

DEPLOYMENTS PREPARATION AND RESOURCES

Commissioned Corps of the USPHS Public Health Emergency Responders

The Pharmacy Professional Advisory Committee (PharmPAC) Readiness Subcommittee interviewed Commissioned Corps officers who were recently deployed to COVID-19 response on a subject of advising about deployment preparations. Disclaimer: The views expressed in the article do not represent the views of the agency, the PharmPAC or the U.S. Public Health Service.

TABLE OF CONTENTS

Prior to Deployment

Essential/Helpful Items to Pack Training and Knowledge

Helpful Actions Tips for Officers and Families

Traveling to Deployment Site

At and Post Deployment

- 1 At Deployment Site Suggestions 4 Post Deployment Suggestions
- What Would You Do Differently
- 3 Lessons Learned

Personal Items to Pack

Essential Items

Clothes

- At least two full ODUs, 5-10 T-shirts, 5-10 socks, jacket, boots, cover, gloves, etc.
- Consider the weather at the location you are going to and pack extra uniforms in case you cannot launder often
- Civilian clothes, work-out clothes that dry quickly after washing, one extra pair of sneakers, do NOT overpack
- Sleepwear (you may be sharing a room with many)

Toiletry Items

- * Toiletry kit, basic first aid supplies, clip-on hand sanitizer bottle or better sanitary antibacterial wipes (lighter to carry), hand lotion
- Laundry soap/detergent; laundry bag and coins

Sleeping Items

Ear plugs, eye sleep mask, sleeping bag/pad (may or may not need)

Medications Supply of personal medications for 1 extra week

Food Non-perishable snacks (e.g., nuts, bars, peanut butter), MREs

PPE Cloth mask. Gloves, N95 mask, face shield, goggles, if available

Technology/Tools

Smart phone, phone charger, power bank charger, ear phones, Wi-Fi hotspot, pens and smaller notebooks to fit in ODU

Documents

- Military ID/CAC card (to get on military bases and for flying), PIV card, travel documents, credit cards (bring 2, one as back-up)
- Passport in the event you are deployed overseas at last minute
- Hard copy of personal papers (emergency contacts, phone lists, travel documents)
- Copy of professional license (BLS, ACLS, respirator fit test results)

Helpful Items

Technology/Tools

- Cell phone car mount and car charger
- * Thumb drive, USB multiport
- Bike cable lock and padlock (may help if responsible for narcotics)
- Work computer (helps to access via Agency CAC/IT)
- Personal laptop (may or may not be appropriate in some settings)
- Digital professional drug references
- Carabiners (helpful to organize/hang many different objects)
- Multi-use tool/knife, work gloves, small flashlight
- PhoneSoap or other tools to sterilize phones by UV light

For Community Based Test Site (CBTS) Deployments Only

- * Office supplies: pens, notebook, expandable file, file folders, paper clips, post its, tape, staple and staples, wireless mouse
- Power strip or extension cords

Miscellaneous Items

- Duplicates of everything you can't live without (e.g., eyeglasses)
- Cash on hand to pay fellow officers when they go on a coffee runs
- * Travel size sewing kit, travel size lint roller, boot polish
- Some cash (for 2 weeks, ~\$100), debit card to withdraw more
- Sun block, insect repellent (depending on location)
- Sunglasses
- Ziploc bags of all sizes, length of thin rope or cord
- Sandals for showers, towel
- Pocket flashlight and head light, knife, "GermanPro" boot socks, Camel pack
- Reusable water bottle
- Position Task Book (PTB)
- Coffee container, cliff bars, trail mix, other snacks
- Inflatable pillow

Comfort Items

Favorite stress reliever: books, music, cards, anything you enjoy

The circumstances of each deployment can be different; carefully consider what you may or may not need.

<u>Disclaimer</u>: This document and its content was developed by the PharmPAC based on input from recently deployed pharmacist officers.

