

PHS Deployments: Teams, Opportunities, and Tools

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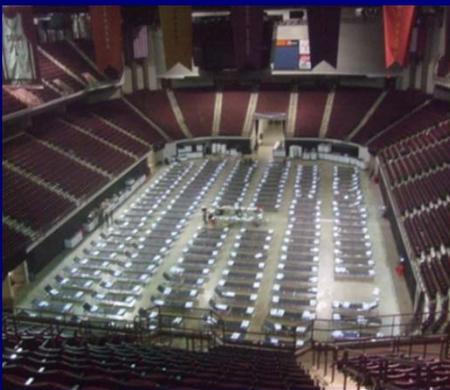
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Objectives



- Why deploy?
- Deployment challenges
- Improving your readiness
- PHS deployment history
- PHS deployment teams
- Deployment tools



Pictured: College Station, TX
(Hurricane Ike; 2008)



Why deploy?

- Be apart of something bigger
 - It's why you joined the CC
- Provide vital services to Americans
 - It's about people we serve during time of great need
- Develop new skills and evolve
- Esprit de corps
 - Represent the CC proudly and prominently
- Camaraderie
 - Support fellow officers and response partners

Pictured: Brooklyn, NY
(Superstorm Sandy, 2012)

Deployment Challenges

■ Semi-austere conditions

- Group sleep
- Group showers
- Limited privacy
- Limited dietary accommodations

■ Physical activity required

- 12 hour days; often standing
- Lifting, unloading, walking, stairs



Deployment Challenges

- Dynamic environments
- Emotionally charged situations
- Unfamiliar work or roles
- Sleep deprivation
- Temporary isolation from family



Pictured: Brooklyn, NY
(Superstorm Sandy, 2012)



Pre-deployment Readiness

- Maintain *continuous* readiness
 - Be basic ready and qualified
 - Gear packed (cold/hot) and ready to go on short notice
- Be available during your deployment month
- Make arrangements in advance
 - Have a family / home plan
 - Notify your supervisor it's your deployment month
- Maintain a high level of flexibility in expectations



Pre-deployment Readiness

- Complete advanced training modules/events
- Be familiar with ICS principles
- Contact CC officers with experience for advice
- Respond to calls for volunteers rapidly!

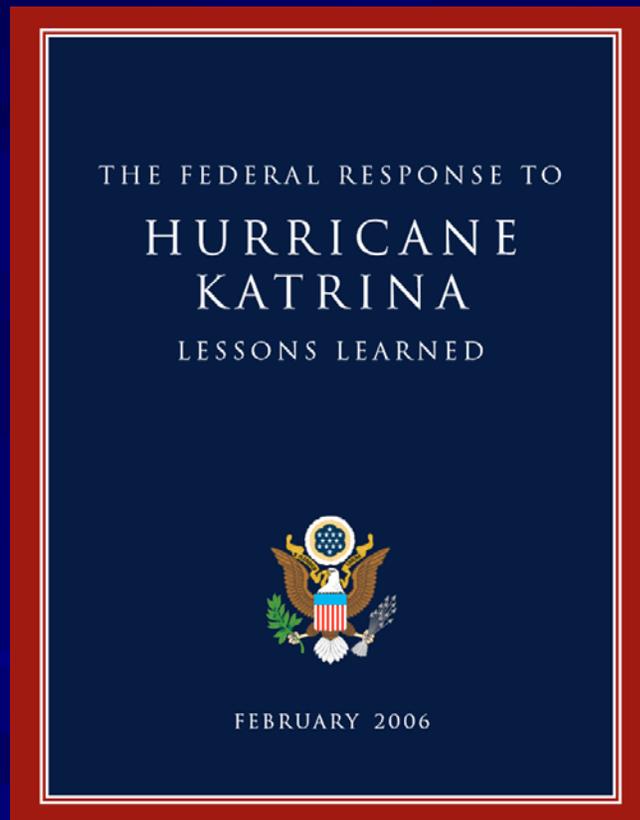
PHS Response History: Pre-Katrina

- “Modern” response dates at least to early 1960s
- PHS-1 Disaster Management Assistance Team (DMAT) (1984)
- Hurricane Andrew (1992)
 - > 1000 officers deployed
- 9/11 (2001)
 - > 1000 officers deployed
- Others:
 - Hurricanes Hugo (1989); Ivan (2004); Marilyn (1995)
 - Oklahoma City Bombing (1995)

