Regional Incident Support Teams

Regional Incident Teams Can Provide Resources

The U.S. Public Health Service (USPHS) Regional Incident Support Teams (RIST) provide rapid assessments and initial incident coordination resources and assistance to State, Tribal and local health authorities within defined regions of the United States. They were created in 2009 as part of the National Response Framework’s ESF-8 public health and medical asset provisions. Like all Commissioned Corps response teams, they may be deployed in response to an ESF-8 or non-ESF-8 public health emergency or to meet urgent health needs. There are currently eleven RIST, each of which is aligned with one of the HHS regions (including the National Capital Region) and is a workforce comprising 12-30 trained USPHS Commissioned Corps officer responders. Yet each RIST is scalable, and can provide only those resources needed to assess and/or initially coordinate an incident response. RIST is also responsive; as a Tier 1 team the RIST can deploy within 12 hours of activation.

RIST members all work and live in the specific region covered by the RIST. Each RIST is a short-term response asset available to Regional Emergency Coordinators and Regional Health Administrators within the region. RIST deployments are typically very short (1-3 days). RIST members are routinely deployable year-round during any month, but the total deployment for any RIST member may not exceed 30 days per year. Each RIST member is expected to participate in up to 2 weeks of response team training per year.

Each RIST is capable of responding to the many immediate public health emergencies and urgent health needs arising from a major disaster or other event. The RIST can be divided into “blue” and “gold” teams, such that one team will be primary and the other secondary for their on-call month. As constituted, the RIST can be divided for smaller responses, or for separate mission assignments in the same theater of operations. The RIST utilize established communications and other equipment to operate effectively in disaster-affected locations and surrounding areas. The primary areas of RIST activities and reporting include:

1. Rapid event needs assessment;
2. Support and direction for incoming response assets;
3. Liaison with State, Tribal and local officials;
4. On-site incident management, and;
5. Response asset health and safety.

If a State, Tribal or local health infrastructure suffers damage from a natural disaster or other event, a RIST team can assist local officials in response efforts. The RIST can provide short-term Subject Matter Experts to initially assist and/or advise public health decision-makers.

Authority to Activate a RIST

The Secretary and Assistant Secretary for Health have the authority to activate a RIST and do so in response to requests made through the Surgeon General.

For more information, contact:

Office of Force Readiness and Deployment
Office of the Surgeon General
5600 Fishers Lane, Room 18C-26
Rockville, MD 20850
Main Phone Number: 301.443.3859
Fax: 301.443.1525
General Questions for OFRD: ofrd@hhs.gov