGROUND: The National Preparedness Plan and federal funding guidance require that states become compliant with the standards of the National Incident Management System (NIMS). NIMS was developed so responders from different jurisdictions and disciplines can work together better to respond to natural disasters and emergencies, including acts of terrorism. NIMS benefits include a unified approach to incident management; common language and terminology, standard command and management structures; and emphasis on preparedness, mutual aid and resource management. Additional information about the NIMS requirements can be found at <http://www.fema.gov/emergency/nims/index.shtm>

The NIMS Integration Center (NIC) was established by the Secretary of Homeland Security to provide strategic direction for and oversight of the National Incident Management System. The Center oversees all aspects of NIMS including the development of compliance criteria and implementation activities at federal, state and local levels. It provides guidance and support to jurisdictions and incident management and responder organizations as they adopt the system. On Oct. 20, 2004, FEMA and the NIMS Integration Center (NIC) released the National Mutual Aid Glossary of Terms and Definitions, and Resource Typing Definitions for 120 different kinds of resources. The resource typing definitions were prepared by subject matter experts and federal, state and local responders who would be using the definitions to inventory assets and support mutual aid requests. In addition to the persons directly involved in the groups, there were over 300 corresponding members who reviewed working drafts and participated in the formation of the definitions. These resources are inventoried by Emergency Support Function (ESF) as defined by the National Response Plan. Emergency Support Function 8 is the function responsible for public health and medical resources. The Glossary and Resource Typed Definitions can be accessed at http://www.fema.gov/emergency/nims/mutual_aid.shtm.

Resource typing and mutual aid are key components of the National Incident Management System. And since the release of NIMS and the National Response Plan (NRP), there has been an increased interest in the definitions. In some cases, this has led to a few states and localities developing new ones after concluding that the definitions do not fit their needs. The whole idea of NIMS is based on the need for standard definitions and practices; differing definitions will in effect negate the fundamental idea that all responders should be using common definitions when ordering or receiving assets through mutual aid. Systems that do not conform to these common definitions are not compliant with NIMS.

DESCRIPTION: Since 2002, the Florida Asset Typing Project has been in progress to support surge capacity for public health response. The project was initiated after the anthrax exposure and expanded after the 2004 & 2005 hurricane seasons. These events have clearly demonstrated how critically important it is to have well defined public health resources. These teams are a part of an overall response system which allows for consistent intra-state support during an emergency by having pre-designated teams who have core competencies and have been credentialed through training and experience. The initial development phase has included four teams—epidemiology, environmental health, special needs shelter, and behavioral health needs assessment.

KEY FEATURES: The epidemiology strike teams are multidiscipline and consist of individuals from disease investigation specialties such as sexually transmitted disease, HIV, TB and general epidemiology. Team members have received specific training in the five Level A bioterrorism agents, as well as, gastroenteritis of unknown etiology and influenza. In addition to the epidemiology strike team, typing has been developed for an epidemiologist single resource.

The environmental health strike team has been developed as a generalist team with capacity to conduct diverse environmental health activities during an event. Specific response training for environmental health individuals is being established and will be offered in November. This training will complement existing job-specific training.

Special needs shelter teams blend licensed and non-licensed experienced responders with newer personnel to provide future depth in addition to providing leadership and ICS mandated review of their performance. Training specific to shelter management and operations has been developed and implemented throughout the state. In addition to personnel typing, materiel typing has been developed.

The Environmental Health (EVH) and Epidemiology (EPI) teams have been issued and received training on specialized equipment such as handheld PDAs and GPS devices which will be used during event operations. The use of standardized case investigation forms as well as GIS mapping allow for collection of uniform data sets for analysis by senior typed EPI and EVH personnel. Additionally, the EPI and EVH teams have begun training and exercising as independent units as well as blended teams for task force operations.

TEAM DEVELOPMENT: Development of each team is led by a group of subject matter experts who define competencies for both individuals and team members and analyze current training offerings for relevance. Additionally, the subject matter experts identify new training needs for both individuals and team activities. Their recommendations go forward to a combined review group who prioritize the training regimens or fiscal requests. Once the team typing matrices have been finalized they are advanced to the department's internal asset typing management group for approval. Once approved the matrices are then vetted by the State Working Group on Domestic Security training and equipment committees to ensure integration with activities for all responders, such as law enforcement and fire/EMS.

