

# DOG House News

Providing Updates from the USPHS Readiness and Deployment Operations Group (RedDOG)

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## Preparedness Coordinator's Corner

Welcome to another issue of the DOG House News! As always, we hope this finds you and your families well. I don't have much to say this month, hard as that might be to believe, so I just want to remind you all that we are officially in Hurricane Season, so be sure that you prepare yourself and your families! You can go to the National Hurricane Center's site:

<http://www.nhc.noaa.gov/prepare/> for hurricane-specific information, but also use this time to review your family evacuation plans for your home (or maybe make one if you don't already have one!).

V/r,

LCDR DeGrange

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## Getting to Know (Deployment Teams)

### RIST-NCR, Play Big, Start Small

By LCDR Eric Zhou, CDR Sally Hu and CDR James Kenney

In 2009, the Regional Incident Support Team (RIST) - National Capital Region (NCR) was established as a Tier 1 team to respond and support public health emergencies, threats of nationally significance, and natural/human caused adverse events in national capital region. As one of eleven RISTs, it was targeted to comprise of 20-30 trained USPHS officer responders who can be deployed within twelve (12) hours of activation.

RIST-NCR provided an excellent opportunity for PHS officers in deployment, training and leadership. Each team member is required to be deployed for at least once, but some officers were deployed for multiple times in a year. In 2014, RIST-NCR successfully completed the following eleven (11) deployments, among them, 8 deployments were with a short notice or no-notice (Picture 1): LCDRs Charlene Maddox, Qiao Bobo, and Eric Zhou were deployed to support the mission of the National Exercise Program in the command center of Secretary's Operation Center of the Department of Health and Human Services (March, 2014).

## Upcoming Deployments

- ◆ July 4<sup>th</sup> Celebration



## Getting to Know Continued (Deployment Teams)

***DOG House Motto:***  
*It's not the size of  
the dog in the fight,  
but the size of the  
fight in the dog*

- o 2014 State of the Union Address;
- o 2014 Peace Officer's Memorial Services;
- o 2014 Hurricane Exercise
- o 2014 Unaccompanied Children Mission
- o 2014 InfoCell Augmentees
- o 2014 the 4th of July Celebration
- o 2014 National Exercise
- o 2014 African Leader Summit
- o Augmenting the OEM Situation Awareness Unit
- o 2014 Ebola Outbreak (OEM)
- o 2014 Concert for Valor

In addition, three team members, CDR James Kenney, CDR Jennifer Malia, and LCDR Qiao Bobo were deployed to support the Monrovia Medical Unit in Liberia for the Ebola Outbreak Mission (Picture 2).

The team was structured as an Incident Command and each team member is assigned to a certain position in the Planning, Operation, Finance and Administration Sections, Safety Officer, Liaison Officer, each member hence has an opportunity to build up his/her leadership skills through appropriate training for his/her role. In fact, team members are required to complete at least 40 hours of progressive training in public health preparation each year. Two years after joining the team, almost all team members have completed all available mid-level training including the Incident Command System (ICS)300, ICS400, and All-Hazards Position Specific Training such as Planning Section Chief training and Liaison Officer Course TTT.

When RIST-NCR was established in 2009, it was seriously understaffed. Under the leadership of the team leader, CDR Sally Hu, the team has made great effort to increase its visibility and recruit new members. In 2014 alone, team members submitted or published eight (8) articles on its team activities in a variety of newsletters such as the Commissioned Officers Association Frontline Newsletter, Scientist Officer Newsletter, National Capital Area Newsletter, and USPHS Asian Pacific American Officer Committee Newsletter. As a result, the team currently is fully-staffed with 30 officers with waiting list of potential members. RIST-NCR consists of highly motivated, well-trained, fully-functional officers, and has proved it is an effective force that can be rapidly deployed during a public health emergency.