PHS Response History: Post-Katrina

- Hurricane Katrina, Rita, Wilma (2005)
 - > 2000 officers deployed
- Hurricanes Gustav and Ike (2008)
 - RDF 1,2,3
- Haiti earthquake (2010)
- Hurricane Sandy (2012)
 - RDF 1,2
- Unaccompanied Minors, SW Border (2014)
 - > 400 officers deployed (ongoing)

HHS Deployment Team Rationale



“HHS should organize, train, equip, and roster medical and public health professionals in pre-configured and deployable teams”

Tier 1-2 Deployment Teams

- Tier 1: Teams deploy 12 hours after activation
 - RIST, NIST, RDF
- Tier 2: Teams deploy 36 hours after activation
 - APHT, MHT, SAT, CAP
- Tier 3: Deploy 72 hours after activation
 - Balance of active duty CC officers

How do I join a Tier 1 or 2 Team?

- Contact DCCPR Readiness and Deployment Operations Group (RDOG) (formerly OFRD)
- Contact a Tier 1-2 team member
- Can be competitive for some roles
 - Highlight your strengths and special skills
- Be willing to serve in other deployment roles
 - Expands your opportunities
 - Exemplifies the officer Tier 1-2 leadership wants!
- Ask to augment teams if not a team member
- If deployed with team, show interest, perform well

Tier 1-2 Participation Standards

- Requires up to 2 weeks of training per year
- Each team has specific criteria for membership
 - Ensures teams are ready to respond
 - Sets clear expectations
 - Promotes team engagement
- Standards generally include:
 - Continual readiness
 - Availability
 - Accountability
 - Participation in team activities, training, and missions

Tier 1: Regional Incident Support Team (RIST)

- 12 - 30 officers; on call 24/7
- One RIST in each HHS region and NCR (n=11)
- Activities:
 - *Rapid needs assessments*
 - Support and direct incoming response assets
 - Liaison with state, tribal, and local officials
 - On-site incident management
 - Initial response team health and safety
- Short term deployments (~1-3 days)

Tier 1: National Incident Support Team (NIST)

- 72 officers
- On call every 5th month (5 teams)
- CC component of the Incident Response Coordination Team (IRCT)
- Activities
 - *Continual event needs assessment*
 - Continues activities initiated by the RIST
 - Maintains response asset health and safety
 - Provides demobilization support

PHS and the IRCT

- During responses, IRCT locally manages all HHS public health and medical assets
- Team commanders report directly to IRCT
- Key IRCT activities include:
 - Incident Action Plans (IAPs)
 - Situational reports (Sitreps)
 - Data management, processing, and support
 - Processing team requests for additional assets (“Taskers”)

Tier 1: Rapid Deployment Force (RDF)

- 125 officers
- On call every 5th month (5 teams)
 - Washington DC (#1, #2)
 - Atlanta (#3)
 - Phoenix (#4)
 - OKC-Dallas (#5)
- Multi-disciplinary and diverse skillsets
- Can deploy in smaller units as blue/gold or strike teams to meet mission requirements

RDF Mission

Provide quality health care, compassion and comfort to the American people, or the global community, in the event of a natural or man-made public health or medical crisis

RDF Response Scenarios

- Federal medical stations (FMS)
- Mass casualty care
- Point of distribution centers (PODs)
 - Mass medication distribution
 - Mass immunization
- Hospital augmentation
- Community outreach and assessment

FMS Patients (in general)

- Not able to maintain autonomy or live without assistance
- Require ongoing medical or healthcare services
- Do not require intensive care / advanced procedures
- Specific examples
 - Non-acute hospital patients / hospital overflow
 - Long term care facility / skilled nursing patients
 - Disabilities (physical and/or mental)
 - Non-ambulatory
 - Frail elderly

RDF Care and Services

- Primary care / basic medical diagnosis and treatment
- Skilled nursing care
- Assistance with activities of daily living (ADLs)
- Preventive medicine
- Mental health
- Other services dictated by mission needs

RDF Team Partners

- Mental Health Team (MHT)
- Services Access Team (SAT)
- Disaster Management Assistance Team (DMAT)
EMS Strike Teams
- Other HHS personnel
- On-site / local resources
 - Psychiatric care
 - Rehabilitation
 - Medical consultative services
 - Local facilities management

Pictured: Dr. Elsa A Murano; President, Texas A&M
(College Station, TX; 2008)



Tier 2: Applied Public Health Team (APHT)