Another component of team development will be post response evaluation. This evaluation will be multidimensional. The first component will evaluate the individual teams and will examine such things as the team's ability to function as a team, its ability to successfully achieve assigned objectives, and how well it integrated into the overall response. The evaluation will consist of a member self-evaluation, team leader evaluation, and response supervisor evaluation using standard ICS evaluation forms, and will occur following each team's deployment. The second component will be an evaluation of the team design focusing on structure, function, and utilization. The third component will be of the overall utilization of teams in the response process. These last two components will be long-term in nature and will require data collection over a minimum of one year with multiple responses to ensure evaluation data are sufficient for analysis.

CONCURRENT INITIATIVES: Additionally, there are two asset typing initiatives underway at the regional and national level in which Florida is a key leader. The first of these initiatives is a preparedness planning process with our HHS Region IV state partners to develop an interstate response infrastructure at the regional level. The intent of this effort is twofold, establish a coordinating team comprised of state representatives to assist Region IV states in interstate planning, resource identification, and allocation of public health and medical assets; and facilitate the typing of common resource assets using the Florida asset typing as the framework. The second initiative is a national workgroup comprised of state and federal partners charged with developing public health resource types that will be integrated into the National Incident Management System (NIMS) Integration Center *National Mutual Aid Glossary of Terms and Definitions*. Florida's asset typing work is a key element in the workgroup's development framework.

NEXT STEPS: The following activities are components of the project's next phase:

- Evaluation of training and development of training equivalencies,
- Development of credentialing tiers,
- Development of team exercises,
- Assessment of current staff training.
- Identification and development of additional response teams

These are critical elements that will need to be defined and measured to reduce redundancy, meet identified gaps, and ensure integration with the state's public health preparedness strategic plan.

TEAM RECRUITMENT & DEPLOYMENT PROCESS

Purpose

The purpose of this Technical Assistance Guidelines is to identify volunteers from Florida Department of Health (DOH) for deployment out of traditional work area. All deployments of Florida health assets are authorized, mobilized and demobilized under the State Emergency Response Team (SERT), Health and Medical Emergency Support Function (ESF8). Deployments are authorized in response to a request for assistance from the area of operations. Mission requests are made based on defined operational objectives derived from local event impact assessments to ensure the team activities are related solely to the consequences of the event. Assets shall be deployed in teams, to the extent possible, with a typical deployment rotation of 12 days including travel. Each team shall have a designated team leader who will receive an orientation to the roles and responsibilities. In order to assure responders safety and accountability, any individual or team who responds to an impacted area without an assigned mission number and authorization by the State ESF 8 Logistics Section, will be considered self deployed and subject to disciplinary action by the Department.

Planning Assumptions

- All events are local. Therefore, all assets are to be requested locally through the emergency operation centers.
- All deployment of teams shall be authorized through the SERT, ESF8 Health and Medical at the State Emergency Operations Center and related to a specific numbered Mission.
- Mobilization and demobilization of all deployed teams will be coordinated through the ESF 8 Logistics Staffing Unit.
- Estimated length of time for overall health and medical support will be contingent on the nature and scope of the event.
- Assets shall be mobilized in teams, to the extent possible.
- Each team shall have a designated team leader who will be responsible for the welfare of the team members during the length of service.
- Teams will be self-sufficient during the entire length of stay.
- Teams will be assigned to an area of operation and will be co-located with other teams, if possible, to minimize logistical support requirements and maximize safety of the teams.
- Public sector health support shall be provided in 12-day overlapping cycles. The 12-day period includes two travel days. However, deployments may be shorter depending upon the nature of the work.
- Teams may be reassigned during their deployment period if necessary.
- The average workday will be 8-12 hours.

Recruitment

In order to facilitate team recruitment and deployment, a regional point of contact (POC) and a back up will be identified for each of the 7 Domestic Security Taskforce regions. The ESF8 Logistics Staffing Unit and technical specialists will coordinate all team recruitment and deployment through these points of contact.

Pre-event Team Identification:

- Each county health director/administrator will identify a point of contact (POC) for coordinating deployment of county staff volunteers.
- The county POCs will coordinate through the Regional POC for individual team identification.
- It is recommended that each point of contact have a back-up identified.
- Counties in conjunction with the regional points of contact, should identify leads for coordinating staffing for each of the subject areas (e.g., EH, Epi, etc.) So that a team is created to reduce excessive workload for the central point of contact.
- The ESF 8 Logistics Staffing Unit will work through the identified regional points of contact to develop and deploy teams.
- Technical Specialists associated with mission type and objective (e.g., EH, Epi, etc) will only work through the identified point of contact for the region for team finalization. Technical specialists may need to contact the identified regional/county subject lead (e.g. EH, SpNS) in order to discuss unique mission requirements. However, potential individual team members will not be contacted by the Technical Specialists.
- Teams should be established using the current documented standards for number of team members, competencies and required training, where they exist. See Typed Team Matrices.
- Each team shall have a designated team leader.