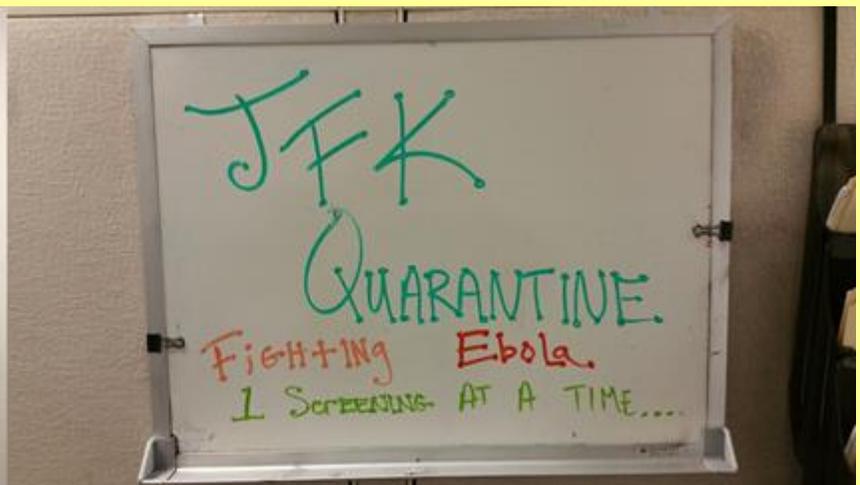
Picture 2. CDRs James L. Kenney and Jennifer Malia getting ready to enter the MMU laboratory in the high risk area of the Ebola Treatment Center in Monrovia, Liberia (November, 2014). CDRs Kenney and Malia were the laboratorians for MMU Team-1, who set-up the laboratory and brought it into operation.

## Deployment News

### CDC Quarantine Stations: CARE Ambassadors

By LCDR Ramses Diaz-Vargas and LCDR June Page

U.S. Public Health Commissioned Corps Officers have teamed with CDC/U.S. Quarantine Stations (Q-Stations) and Customs and Border Protection (CBP) during the Ebola crisis. Q- Stations are part of a comprehensive system that serves to limit the introduction and spread of contagious diseases in the U.S. and are located at 20 ports of entry and land-border crossings where international travelers arrive. U.S. Public Health Commissioned Corps Officers were deployed to five airports along the eastern seaboard: New York's John F. Kennedy International Airport, Washington D.C.'s Dulles International Airport, New Jersey's Newark Liberty International Airport, Chicago's O'Hare International Airport, and Atlanta's Hartsfield-Jackson Atlanta International Airport. CBP had the lead on this initiative and would identify passengers who'd recently been in West Africa, whether they flew in directly or via a connecting flight. These passengers were escorted to the Q-station. Passengers traveling from affected countries had already endured exhausting and countless hours of waiting and we were one of the first American faces to greet our visitors, ease their anxiety, answer any questions, and assist in a welcoming manner! Our mission consisted in supporting the CDC Ebola Response Priority Objectives. These objectives included: 1) to identify, upon their arrival in the United States, travelers who might be ill with Ebola or who might have had exposure to Ebola, 2) to ensure that these travelers are directed to medical care, if needed, 3) to provide travelers with information on reporting fever and other symptoms to public health authorities, and 4) to rapidly provide the travelers' contact information to public health authorities for active or direct active monitoring. Our mission was to rapidly detect, control, and eliminate Ebola if introduced into a previously unaffected country. What a magnificent experience it was to be one of the first faces to welcome travelers, who were filled with anxiety, curiosity, exhaustion, and excitement especially after going through the screening and interview process. Probably not something to be considered as fun, especially after a long day of travel! It was truly an HONOR to be the face they will remember - from the warm welcome to the casual conversations. We are the "C.A.R.E. Ambassadors".



## New APFT Guidelines

### U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS ANNUAL PHYSICAL FITNESS TEST (APFT) OVERVIEW

*President's Challenge Eliminated 1 July 2015 • Revised APFT Effective 1 January 2016*

#### Key Information

- Per policy, as of 1 July 2015, the President's Challenge option will be eliminated and all officers will do the Annual Physical Fitness Test (APFT) yearly to maintain the physical fitness basic readiness requirement.
- The revised APFT will be effective 1 January 2016.
- It is important for officers to start training in advance of the expiration of their APFT to ensure they can meet the new standards.
- Officers who are unable to do a category of exercises (cardiorespiratory endurance, flexibility, etc.) due to a medical limitation can request a medical waiver for that component and will complete the rest of the APFT.