- 47 officers
- On call every 5th month (5 teams)
- Multi-disciplinary
- Activities
 - Site safety surveys
 - Epidemiology
 - Environmental health
 - Preventive medicine

Tier 2: Mental Health Team (MHT)

- 26 officers
- On call every 5th month (5 teams)
- Psychologists, psychiatrists, social workers
- Activities:
 - Incident and personnel assessment
 - Screening, diagnosis, and treatment
 - Specialized counseling
 - Behavioral health program development and support

Tier 2: Services Access Team (SAT)

- 10 officers
- On call every 5th month (5 teams)
- Multidisciplinary (MSWs)
- Activities:
 - Community or population needs assessment
 - Assistance for people who are unable to plan, advocate, or obtain basic health resources
 - Clinical care coordination (continuity of care)

Tier 2: Capital Area Provider (CAP)

- 5 officers
- On call every 5th month (5 teams)
- National Capital Region response team
- Providers and nurses primarily
- Activities:
 - Mass gatherings and special security events
 - First responder, primary care, triage
 - Point of distribution (POD) operations (e.g., mass vaccination or prophylaxis)

Tier 3: Balance of CC officers

- Needed for mass casualty / large scale missions
- Augment other teams
- To create new teams as required
 - “Tiger Team”
- Support ongoing missions (reload)
- Deploy for longer term responses
- Deploy to meet specific mission needs

Deployment Tools

- Flexibility, flexibility, flexibility (and patience)
- Maintain positive attitude
- Observe safety and security protocols
- 100% Accountability
- Exercise smart communication
 - Military customs and courtesies
 - Understand gravity of situation for patients
 - Cultural competency

Deployment Tools

- Serve outside of your traditional roles when required
 - Volunteer for something new
 - Service of any kind is impactful
- Be proactive
- Improve your service each day
- Teamwork



The Four R's of Deployment

■ Readiness

- Be as ready as possible

■ Resiliency

- Prepare for a dynamic environment
- Adapt rapidly to changing mission needs
- Stay poised despite challenges

The Four R's of Deployment

■ Responsibility

- Understand your role
- How can I be of further service?
- Use your chain of command effectively

■ Resourcefulness

- Identify strengths and limitations
- Optimally position each officer on the team for success
- Provide the support required to ensure individual officer and team success

Deployment Service Provision

■ Sufficiency of care

- Stabilize and maintain patients until disaster conditions resolve
- Address serious emergent conditions or conditions to prevent future morbidity
- Optimal standards of care may not be immediately available (or necessary) in a disaster environment
- Provide level of care and services in this context
- Continue to assess and improve as missions evolve

Deployment Communications

- Represents significant challenges
- Best to over-communicate in most cases
- Effective methods
 - Full team meetings at same time each day/shift
 - End of shift briefings with complete turnover
 - Daily newsletters for team
 - Dry erase boards for announcements/schedule changes
 - Detailed document/plan for team turnover
- Multiple methods are recommended

Demobilization / After Action

- Previous experience has resulted in significant improvements in PHS response capabilities
- Complete surveys and after action reports
 - Provide constructive criticism
 - Offer improvements for future planning
 - Provide advice on how to improve resources
- Participate in working groups when available

Deployment Wellness

- Physically/emotionally demanding
- During deployment, when offered, take time off
- Remain 100% ETOH-free; 100% of the time
- Participate in:
 - Team off-site or social events
 - “Hot wash” and/or decompression activities
- Charging back to work/life not recommended
 - Make time to recover (really)



Opportunities to Grow

- Better use and understanding of existing IT resources
- Responder e-Learn
 - Effective for pre-briefing communications
 - Use it more broadly
 - Make it better by sharing key information
- Training missions
 - Service missions are highly successful training and experience (CHASM, OLS, RAM, et. al.)

Final Thoughts

- The ability of the CC to deploy makes us unique and indispensable
- Continuing to improve our readiness capabilities requires both an officer level and CC-wide effort
- Given the opportunity, deploying will be one of the most rewarding things you do as an officer
- Pride in service

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(Superstorm Sandy, 2012)



Acknowledgments

- PHS-1 Team Commanders
 - CAPTs Boyd, Coppola, Skerda
- PHS-1 Chief Medical Officer
 - CAPT Steven Hirschfeld
- DCCPR, RDOG
 - LCDR Elizabeth Lybarger
- PHS-2 Team Commander
 - CAPT Cal Edwards
- CAPT Laura Pincock
- CDR Jade Pham
- All PHS Officers on these missions





Questions?