During Event, Team Identification:

Note: Any region within the identified cone of impact will not be asked to provide teams/staff for deployment until that county/region has been able to assess any impact and determined able to respond out of county.

- To assist with planning, the ESF 8 Logistics Staffing Unit may provide POCs with anticipated staffing needs (e.g. 4 SpNS Augmentation teams, 3 EH Type 1 teams, etc).
- To the extent possible, teams/staff will be utilized from the non-impacted counties/regions closest to impact area first. It is expected that this approach will expedite arrival of teams into the impacted area.
- Once a mission is received, the POCs will be asked to formalize a team and identify a team leader and team members with appropriate competencies for each team based on specific mission requests. Headquarters technical specialists in Environmental Health, Epidemiology, Special Needs Shelter, Behavioral Health, Public Information, Information Technology, will be working with the POCs to finalize teams for deployment.
- Once a team or staff has been identified for deployment from a specific region, ESF 8 Logistics Staffing Unit will provide the POC with a mission tracking number for actual staffing requests as well as a timeframe for deployment.
- ESF 8 Logistics-Staffing Unit will provide deployment information directly to the team leader and team members if directed by the POC.

Mobilization

Local POCs will be responsible for the following:

- Have volunteers complete volunteer information sheet and other appropriate forms.

- Provide personal equipment supply list and other required travel forms to volunteers.
- Coordinate team departure and arrival time with SEOC ESF8 Logistics-Staffing
- Obtain deployment information and current lodging situation from SEOC ESF8 Logistics-Staffing.
- CHD, CMS or Division POCs will meet with all deploying supervisors and teams and brief them on process and expectations prior to teams leaving home county/office.
- All teams will be processed through a designated mobilization/ demobilization center near the area of operations. ESF 8 Logistics-Staffing Unit will provide center location and contact to the local POC.
- All deploying teams are given meeting point and time for group departure.
- Team leaders need to ensure that team members have completed all required forms and processed them as directed by the ESF 8 Logistics-Staffing Unit before departure. Additionally, team leaders need to ensure that any equipment needs have been addressed and procurement arrangements have been made.

Team Orientation/Deployment-Mobilization/Demobilization Center

- Team Leaders will check in with the Mobilization/Demobilization Center liaison.
- All team members will be briefed on area of operation's situation, expected duties, receive specialty equipment (if applicable), maps and refueling points, and ancillary support supplies.
- A safety briefing will be conducted with all teams prior to deployment.
- A final check will be made to ensure all team paperwork is complete (ie p-card, personal contact info, etc).
- Center liaison will conduct a briefing with team which will include deployment site in impact area, lodging information, area of responsibility, expected duties and immediate supervisor and contact information. Liaison will also confirm that teams have necessary maps and supplies.
- Any needed equipment which was not brought by the team will be issued following the briefing.
- Forward Logistics Unit Leader will advise SEOC ESF8 Logistics Staffing of team's assigned area of operations destination and immediate supervisor and their contact information.

Team Coordination/Deployment- Duty Site

- Team Leader will check in with the immediate supervisor and receive assignment. The following information should be obtained from the immediate supervisor:
 - Situation reporting process
 - Debriefing times
- Team Leader will determine from the immediate supervisor emergency contact information for fire, EMS, and law enforcement.
- Team Leader will contact Forward Logistics Unit contact or SEOC ESF8 Logistics-Staffing Unit of arrival at assigned site.

Team Coordination Demobilization- Duty Site

- Team Leaders will coordinate debriefing and check out with the immediate supervisor.
- When team demobilization date is confirmed, team leader will advise team and confirm with Forward Logistics Unit that the team is demobilizing and expected time of departure. Teams will proceed back to the Mobilization/Demobilization Center.
- At the Mobilization/Demobilization Center, the team leader will check in with Center Liaison. Mobilization/Demobilization Center liaison will evaluate team and determine if team will proceed to home county or lay over. Forward Logistics Unit will advise SEOC ESF8 Logistics-Staffing Unit when team will be in route to home base.
- SEOC ESF8 Logistics-Staffing Unit will coordinate any lodging needs for teams.

Team/Staff Rotation

- Rotation plan is to be established assuming a 30-90 day operational period.
- Teams and staff will not demobilize until their replacements have been briefed and all areas of responsibility have been discharged to the incoming personnel.

**SUBJECT MATTER TECHNICAL SPECIALIST
Points of Contact**

Note: Contacts will be reconfirmed for each event.