#### Resources for Officers

- APFT Procedures & Instructions
- Frequently Asked Questions (FAQ)
- Video demonstration of APFT exercises (coming soon)
- Updated form PHS-7044 (Direct Access will be updated to enter information)

#### ADDITIONAL DETAILS FOR THE ANNUAL PHYSICAL FITNESS TEST (APFT) NEW Exercise Options

##### NEW Exercise Options

- Three exercises (elliptical, stationary bike, plank) and a new flexibility component (seated toe touch) added

##### EVIDENCE BASED Standards

- Standards based on review of Navy and Coast Guard standards and current literature

##### PARITY with Uniformed Services for Scoring

- Scoring has been updated to align better with other uniformed services
- Cardiorespiratory endurance, upper body endurance, and core endurance have 6 levels with a corresponding point value
  - Levels include Maximum, Outstanding, Excellent, Good, Satisfactory, Failure
- In order to pass the APFT, an officer must achieve a satisfactory or greater level in each of these components
- The flexibility component seated toe touch exercise is scored as satisfactory or unsatisfactory
  - Scoring unsatisfactory on the seated toe touch will lower the overall APFT score by one level, and could lead to failing the APFT if the overall APFT score is satisfactory
- If the APFT is passed, the final APFT score is based on the *average* score from cardiorespiratory endurance, upper body endurance, and core endurance components
- Overall APFT levels and point values:
  - Maximum = 100 points (i.e., scored maximum on each exercise)
  - Outstanding = 90-99 points
  - Excellent = 75-89 points
  - Good = 60-74 points
  - Satisfactory = 45-59 points
  - Failure = <45 points

##### MORE Age Bands in 5 Year Increments

- Additional age bands (5 year intervals)
- Maximum age band has increased from 50+ to 65+

##### FLEXIBLE Options for Documentation

- Options for observing and verifying APFT
  - An active-duty commissioned officer can observe and verify in person (current method)
  - An active-duty commissioned officer can observe and verify remotely (via cell phone or computer video)
  - A federal employee non-officer adult (e.g. coworker) can observe and verify in person.

- Entering results of APFT
  - Form PHS-7044 and Direct Access will be updated
  - Officer inputs results into Direct Access and retains a copy of their records

**RECOGNITION for High Achievement**

- Increase level from prior APFT (e.g. “Good” to “Excellent”)
- Achieve Maximum or Outstanding level
- Achieve Maximum or Outstanding level for 3 years consecutively

**SUMMARY OF ANNUAL PHYSICAL FITNESS TEST (APFT)**

Component	Exercise Option	Continue vs. New	Performance Level	Gender Criterion	Age Criterion	Standard Reference*
Cardiorespiratory Endurance	Run	Continue	6 tiers	Yes	5 year cohort	US Navy
	Swim	Continue	6 tiers	Yes	5 year cohort	US Navy
	Elliptical	New	6 tiers	Yes	5 year cohort	US Navy
	Stationary Bike	New	6 tiers	Yes	5 year cohort	US Navy
Upper Body Endurance	Push-up	Continue	6 tiers	Yes	5 year cohort	US Navy
Core Endurance	Plank	New	6 tiers	No	All ages	Peterson et al. 2013
	Side Bridge	Continue	6 tiers	No	All ages	US Coast Guard
	Sit-ups	Continue	6 tiers	Yes	5 year cohort	US Navy
Flexibility	Seated Toe Touch	New	Satisfactory/Unsatisfactory	No	All ages	Previous US Navy exercise

\*US Navy standards are based on data collected from 200,000 individuals in the Navy doing a Physical Readiness Test during 1997-1998. Compared to current PHS standards, some of the Navy standards for the run, swim, push-ups, and sit-ups are more challenging, some are less challenging, and some are the same. The PHS level 1 standards were retained for the satisfactory level for the run.

