



# OFFICE OF EMERGENCY PREPAREDNESS

# Health and Medical Emergency Preparedness & Management



Natural Disasters



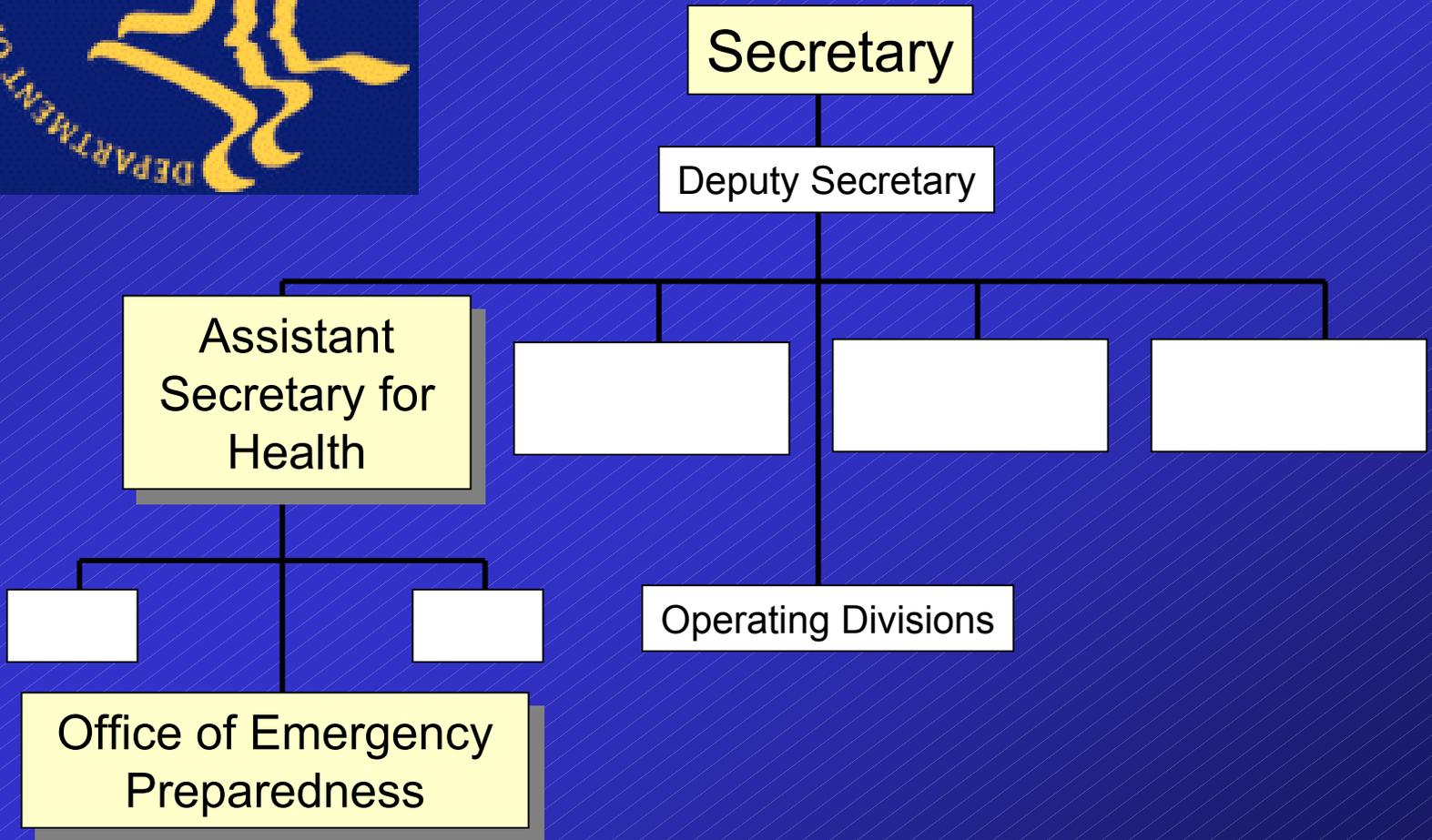
Transportation Disasters



Terrorism



Technological Disasters



The Office of Emergency Preparedness (OEP) supports HHS and the Assistant Secretary for Health (ASH) in the conduct of their respective emergency preparedness and response roles.