ESF8 Logistics Staffing		
Epidemiology Technical Specialist		
Environmental Health Technical Specialist		
Behavioral Health Technical Specialist		
Information Technology Technical Specialist		
Special Needs Shelter Technical Specialist		
Public Information Officer Technical Specialist		

REGIONAL POINTS OF CONTACT-2007

Note: Contacts will be reconfirmed for each event.

Region	Name	Contact Info
1		
2		
3		
4		
5		
6		
7		

TEAM ROLES AND RESPONSIBILITIES

Epidemiology Strike Team

Teams are scalable in size depending on the size and scope of the event.

- Type I team- Fully versatile and experienced epidemiology team to conduct surveillance and investigation efforts in a defined geographic area. Team has capacity to perform activities related to the following subject areas—disease surveillance, outbreak investigation, quarantine and isolation, data analysis, and phlebotomy. Team size- 8 members
- Type II team- Team is smaller in size and has limited capacity for addressing multiple subject areas. Generally only one or two subject areas are represented. Requesting entity would need to define what subject areas are needed for mission. Team size- 6 members
- Type III team- Team size is small and focus is to be augmentation to larger team or to perform a single subject area task. Team size- 4 members

The following is a sample of tasks an epidemiology team may perform during a response:

- Set up surveillance systems (hospitals, DMATS, shelters, PODS, etc) during the first three days of a response
- Investigate epidemic foci for influenza, gastroenteritis, or bioterrorism follow-up
- Work in Task Forces with Environmental Health teams on zoonotic disease outbreaks
- Provide data to Technical Specialists

Environmental Health Strike Team

Teams are scalable in size depending on the size and scope of the event.

- Type I team- Fully versatile and experienced environmental health team able to provide up to 80 environmental health services per day. Team includes a supervisor level position for liaison with local structure. Team has capacity to perform activities related to the following subject areas—food, water, sewage, indoor air, vector/zoonotic, facilities, and chemical/toxic. Team size- 16 members
- Type II team- Versatile environmental health team able to provide up to 60 environmental health services per day. Team has capacity to perform activities related to the following subject areas—food, water, sewage, indoor air, vector/zoonotic, facilities, and chemical/toxic. Team size- 12 members
- Type III team- Team is smaller in size and has limited capacity for type and number of services. Team can inspect up to 40 location per day within a defined area and address issues related to food, water, and sanitation. Team size- 8 members
- Type IV team- Team is for augmentation of other teams only. Team size- 4 members

The following is a sample of the tasks an environmental health team may perform during a response:

- Provide assessments of infrastructure in water, food, shelters (known and gypsy) during the first three days of response
- Inspection of shelters, temporary food sites, food condemnation, clearing water systems

- Work in Task Forces with epidemiology teams on zoonotic disease outbreaks
- Provide data to Technical Specialists

Special Needs Shelter Teams

Teams are scalable in size depending on the size and scope of the event.

- Type I team- Incident management command team to coordinate activities for a large capacity special needs shelter (population greater than 250) or for multiple special needs shelters in a defined area. Team size- 7 members.
- Type II team- Shelter operations management team which manages the daily operations of a special needs shelter. Team performs shelter activation, operation, and demobilization activities. Team size reflects capacity to provide 24 hour support. Team size- 8 members
- Type III team- Team serves as the daily operational staff which provide direct client services and consists of licensed (RNs & LPNs) and unlicensed personnel. Team size reflects capacity to provide 24 hour support. Team size- 20 members
- Type IV team- Team is augmentation to existing shelter staff or teams for provision of direct client services and consists of unlicensed personnel. Team size reflects capacity to provide 24 hour support. Team size- 10 members

While the function of these teams is primarily to support special needs shelters, they can be utilized for additional types of activities because they have clinical personnel. The following is a sample of the tasks a special needs shelter team may perform during a response:

- Operate and manage shelter
- Provide community field assessment
- Operate Points of Distribution (PODs)
- Provide augmentation to CHDs under state protocols
- Provide primary care in concert with physician deployments

Disaster Behavioral Health Assessment Teams

These teams provide on-scene assessment of the need for behavioral support services to victims, survivors, responders and the public in communities impacted by traumatic events.

- Type 1 team- Full versatile experienced team capable of providing the following in a multi-county event: initial behavioral health needs assessments, identify additional service needs, identify local resources and referral sources, and coordinate incoming behavioral health resources. Team size- 7 members (both licensed and unlicensed)

TEAM TYPING MATRICES

Resource Type: Epidemiology Strike Team

Category: Health & Medical (ESF #8)

Kind: Epidemiology Strike Team

Mission: Provide disease surveillance, investigation and controls during assessment or recovery phases of a disaster.

