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I. Policy

The Department of Health, to assure compliance with the National Incident Management System (NIMS), will utilize the asset typing methods consistent with the Incident Command System (ICS) to respond to disasters and events for Florida. Where they exist, the department shall use federal standards for typing health and medical assets.

II. Authority

A. Chapter 252, Florida Statutes (F.S.), Public Records.

III. Supportive Data

A. NIMS Compliance Requirements Package:
   http://www.fema.gov/nims/nims_compliance.shtm
B. National Emergency Responder Credentialing System
   http://www.fema.gov/nims/mutual_aid.shtm
C. Federal Typed Health and Medical Resources
   http://www.fema.gov/emergency/nims/mutual_aid.shtm
D. United States Department of Health and Human Services, Centers for Disease Control and Prevention Public Health Preparedness Cooperative Agreement Guidance
E. United States Department of Health and Human Services, Health Resources Administration Hospital Bioterrorism Preparedness Program Cooperative Agreement Guidance
F. United States Department of Homeland Security Grant Program
   http://www.ojp.usdoj.gov/odp/grants_programs.htm#fy2006hspta

IV. Signature-Block with Effective Date

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

6/5/06
V. Definitions

A. Asset typing—is the categorization and description of response resources that are commonly exchanged in disasters. It is also known as resource typing.

B. Incident Command System (ICS)—a system for domestic incident management that is based on an expandable, flexible structure and uses common terminology, positions, and incident facilities.

C. National Incident Management System (NIMS)—comprehensive system designed to improve response operations through the use of the Incident Command System (ICS) and other standard procedures and preparedness measures. NIMS promotes development of cross-jurisdictional, statewide and interstate regional mechanisms for coordinating incident management and obtaining assistance during large-scale or complex incidents.

D. National Response Plan (NRP)—is an all-discipline, all-hazards plan that establishes a single, comprehensive framework for the management of domestic incidents. It provides the structure and mechanisms for the coordination of Federal support to State, local and tribal Incident Managers, as well as for exercising direct Federal authorities and responsibilities.

E. Strike Team—a set number of resources of the same kind and type with common communications operating under the direct supervision of a Strike Team Leader.

F. State Working Group (SWG) on Preparedness—is the technical advisory component of Florida’s Domestic Security Structure. The SWG engages individuals from all disciplines of the response community to recommend technical standards for plans, equipment, resources and education. The SWG Executive Board is responsible for approving all Florida—specific typed assets.

G. Task Force—a combination of mixed resources with common communications operating under the direct supervision of a Task Force Leader.

VI. Protocol

A. Outcomes: Personnel of the Department of Health will be trained and equipped to be able to respond in specific areas of disaster management including, but not limited to: health and medical system assessment, environmental health, epidemiology, special needs shelters, incident management and area command, and medical management of casualties.

B. Personnel: All employees of the Florida Department of Health will have base level competencies as defined by the department’s training policy (DOHP 180-1-06) and the Public Health Preparedness Training Matrix to perform disaster related services. All employees will understand their expected responsibilities during a disaster and these responsibilities will be documented in individual position descriptions.
C. Competencies: Each individual will receive competency-based training to perform necessary tasks during response to any all-hazards incident. Selected individuals will be assigned to strike teams or task forces for activation and/or deployment. The tasks will include activities to support individual patients, groups of citizens, a specific issue (e.g., water contamination), or disease management. Individual and team competency will be assessed during drills, tabletop exercises, field exercises and response to all-hazards incidents.

D. Areas of Responsibility

1. The department will identify a management group responsible to ensure standardization of each typed asset (individual or team), a system of credentialing which assures demonstrated competency, and approval of training or exercises associated with individual or team typed assets.

2. The Asset Typing Management Group (Group) will include, at a minimum, personnel from:
   a. Division of Emergency Medical Operations (DEMO)
   b. Division of Disease Control
   c. Division of Environmental Health
   d. Division of Family Health Services
   e. Children's Medical Services
   f. County Health Department representation for the following areas:
      i. Administrator/Director
      ii. Nursing Director
      iii. Environmental Health Director
      iv. Epidemiology Program Director
   g. Office of Public Health Nursing
   h. Emergency Coordinating Officer

Additional Group members may be added by the Group and/or the Secretary of the Department of Health.

