

PHS Response Team Basics



Team Commander
PHS-2 Rapid
Deployment Force



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Objectives

- Very brief history of PHS emergency response
 - Describe modern PHS response teams
 - Describe response team structure
 - Describe deployment process, deployment roles and recruitment
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History of PHS Response

- Dates at least to early 1960s
 - 1984 PHS forms first Disaster Medical Assistance Team (DMAT)
 - Prototype for today's HHS ESF-8 pre-hospital medicine mission
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History of PHS Response

- Commissioned Corps Readiness Force - CCRF 1994~2006
 - Post 9/11 reorganization sent DMAT teams to Department of Homeland Security
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Hurricane Katrina

- August 2005 - 2006, >2100 officers respond in to MS and LA
- After action review: HHS "...should organize, train, equip, and roster medical and public health professionals in pre-configured and deployable teams."

Modern Era

- 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: Balance of Corps - 72 hours after activation

Modern Era – Tier 1

- RIST – Regional Incident Support Team, 12-30 officers
- Located in each of the 10 HHS regions
- Provide initial local assessment and response management
- On call 24/7
- Short term deployments

Modern Era – Tier 1

- NIST – National Incident Support Team, 72 officers
- Can respond nationwide
- Commissioned Corps component of the Incident Response Coordination Team
- On call every 5 months
- 2 wk deployments

Modern Era – Tier 1

- RDF – Rapid Deployment Force, 125 officers
- Can respond nationwide
- Multi-disciplinary – docs, nurses, dentists, pharmacists, and support staff
- On call every 5 months
- 2 week deployments
- DC, Atlanta, Phoenix, OKC-Dallas

Modern Era – Tier 2

- APHT – Applied Public Health Team, 47 officers
- Can respond nationwide
- Multi-disciplinary – epidemiology, environmental health, preventive medicine. PubH Dept in a “box”
- On call every 5 months
- 2 week deployments

Modern Era – Tier 2

- MHT – Mental Health Team, 26 officers
- Can respond nationwide
- Assessment, screening and training for behavioral health issues; PsyD, psychiatrists, LCSW
- On call every 5 months
- 2 week deployments

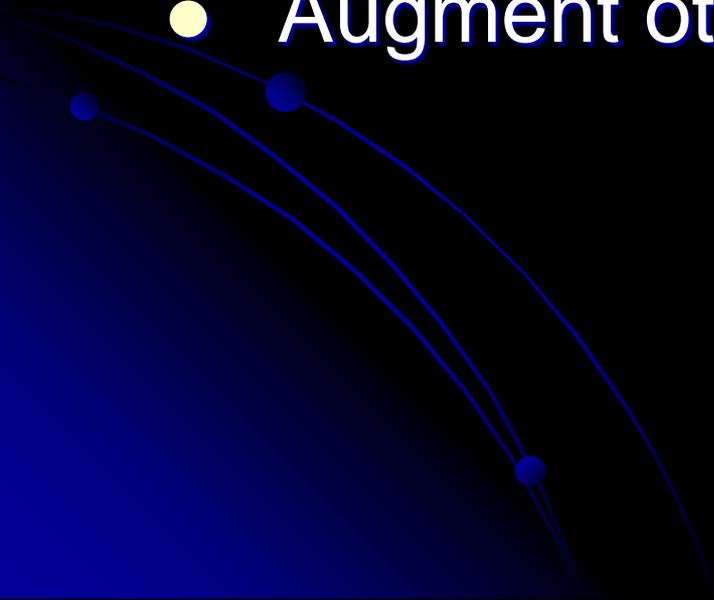
Modern Era – Tier 2

- SAT – Services Access Team, 10 officers
- Can respond nationwide
- Align at risk populations unable to plan or self-advocate with basic health and human services; MSWs
- On call every 5 months
- 2 week deployments