May be combined with and Environmental Strike team to create Environmental Epi Task Force.

Minimum Capabilities	Type I	Type II	Type III
Overall Function (local area requests expertise)	Full versatile and experienced epi team to conduct surveillance and investigation efforts in a defined geographic area. Includes Epi branch director for ICS structure and 2 support personnel	Team capable of addressing limited subject areas	Personnel Only with varying skills Epi team Augmentation Field data collection
Team Member Subject Area Composition	All Subject areas represented Disease surveillance Outbreak investigation Quarantine and Isolation Data Analysis Phlebotomist	One or two subject areas represented as specified by requesting locale.	Specialized staff request for single task or team augmentation
Personnel Standard	8 (+2*) member team 1 Type I team leader 1 clerk 6 field epi (3 Type III, 3 Type II) personnel with expertise specific to request +2* when requesting multiple type I teams only one per event 1 data manager 1 branch director	6 Member team 1 Type II team leader 1 clerk 4 Type III specific to subject area request	4 member team 1 type IV leader 3 Type IV staff for augmentation specific to a single need and subject area request.
Equipment and Supplies (all vehicles SUVs for field work)	5 vehicles plus 8 epi kits Each member will have electronic equipment for collection of field data. Leadership will have laptop equipped with epi info and standard Microsoft applications	3 vehicles plus epi kits 1 laptop equipped with epi info and standard Microsoft applications	2 vehicles

Note for Equipment and Supplies: all vehicles must be SUVs for field work. Personnel will be supplied either individual lodging or basecamp space, including food and water rations. All logistical support for personnel will be provided through FL DOH ESF8 Logistics. Personnel should bring a laptop (win2000/XP), thumb drive and agency issued phone with them when deployed (if possible) All teams have a single point of contact and deploy through the FL-ESF 8 **All personnel** should have current influenza, tetanus/diphtheria immunizations, Hepatitis A & B series immunizations.

Resource: Epi Strike Team

Minimum Capabilities	Type I	Type II	Type III
<u>Readiness</u> Personnel and equipment	Upon alert, full roster within 6 hours. After activation, deployment ready within 12 hours.**	Upon alert, full roster within 6 hours. After activation, deployment ready within 12 hours.**	Upon alert, full roster within 6 hours. After activation, deployment ready within 12 hours.
Demonstrated	Team leader and Branch Director, plus 50% of the team have a history of satisfactorily rated prior deployment within ICS structure for public health response.	Team leader and 50% of the team have a history of satisfactorily rated prior deployment within an ICS structure.	History of satisfactory rated prior experience with ICS structure.
<u>Training</u> * Didactic	Has trained as a team to meet 9 BT and Emergency Readiness Competencies for All Public Health Workers and Preparedness and Planning competencies for Public Health Communicable Disease Staff	Has trained as a team to meet 9 BT and Emergency Readiness Competencies for All Public Health Workers and some of those for Public Health Communicable Disease Staff	Has trained as a team to meets 6 out of 9 of the BT and Emergency Readiness Competencies for All Public Health Workers
Experience	Field exercise or annual deployment	Field or tabletop exercise annually	Semi annually field, tabletop or classroom training

- *Specific levels of didactic training requirements by position and Type are found in the epidemiology personnel asset typing matrix.
- * Team training to competencies found in training appendix of Standard Operating Guideline (SOG)
- Bioterrorism and Emergency Readiness Competencies for All Public Health Workers, CDC, November 2002
- ** Epi go kits lists are part of the Standard Operating Guidelines (SOG). These kits must be prepared ahead of time, then during the time between alert and activation customized for specific geographical response area and anticipated duties.

This document has been reviewed and agreed upon by a Department of Health, Bureau of Epidemiology, Asset typing review group – May 2006
Approved Asset Typing Management Group 2/07