# Sources of Assets Internal to HHS



# External Assets / Partnerships

Federal Emergency Management Agency  
Department of Veterans Affairs  
Department of Defense  
Department of Justice



Volunteer Support: Nurses,  
Physicians, Allied Health  
Professionals from the  
private sector

# Who We Support - Federal

Federal Emergency  
Management Agency (FEMA)

*Federally declared disasters  
and emergencies*

Department of Justice (DOJ)

*Mass Immigration emergency*

Federal Bureau of Investigation (FBI)

*Counterterrorism*

U.S. Secret Service (USSS)

*Counterterrorism*

U.S. Customs Service (USCS)

*Counterterrorism*

Department of State (DOS)

*National Emergency*

*Repatriation/Counterterrorism*

Department of Defense (DOD)

*NDMS - Military Contingency;*

*Personnel Backfill – PHS*

*Commissioned Corps*

National Transportation

*Transportation accidents*

Safety Board (NTSB)

Environmental Protection Agency (EPA) *Superfund Sites*

# Who We Support – State and Local

**STATES** - *Bringing together public health and emergency management*

## Regional Health Administrators / Emergency Coordinators

- Disaster Planning and Assessment
- Training and Exercises
- Emergency Response Coordination
- Regional and State Liaison for Emergency Operation Centers
- Emergency Response Team Liaison
- DMAT and DMORT Team Development

## Special Projects

**LOCAL** - *Building local capacity with a bottom-up response*

## Metropolitan Medical Response Systems

- Ninety Seven (97) Cities to Date
- Two Hundred (200) Projected
- Integration with County and State Emergency Response Systems