Training and Knowledge to Obtain Prior to Deployment

ICS trainings to understand the Incident Command structure and function and the response as a whole:

- FEMA IS-100, Introduction to the Incident Command System
- FEMA IS-102, Preparing for Federal Disaster Operations: FEMA Response Partners
- FEMA IS-200, Basic Incident Command System for Initial Response
- FEMA ICS-300, Intermediate Incident Command System
- FEMA ICS-400, Advanced Incident Command System
- FEMA IS-546, Continuity of Operations Awareness
- FEMA IS-700, Introduction to the National Incident Management System
- FEMA IS-800, National Response Framework, An Introduction
- ESF-PHMS, Public Health and Medical Services
- HHS Incident Management Team (IMT) Basic Online Training
- FEMA IS-293, Mission Assignment Overview
- FEMA IS-405, Overview of Mass Care/Emergency Assistance
- FEMA IS-2200, Basic Emergency Operations Center Functions
- Basic understanding of NDMS and working with DMATs

If working with the National Guard, brush up on other military rank structures in these services. The Army and Air Guard are heavily represented in some deployments.

IATA (International Air Transport Association) certification can be helpful in some deployments.

Review proper handling and storage of class B biologics. CDC provides resources online.

Complete pre-deployment training and all COVID-19 Management trainings on LMS.

The best preparation is a robust education about the virus. Understanding the virus, ensuring you know how to properly don/doff PPE, understanding how routes of transmission work, and knowing what precautions/preventative measures you should take will help alleviate much of the concern associated with this type of response. Review PHS and LMS resources.

Stay up-to-date on clinical knowledge of COVID-19. Read news from CDC, Johns Hopkins, New England Journal, Mayo Clinic, WHO, APhA, ASHP, AMA, or other reputable sources.

Know basic epidemiology of COVID-19 disease, how to protect yourself and how to talk to patients about the disease and possible treatments.

If you are in a clinical role and interacting with patients, complete training on the donning and doffing of PPE; on-site training can often be hurried.

Have a complete understanding of the Office of Human Services Emergency Preparedness (OHSEPR) repatriation and disaster human services case management operations that is applicable for cases when U.S. Citizens are evacuated from abroad to the US – knowledge base for SAT deployment team.

Learn how to practice mindfulness meditation and other ways to relieve stress and anxiety.

Consider taking leadership training courses that focuses on building skills regarding emotional intelligence and listening skills to assist in communicating with your subordinates and leaders.

Helpful Actions Prior to Deployment

Once you know that you are on the travel roster, be packed and ready for rapid deployment. You may receive your flight itinerary the day of departure.

Ensure you have coverage for work at your duty station. Create a delegation of duties. Discuss duties, deadlines, etc. with your coworkers who will be taking on your duties.

Ensure that emergency contact information is up-to-date. Communicate with agency manager and set auto reply on your work email.

Try to find out whom you will be reporting to, where to report, and what time you should report on your first day.

Create a group text if being deployed as a strike team for increased communication. This will help all officers to be on the same page with whether officers received travel orders, when they are arriving to airport, and if they have rental cars.

If you know officers at your deployment site, contact them to get helpful information. If possible, reach out to an officer that has deployed to the same location or in a similar role. Facebook Commissioned Corps groups may be helpful.

Have the Incident Management Team (IMT) Logistics 24-hour phone number for the site that you will be deploying to, so that you can ask if you will be picked up at the airport by a logistics team member or if you will be renting a car.

Disclaimer: This document and its content was developed by the PharmPAC based on input from recently deployed pharmacist officers.

Tips for Officers and Families for Preparation

Family care plan is important to have in place. Plan to take care of your family first before you go on any deployment.

Make sure your family has access to physical keys and passwords, important accounts, documents, online bill-pay, etc. that they may need while you are deployed.

Consider creating a Will and updating all beneficiary information if you have not already. Legal assistance offices on military bases can walk you through the process for free.

Take care of house items (bills, maintenance) by setting up automatic bill pay to avoid late fees. Get haircut, check-in with family and friends on their health status.

Ensure all necessary household items, food and water are available to your family before deployments.

Make sure you have a support system that can help out when you are on deployment (family members, friends, neighbors) on daily basis, in urgent and emergency situations.

Communication and staying in touch with family is very important. You may not have much time to communicate with your family. Try to establish a time interval when you can touch base and talk to family with a scheduled phone call. Some officers set aside some time before going to bed.

Set your expectations in advance. Prepare to work long hours with no days off, possibly under very stressful conditions. Understand that every officer will have a role to play in the response and should stay within that role. You will likely be challenged but be aware of your limits and don't take on more than you can handle.

Families will obviously have concerns for deployed officers and may be stressed out. Make an effort to talk with them daily for your own benefit as well as theirs. Both you and they should understand that PHS will take all reasonable precautions to keep you out of danger.

Make a plan with your family for when you come home. There is a chance that you may be asked to self-isolate. Inform and prepare your family members to handle your isolation.