RESOURCE: Environmental Health Strike Team						
CATEGORY: Health & Medical			KIND: Team			
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER
COMPONENT	METRIC					
Team See Note 1	Capabilities	Able to provide up to 80 environmental health services per day. Includes a supervisor level position for liaison with local structure.	Abel to provide up to 60 environmental health services per day	Can inspect up to 40 locations per day within a defined area and address issues related to Food, Water, and Sanitation.	Personnel may be used to supplement other teams	
Team Readiness	Roster Fulfillment, Loading	Upon alert, roster within 6 hrs. After activation, deployment ready within 12 hrs	Upon alert, roster within 6 hrs. After activation, deployment ready within 12 hrs	Upon alert, roster within 4 hrs. After activation, deployment ready within 12 hrs	Does not meet minimal deployable team requirements	
Demonstrated Readiness	Testing/ Deployment History	Completion of Successful deployment or approved field exercise in past 12 mos.	Completion of Successful deployment or approved field exercise in past 12 mos.	Completion of Successful deployment or approved field exercise in past 24 mos	Participation in field exercise or drill in past 24 months	
Personnel See Note 2	Membership Level	16 Member Team Deployed: 2 Team Leader (EH Type 2 Disaster Generalist or above) 1 Team Supervisor (EH Type 2 Disaster Generalist or above) 10 EH Disaster Generalists (EH Type 3 Disaster Generalist or above) 3 Clerk/Data Managers	12 Member Team Deployed: 1 Team Leader (EH Type 2 Disaster Generalist or above) 1 Team Supervisor (EH Type 2 Disaster Generalist or above) 8 EH Disaster Generalists (EH Type 3 Disaster Generalist or above) 2 Clerk/Data Managers	8 Member Team Deployed: 1 Team Leader (EH Type 2 Disaster Generalist or above) 6 EH Disaster Generalists (EH Type 3 Disaster Generalist or above) 1 Clerk/Data Manager	4 member team	One to Five specialized staff. Common Requests: (EH EOC Liaison; EH Clerk/Data Manager; Backup EH Director; Subject Area Specialists)
Equipment and Supplies	Logistics Status	Regional Strike Team Cache (8 EH Go Kits; see SOG);	Regional Strike Team Cache (6 EH Go Kits; see SOG);	Regional Strike Team Cache (4 EH Go Kits; see SOG);	Partial cache	
Vehicle	Transportation Status	Pre-arrangement for obtaining primary and alternate use vehicles	Pre-arrangement for obtaining primary and alternate use vehicles	Pre-arrangement for obtaining primary and alternate use vehicles	None	
COMMENTS:	Teams should have a roster equal to twice their deployment size. Teams of Generalists should be able to handle most critical EH Needs, but teams can also be customized to fit specific mission requirements in primary EH Areas: Food, Water, Sewage, Indoor Air, Vector/Zoonotic, Facilities, Chemical/Tox. All vehicles must be SUVs for field work. Personnel will be supplied either individual lodging or basecamp space, including food and water rations. All logistical support for personnel will be provided through FL DOH ESF8 Logistics.					
	Approved Asset Typing Management Group 2/07					

Resource: Special Needs Shelter Team

Category: Health & Medical

Kind: Team

Mission: Based on Team Type

Minimum Capabilities (Component)	Minimum Capabilities (Metric)	Type I (SpNS Incident Management Team-7 people) Census: 250+	Type II (SpNS Management/Operational Team-8 people) Census: 50-100	Type III (Medical and Logistics Augmentation Team-20 people) Census: 50-100	Type IV (Logistics Augmentation Team-10 people) Census: 50-100	Other
Overall Function	Patient Care Capabilities = 24 hours	Able to activate, provide command structure, and coordinate shelter activities	Able to activate, operate and demobilize shelters	Able to assist with shelter operations and augment existing shelter staff	Able to assist with non –medical shelter operations and augment existing shelter staff	
Personnel & Equipment Readiness	Roster Fulfillment, Equipment Loading	Upon alert, full roster within 6 hours. After activation, deployment ready within 12 hours, including go kits and/or communication packages if available (7 day deployment including travel)	Upon alert, full roster within 6 hours. After activation, deployment ready within 12 hours, including go kits and/or communication packages if available. (5 day deployment including travel)	Upon alert, full roster within 6 hours. After activation, deployment ready within 12 hours, including go kits and/or communication packages if available. (5 day deployment including travel)	Upon alert, full roster within 6 hours. After activation, deployment ready within 12 hours, including go kits and/or communication packages if available. (5 day deployment including travel)	Emergency Management Assistance Compacts (EMAC) timelines are variable, but may be utilized through current request structure
Demonstrated Readiness	Readiness Testing and Deployment History	100% rating on readiness test within the last 12 months. History of satisfactorily rated prior full deployment to disaster environment for leadership team. Select team members should be well versed in EOC/ESF 8 functions	100% rating on readiness test within the last 12 months. Satisfactory rated deployment in a supervisor or above level role with the exception of clerical position.*	Satisfactory rated deployment*	Satisfactory rated deployment*	