3. The Division of Emergency Medical Operations (DEMO) designee, as appointed by the Division Director, is responsible for supporting the Group as outlined in the Procedure Section of this document. The designee shall not be a voting member.

4. When training, exercises or any other element of this asset typing process includes non-DOH personnel, the Group will receive additional approval from the training section of the State Working Group (SWG) on Domestic Preparedness.

5. The Group will be responsible for identifying appropriate intervals for retraining and other activities needed for renewing team credentials.
6. The department, through the Central Office (CO), county health department (CHD), and Children's Medical Services (CMS) nursing directors will identify all personnel required as individual typed assets or team members. These individuals and teams will receive training and participate in exercises as identified by need.

7. The department, through the Central Office (CO), county health department (CHD), and Children's Medical Services (CMS) nursing directors will provide the opportunity for personnel designated as individual typed assets and/or team members to participate in all related training, exercises and response activities as determined by the Group.

8. The department's Emergency Coordinating Officer is responsible to assure activities to be managed by strike teams or task forces or individual assets are in accordance with ICS principles.

9. The department will assure appropriate supplies and equipment are sufficient for the tasks identified, and will either be issued or are available at the event, according to ICS protocols.

10. All documents and information associated with the Policy on Asset Typing shall be maintained on the Division of Emergency Medical Operations, Public Health Preparedness Intranet Website and shall be made available to external partners as appropriate.

VII. Procedures

A. Management Group Operating Guidelines

1. Initial Group Meeting-
   a. The DEMO Director will schedule the first meeting.
   b. Via email to the directors of the divisions/offices identified under the protocol section, the DEMO Director will request appointment of an individual to represent that respective section as identified under VI, D, 2.
   c. The Group will develop a charter and operating procedures.

2. Meeting Frequency- The Group will meet at a minimum quarterly. The frequency of meetings may be increased based on need as determined by the Group.

3. Group Membership-
   a. All members will be voting members except for the DEMO designee.
   b. Membership term will be for a two year period with a maximum of one reappointment.
4. DEMO Designee- The DEMO designee will be responsible for meeting coordination, Group correspondence, meeting minutes, and policy maintenance.

5. Voting- A majority of all voting members of the Group shall constitute a quorum and is required for a vote to be official. An issue's passage or rejection will be determined by a majority of those present during a meeting.

B. Typed Teams

1. Subject Matter Expert Review
   a. Prior to submission to the Group, all typed asset structures will have undergone review and approval by an internal group of subject matter experts.
   b. Record of this review and approval shall be submitted with the proposed typing structure for review by the Group.

2. Team Review Request
   a. Proposed typing structure review documents shall be submitted to the DEMO designee by the lead for that subject area, three weeks prior to the Group meeting.
   b. Submission shall include all relevant documents as well as documentation that these documents have been approved by an internal subject matter expert team. This documentation should include names of the review team, meeting date and approval.
   c. The subject matter lead is expected to be present at the meeting to address any issues or questions that may be raised by the Group.

3. Management Group Approval
   a. Typing structure documents shall be presented to the Group for approval vote by the developing subject matter experts.
   b. If the structure is approved, the developing subject matter lead will be notified in writing that the structure was approved. The approved structure will be forwarded by the DEMO designee to the appropriate SWG representative, requesting review and approval by the SWG.
   c. If the structure is not approved, the developing subject matter lead will be notified of the Group's recommendations and that the revised structure will be placed on the next meeting's agenda.

VIII. Distribution List

Deputies
Division Directors
Executive Office Directors
Bureau Chiefs
County Health Department Directors/Administrators
Children's Medical Services Medical/Nursing Directors
IX. History Notes

This is a new policy. The Division of Emergency Medical Operations, Office of Public Health Preparedness is responsible for this document.