*For additional information about the revised APFT, please see the APFT Procedures & Instructions on the CCMIS website under the Readiness tab [look for Annual Physical Fitness Test (APFT)]*

## Upcoming Events

Register Now for the 2015 AMSUS Meeting in San Antonio, TX

### REMINDER UPCOMING DEPLOYMENTS

- Deployments in Support of Missions in Guinea & Sierra Leone
- July 4<sup>th</sup> Celebration - NCR

## Training Activities/Resources

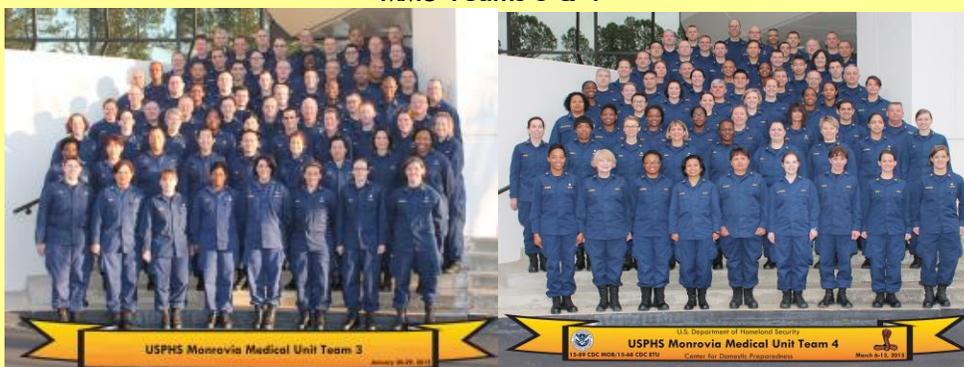
American Heart Association - Training for Healthcare Providers

[http://www.heart.org/HEARTORG/CPRAndECC/FindaCourse/Find-a-Course\\_UCM\\_303220\\_SubHomePage.jsp](http://www.heart.org/HEARTORG/CPRAndECC/FindaCourse/Find-a-Course_UCM_303220_SubHomePage.jsp)

NIOSH Training for Nurses on Shift Work and Long Work Hours:

<http://www.cdc.gov/niosh/docs/2015-115/>

MMU Teams 3 & 4



## RedDOG Newsletter Team

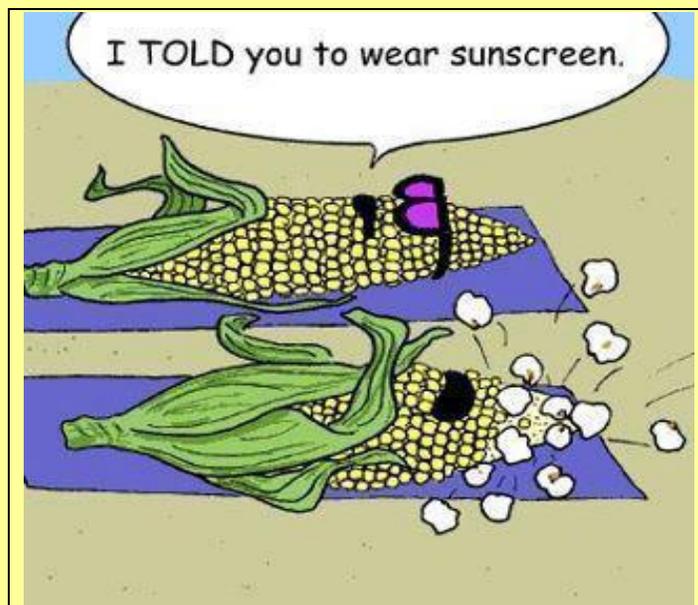
- |                        |                         |
|------------------------|-------------------------|
| CAPT Jane Kreis        | LCDR Elizabeth DeGrange |
| CDR Scott Conner       | LCDR Pattama Ulrich     |
| LCDR Anastasia Shields | LCDR Molly Rutledge     |
| LCDR Marion Collins    | LT Brian Lees           |
| LT Yvonne M. Santiago  | LT Simleen Kaur         |
| LT Teisha Robertson    | LT Melanie Moore        |
| LTJG Stephanie Mros    |                         |

Interested in submitting an article to feature in any of the sections?

\* Articles are due by the 15<sup>th</sup> of each month

\* Please include a title and state your name in the “by” line.

\* Pictures are welcome!



To join the Deployment Working Group send an email to [RedDOG-Training@hhs.gov](mailto:RedDOG-Training@hhs.gov)

[http://dcp.psc.gov/ccmis/DCCPR\\_readiness\\_and\\_deployment\\_m.aspx](http://dcp.psc.gov/ccmis/DCCPR_readiness_and_deployment_m.aspx)