Resource: Special Needs Shelter Team

Category: Health & Medical
Kind: Team
Mission: Based on Team Type

Minimum Capabilities (Component)	Minimum Capabilities (Metric)	Type I (SpNS Incident Management Team-7 people) Census: 250+	Type II (SpNS Management/Operational Team-8 people) Census: 50-100	Type III (Medical and Logistics Augmentation Team-20 people) Census: 50-100	Type IV (Logistics Augmentation Team-10 people) Census: 50-100	Other
Personnel Standard	Membership Level Note: () indicates type	Minimum Staffing (all Type 1) 1 Incident Commander 1 Safety Officer 1 Liaison/PIO 1 Logistic Section Chief 1 Plans Section Chief 1 Finance/Adm Chief Ops Chief – Type I OPS	Minimum Staffing 2 Shelter Unit Leaders- licensed or unlicensed (1-2) 2 Medical Managers licensed (1-2) 2 Logistic Managers unlicensed (1-2) 2 Clerical (3-4)	Minimum Staff: 2 Team Leaders licensed (1-2) 2 Team Leaders unlicensed (1-2) 8 Licensed (3-4) 8 Unlicensed (3-4)	Minimum Staff: 2 Team Leaders unlicensed (1-2) 8 Unlicensed (3-4)	<ul style="list-style-type: none"> ● Behavioral Health Teams ● EPI Strike Teams ● Environmental Health Strike Teams ● PIO Teams
Shelters, Equipment & Supplies §	Logistics Status	Dependant on local availability	Dependant on local availability	Dependant on local availability	Dependant on local availability	
Transportation §§	Vehicle Status	Mode based on necessity and availability	Mode based on necessity and availability	Mode based on necessity and availability	Mode based on necessity and availability	
Didactic Training	Basic & Advanced Training	See Special Needs Shelter Team Member Typing	See Special Needs Shelter Team Member Typing	See Special Needs Shelter Team Member Typing	See Special Needs Shelter Team Member Typing	
Training Experience	Field Exercised (FEX's)	Participation in at least 1 FEX or actual shelter event	Participation in at least 1 FEX or actual shelter event*	Participation in tabletop (Operations Level) or actual shelter event*	Participation in tabletop (Operations Level) or actual shelter event*	

* There will be some people on the team who have minimal or no experience Type IV

§ 'OPHN go kit or communication packages if available' refers to communication / administrative equipment and supplies necessary for operation and communication within and from the shelter or incident scene.

§§ Note: Transportation of resources {staff, equipment, supplies, etc.) using large capacity vehicles (such as sport utility vehicles or trucks) may be necessary due to conditions in the affected areas.

Approved Asset Typing Management Group 2/07

This table shows Typing for the various kinds of shelter management staff and augmentation staff. All typing training is predicated on the **Shelter Staff Training requirements**. Personnel must successfully complete Type IV training before taking Type III.

Subject Area	Description	Type I	Type II	Type III	Type IV
ICS	To understand the organizational structure of a disaster response	ICS 300 and 400 Position specific training preferred for Section Chief and Incident Commander*	ICS 200	IS 800	ICS 100 or equivalent NIMS 700
Disease Epi	To be able to recognize disease outbreaks.			FIRST class**	
Crisis Leadership	To help Public Health professionals in times of crisis. Unique leadership skills necessary to effectively deal with crisis events.	Advanced Crisis Leadership Training for Public Health professionals – IS-241- Decision making and problem solving	Crisis leadership training		
Behavioral Health Training	To provide public health staff with the necessary knowledge and skills to effectively recognize and respond to behavioral health needs of disaster survivors and responders (recommended that all social workers and HSC B,C,& R-Fast trainings)	R-FAST C-Fast	B-FAST (C-FAST for CMS staff)	S-FAST, First Aid specialist training with special population***	
Special Needs Shelter training			Special Needs Shelter Management training		Special Needs Shelter training

* In lieu of training experience in position.

** Recommended for all nurse and DIS workers to assure outbreak surge capacity.

*** Training to be ready Winter/Spring 2007

Disaster Behavioral Health Responders

Category: Health & Medical

Kind: Single Resource

Mission: Assessment and coordination of behavioral health needs in the impacted area; triage of individuals impacted by the disaster for behavioral health needs (including survivors and responders); medical intervention for people exhibiting profound behavioral health symptoms, including transportation and hospitalization; constructing advisories for the public on issues such as stress symptom identification and management