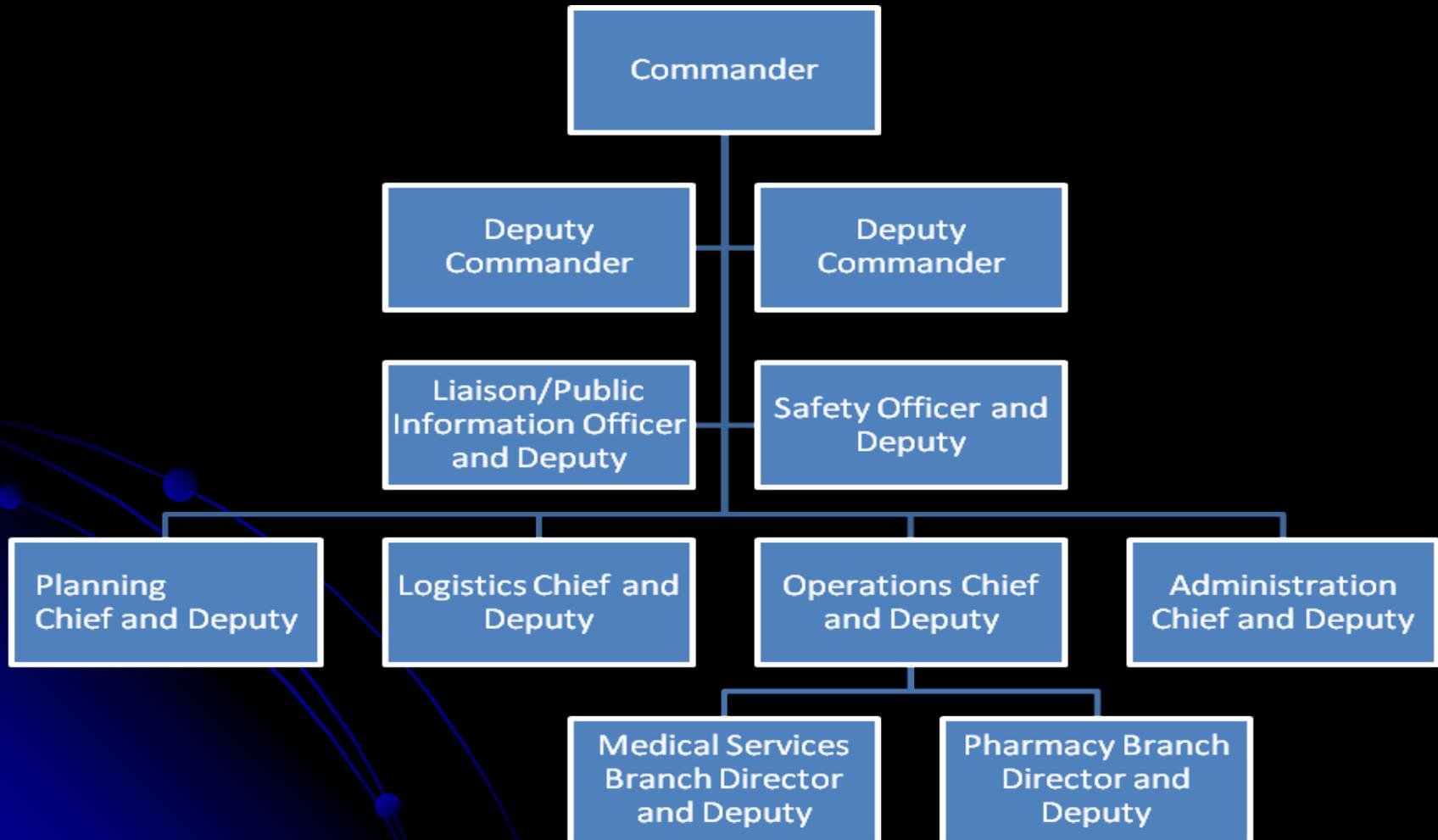
Modern Era – Tier 2

- CAP – Capital Area Provider, 5 officers
- Respond only in National Capital Region – mass gatherings on Mall, eg.
- Docs, mid-levels, nurses
- On call every 5 months
- Typically short (few days) deployments
- All CAP teams located in DC

Modern Era – Tier 3

- Balance of officers in Corps
 - Augment other teams
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Response Team Structure



Team Deployment Process

- State is overwhelmed
- Requests help from federal government
- FEMA reviews state requests and assigns response to lead agency
- For PH/Medical response, HHS responds
- FEMA contacts ASPR to fulfill the mission - DMAT, PHS, ASPR

Team Deployment Process

- RIST is in first
- NIST relieves RIST and with civilians (ASPR), becomes the IRCT or Incident Response Coordination Team
- Other deployed teams such as RDFs, MHT, SATs, APHTs are activated, deploy, “work for” and answer to the IRCT

Training Basics

- \geq a week in semi-austere conditions
- Semi-austere = group sleep, group showers, very little privacy, little or no control over environment; food is whatever it is, may or may not be able to accommodate special dietary needs, no alcohol

Training Locales/Foci

- Past: Camp Bullis (TX) and AP Hill (VA)
 - Federal Medical Shelter Driven
- More recent and future focus: Community Health and Support Missions in TN, KY, SD, TX
 - Combine medical mission with community health sustainability outreach

Individual Deployment Roles

- Officers are not encumbered by their professional training
- Teams provide the opportunity to and do develop new skills that their day job will never provide
- Provide the mission critical infrastructure for team success
- EHOs, engineers, therapists, scientists, epidemiologists, dietitians, many HSOs,

Individual Deployment Roles

- Clinical officers – docs, nurses, dentists, pharmacists, veterinarians, PAs, MH providers, social workers will ply their respective trades
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PHS Response Teams

- Serve a cause greater than yourself
- Learn skills that will open doors
- Opportunity to experience esprit de corps
- Know with whom you're going out the door

Questions?