Be sure to recognize the support your family provides to you when you support the nation. Your kids, your spouse and others may be involved in duties that you normally have at home. Let them know that you appreciate their efforts, which make your deployment possible.

Anxiety due to worrying if you have been infected with the virus is normal post-deployment. It will pass after your quarantine ends. Utilize appropriate mental health resources

Traveling to Deployment Site

Double check with your airline to make sure your flight has not been cancelled before you leave for the airport.

Make sure you have your travel itinerary that includes your flight and rental car information, if any.

Secure a ride to the airport. Have multiple family and friends on stand-by to assist you with transport.

Take backpack with full set of uniforms as carry-on.

Wear boots when traveling so they don't have to be packed.

Take a photo of your car rental contract, if car issued.

Make sure you have the location of where you are driving to upon landing at your airport (enter it into your phone).

Have contact information for Transportation Assistant; use it in case you run into travel-related issues.

Many officers report that not much information was shared ahead of time, outside of the travel itinerary and where to report. Lodging plans can change multiple times in transit.



<u>Disclaimer</u>: This document and its content was developed by the PharmPAC based on input from recently deployed pharmacist officers.

At Deployment Site Suggestions

As with any deployment, <u>flexibility is important</u>. Your mission could be cancelled while enroute to your deployment site, in which, you may be deployed to one location, have boots on the ground for a couple of days, then diverted/sent to a different deployment site.

Due to the nature of this crisis, it is important to remain impartial, especially on social media, and to avoid distributing the day-to-day details of your mission, which could be used to create a narrative that you did not intend.

Make sure to get yourself fitted for a N95 mask, use hand sanitizer, take temperature everyday while on deployment.

Ensure to check in with the safety officer at deployment site to understand the PPE policy.

In some areas, officers may have to enter quarantined area multiple times daily; exposure to both asymptomatic and symptomatic infected persons is inevitable. Practicing proper PPE donning and doffing is essential.

Roles may very specific to the team assigned NIST, RIST, RDF, Tier-3 (some clinical, some supportive roles). Reach out to colleagues who have been deployed before for help.

There can be some physical work of bending/lifting involved.

You may be interacting with very distressed patients and should keep a compassionate perspective in mind.

You can be part of a team with members from other military branch, local/state folks, various agencies and jurisdictions and assist in incident management activities at a higher level.

Be flexible, adaptable, and resourceful. Be concise in email conversations, include only those who need to know, and summarize previous conversations in writing succinctly. Be mindful that all government communications are subject to the Freedom of Information Act.

Be willing and offer to assist your Incident Commander and your team in any way that you are able, as long as it is not hindering your primary duty.

Be ready to take on different roles that are outside of your deployment role to assist others and the mission. There may be times on deployment when your job is slow. Someone else could use your help. Offer assistance where you can but be sure to "stay in your lane" and not step in the way of others. Other times you may be overwhelmed. Know your limits and don't be afraid to ask for help. If you don't have the resources or time you need, notify your supervisor.

Communication is key, get your team partners in your cell phone for group text, use WhatsApp for group discussions, make 100% sure you have quick communication turn-around. You may communicate with people across different agencies. When you arrive on site and begin integrating into the team, make a list of key contacts and enter them into your phone.

Depending on your role during deployment, it may be difficult to eat healthy, possibly skipping meals if things get hectic. Have a water bottle and healthy snacks (e.g., healthy bars, nuts) with you to stay healthy.

If you are deploying to the Planning Section, make sure you can log into Personnel Accounting Reporting System (PARS) and Emergency Management Application Portal (EMPortal). The Planning Section uses PARS and EMPortal daily.

If it is your first time deploying, listen, watch and learn. Ask questions from colleagues and teammates. Know your chain of command. Don't send unnecessary emails. Ask for advice before trying to re-invent the wheel.

In the few hours you have to yourself, try to prioritize sleep, so that you stay healthy and active the next day.

Find coping mechanisms that fit you to reduce stress prior, during and after deployment. Be sure to take mental breaks while deployed. Try to find ways to relieve stress and anxiety. Find a way to relax at the end of the work day with whatever activities you enjoy. Try to avoid binging on cable news and social media posts about COVID-19.

Anxiety/fear may be pervasive at some sites, especially when positive cases got found. Due to the high stress situations, working long hours and sometimes lacking sleep, this may result in erratic or aggressive behavior. Know how to connect with behavioral health or social worker officers.