Component	Metric (to be determined by asset typing committee)	Type I Team Leaders/Regional DBH Consultants	Type II Licensed Mental Health Professionals	Type III DBH Specialty Responders / Advanced Responders	Type IV Basic Responders
Overall Function		Lead DBH regional team/serve as regional DBH consultant.	Assessments Emergency Interventions Referral to community MH system Clinical oversight/consultation (to IC/OPS)	Specialty Responders: Responders experienced in specialized areas Advanced Responders: Experienced responders such as CISM, CCST, CRT, etc.)	As determined by team leader
KSAs (Knowledge, Skills & Abilities)		All of III & IV plus: Effective communication skills	Licensure	Specialty Responders: Same as IV Advanced Responders: Same as IV Note: Need to recruit responders fluent in Spanish, Creole, etc.	Sympathetic listening skills Knowledge of community resources Basic assessment & referral skills (know when to refer) Note: need to recruit bilingual responders
Training		All of III & IV plus: FEMA IS-300 & IS-800	Same as III & IV	Specialty: Same as IV plus advanced training in specialty. Advanced: Same as IV plus advanced response training	Stress inoculation/resiliency training Psychological first aid IS 100 IS 200 IS 700 Note: training can be in advance or just-in-time
Experience		Significant response experience Administrative/managerial experience Risk assessment experience Risk communication experience	Experienced in DBH response	Experienced in DBH response/specialty	Experienced in DBH
Licensing / Credentials		N/A	Licensed mental health professional	N/A	N/A

Disaster Behavioral Health Responders

Category: Health & Medical

Kind: Single Resource

Mission: Assessment and coordination of behavioral health needs in the impacted area; triage of individuals impacted by the disaster for behavioral health needs (including survivors and responders); medical intervention for people exhibiting profound behavioral health symptoms, including transportation and hospitalization; constructing advisories for the public on issues such as stress symptom identification and management

Component	Metric (to be determined by asset typing committee)	Type I Team Leaders/Regional DBH Consultants	Type II Licensed Mental Health Professionals	Type III DBH Specialty Responders / Advanced Responders	Type IV Basic Responders
Competencies (see National Competencies – Appendix B)		I; II; III-B, C, D, E, F; IV-A, B, D; V.. Leadership Skills	I, II, III, IV, V.	I; II; III-B, C, D, E, F; IV-A, B, D; V..	I; II; III-B, C, D, E, F; IV-A, B, D; V.

Approved Asset Typing Management Group 2/07

RESOURCE: Behavioral Health Assessment Team						
CATEGORY: Health & Medical- ESF 8		KIND: Team				
MISSION: Provide initial behavioral health assessments of impacted area (s) and determine what local resources are available and what other teams may be needed to provide education and support services for managing disaster related stressors,						
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER
COMPONENT	METRIC					
Overall Function		Full versatile experienced team capable of providing the following in a multi-county event: initial behavioral health needs assessments, identify additional service needs, identify local resources and referral sources, and coordinate incoming resources	Team capable of providing the following in a single county event: initial behavioral health needs assessments, identify additional service needs, identify local resources and referral sources, and coordinate incoming resources			
Team Member Subject Area Composition		Capacity to: <ul style="list-style-type: none"> • Identify Needs: <ul style="list-style-type: none"> ○ Medical ○ Basic ○ Social & Emotional • Determine Functionality • Differentiate between mild psychological and behavioral distress vs. potential incapacitating reactions. • Synthesize assessment information, develop appropriate action plans, and evaluate effectiveness 	Capacity to: <ul style="list-style-type: none"> • Identify Needs: <ul style="list-style-type: none"> ○ Medical ○ Basic ○ Social & Emotional • Determine Functionality • Differentiate between mild psychological and behavioral distress vs. potential incapacitating reactions. • Synthesize assessment information, develop appropriate action plans, and evaluate effectiveness 			
Personnel Standard		1 Type I team leader 2 Type II clinicians 4 Type III Advanced Responders	1 Type I team leader 1 Type II clinician 2 Type III Advanced Responders			
Equipment & Supplies		Disaster Behavioral Health Go-Kit	Disaster Behavioral Health Go-Kit			

RESOURCE: Behavioral Health Assessment Team							
CATEGORY:		Health & Medical- ESF 8			KIND:	Team	
MISSION:		Provide initial behavioral health assessments of impacted area (s) and determine what local resources are available and what other teams may be needed to provide education and support services for managing disaster related stressors,					
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER	
COMPONENT	METRIC						
Readiness:	Personnel	Same as Type II	Alert- 3days Prior Upon EOC notification, full roster within 6 hours, report to staging area within 12 hours				
	Demonstrated	50% of team will have history of successful deployment	25% of team will have history of successful deployment				
Training:	Diadatic	Same as Type II	All members: Stress inoculation/resiliency training, psychological first aid, IS 100, IS 200, IS 700, regional response team training Team leaders: the above plus ICS 300, ICS 400				
	Experience	50% of team members will have participated in an appropriate disaster exercise	25% of team members will have participated in an appropriate disaster exercise				
COMMENTS:	Approved Asset Typing Management Group 2/07						