For **Community Based Test Site (CBTS)**: You are likely to be in a position where you are getting different messages from multiple agencies at high—levels. Remember that your primary function is to help the CBTS program be successful by adhering to the criteria of the program and to ensure safety of patients and staff, as well as integrity of the samples. Screening criteria may change frequently, refer to the most updated version of the CONOPS. If specific guidance is absent, you may need to use your professional judgment.

Know the Concept of Operations (CONOPS) of the mission. Almost all answers to questions can be found there.

Be an active and good listener. Ask questions if you don't know. Practice good communications skills & good hygiene.

<u>Disclaimer</u>: This document and its content was developed by the PharmPAC based on input from recently deployed pharmacist officers.

Post-Deployment Suggestions

Having an understanding of post-deployment risk-assessment and guidance will help to relieve some anxiety.

Be ready for self-isolating upon returning and have plan in place for essentials (groceries, etc.) so you don't have to go into the public while self-isolating.

After the mission, at least 14 days of isolation will occur. Take these days into account for family and personal planning.

Know your agency's policy on return to work and an information related to officers' support for quarantine upon return. If not at home, who is paying for this?

What Would You Do Differently While on Deployment

Get more exercise, less late-night TV news, more sleep, more fresh air. Go for a walk during the day. Take a break, practice more self-care. Exercise coping mechanisms.

I would try to get one day overlap if I could change my flight to be there one day earlier. I would ask for logistics contact information so I would know whom to contact when I landed and also where I would stay during deployment.

Bring a seat cushion! We were sitting on cold metal chairs.

Eat healthier and plan to exercise more. After a long shift it is easy to make excuses not to eat well and not to exercise but I wish I had stayed healthier in those aspects on deployment.

Not pack as many clothing and miscellaneous items. Keep weight limited to one bag and one carry-on or one carry-on.

Increase networking and good communication to assure your safety. Be more vigilant and open minded. Learn and practice situational awareness.

Lessons Learned

Maintaining Basic Readiness, fitness and a healthy lifestyle is imperative for the demands this deployment enforces on the body and mind. If you are not basic ready and are not physically fit, make the commitment; otherwise, you will not be able to serve optimally during such an unprecedented deployment/mission.

Make sure you pack luggage that you can handle (lift) by yourself. Do not make the mistake of packing too many things. There will not be much time to use civilian clothing. Suggested packing three days worth of civilian clothing, including running shoes, one for each travel day plus a spare. Your clothing selection should be appropriate for the different types of weather that you might encounter, depending on where you go.

Keep in mind that you could be re-deployed to a new location, so your clothing should provide layered options. Exercise clothing can serve multiple purposes, for exercising and rest.

Consider learning quickly who is in your chain of command and whom else you can turn to for answers when a situation needs to be resolved quickly, if your team leader is not available. Respect the chain of command, not necessarily the rank. Understand who your key stakeholders and points of contacts are.

This can be a unique deployment and you may perform tasks outside of your assigned role and should be flexible due to the lack of resources, time & institutional knowledge of newly required tasks. Try to focus on the mission as a whole.

Taking FEMA courses that focus on how the IMT operates to be informed on the IMT structure helps. It also prepares and allows officers to serve in different roles on the IMT, if there is a need.

Always treat those you serve on deployment with compassionate empathy. You may be the first PHS officer they have ever come into contact with and these persons may be suffering in ways psychologically unknown to yourself. Smiles and kindness serve well for these impacted persons.

During deployment, take notes of things that went well and things that need improvement. Provide these items to your supervisor during and at the end of your deployment, and keep them in case someone reaches out to you while compiling an After Action Report.

This event will rewrite the playbook on how to handle a pandemic of a large scale. The many lessons learned will bolster us as a nation and ensure that we're ready the next time this happens, hopefully never again!!!

<u>Disclaimer</u>: This document and its content was developed by the PharmPAC based on input from recently deployed pharmacist officers: CDR Matthew Febbo, CDR Victoria Ferretti-Aceto, CDR Binh Nguyen, CDR Christina Thompson, CDR Katherine Won, CDR Frank Verni, LCDR Christopher Chong, LCDR Andrew Coogan, LCDR Dennis Sperle, LCDR Kendra Jenkins, LCDR Muhammad Kanakri, LCDR Malcolm Nasirah, LCDR Travis Ready, LCDR Laura M. Vaughn, LCDR Yvon Yeo.