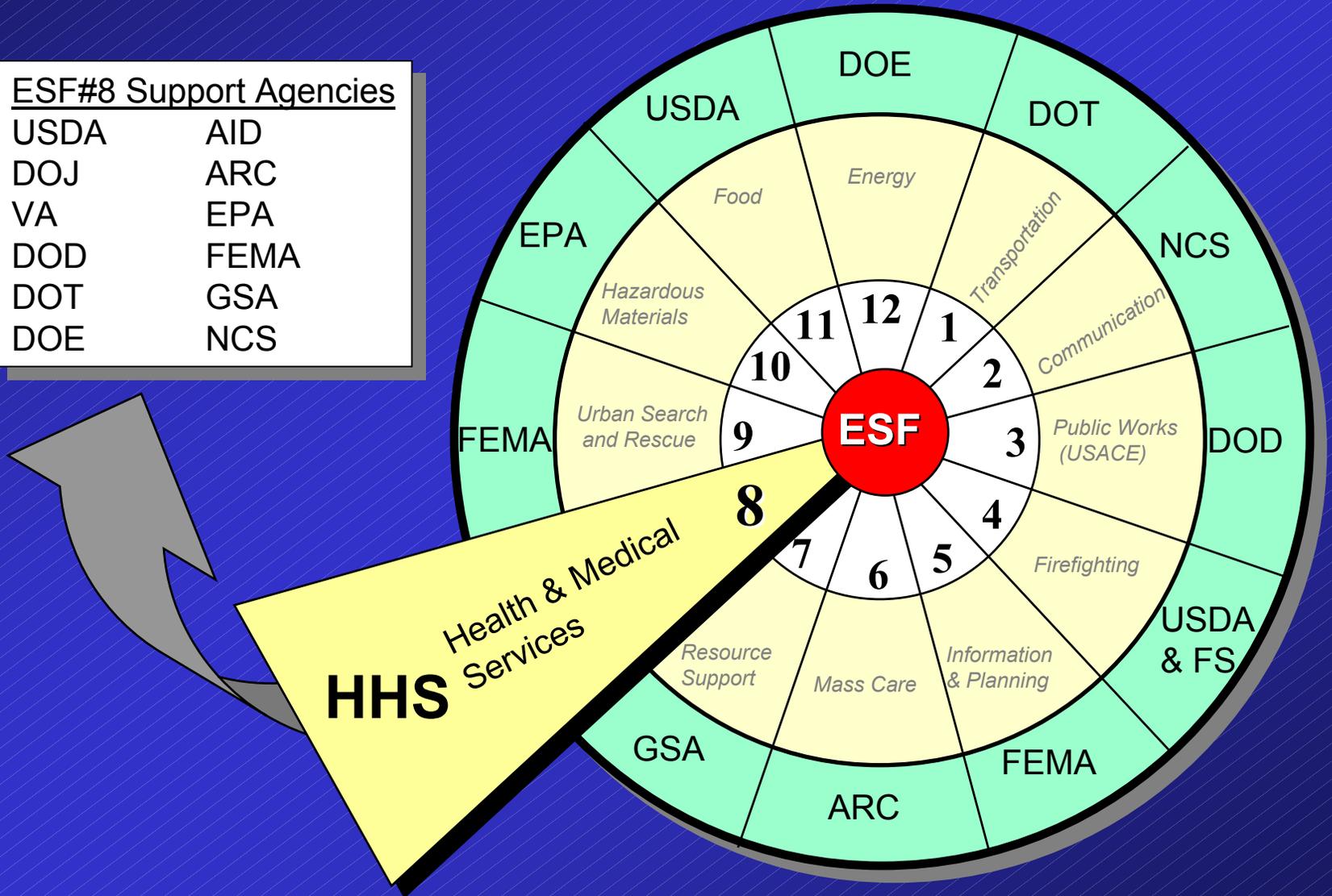
## Response Operations

- All Hazards health and medical augmentation for impacted jurisdictions

# HHS' Role in the Federal Response Plan

ESF#8 Support Agencies

USDA	AID
DOJ	ARC
VA	EPA
DOD	FEMA
DOT	GSA
DOE	NCS



# Emergency Support Function (ESF) #8

Preventive Health Services

Medical Services \*

Mental Health Services \*

Environmental Health Services

*\* Provided by NDMS*

*OEP has overall responsibility, on behalf of the ASH/SG, for coordinating the ESF #8 response to any disaster requiring Federal health and medical assistance.*

# National Disaster Medical System



*A public / private sector partnership*  
*FEMA VA DoD HHS*

## A Nationwide Medical Response System to:

- Supplement state and local medical resources during disasters or major emergencies
- Provide backup medical support to the military/ VA medical care systems during an overseas conventional conflict



# NDMS Facts

- Over 7,000 participating health professionals.
- Approximately 100,000 hospital beds in 2,000 hospitals.
- Governance structure led by HHS (ASH/SG)
- HHS provides primary and specialized care (including 4 rapid response WMD-trained) teams.
- DOD provides victim transportation.
- DOD and VA provide access to private sector hospital care remote from the disaster site.

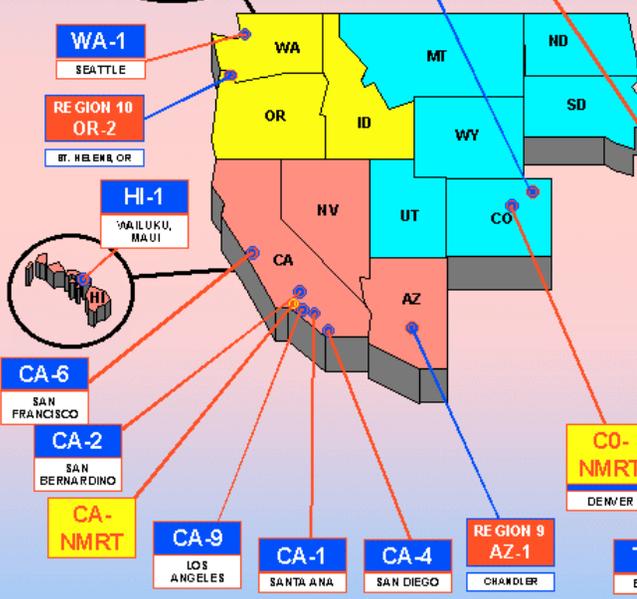
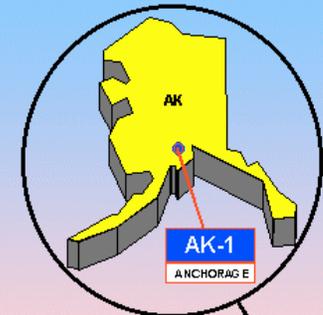


# NDMS RESPONSE TEAMS

- 26 Disaster Medical Assistance Teams - (12-24 hr. response)
- 8 Disaster Medical Assistance Teams - (Support)
- 11 Disaster Medical Assistance Teams - (Staffing resource)
- 4 National Medical Response Teams/WMD
- 6 Burn Teams
- 2 Pediatric Teams
- 1 Crush Medicine Team
- 1 International Medical/Surgical Team
- 4 Mental Health Teams
- 4 Veterinary Medical Assistance Teams
- 10 Disaster Mortuary Teams
- 1 Management Support Team

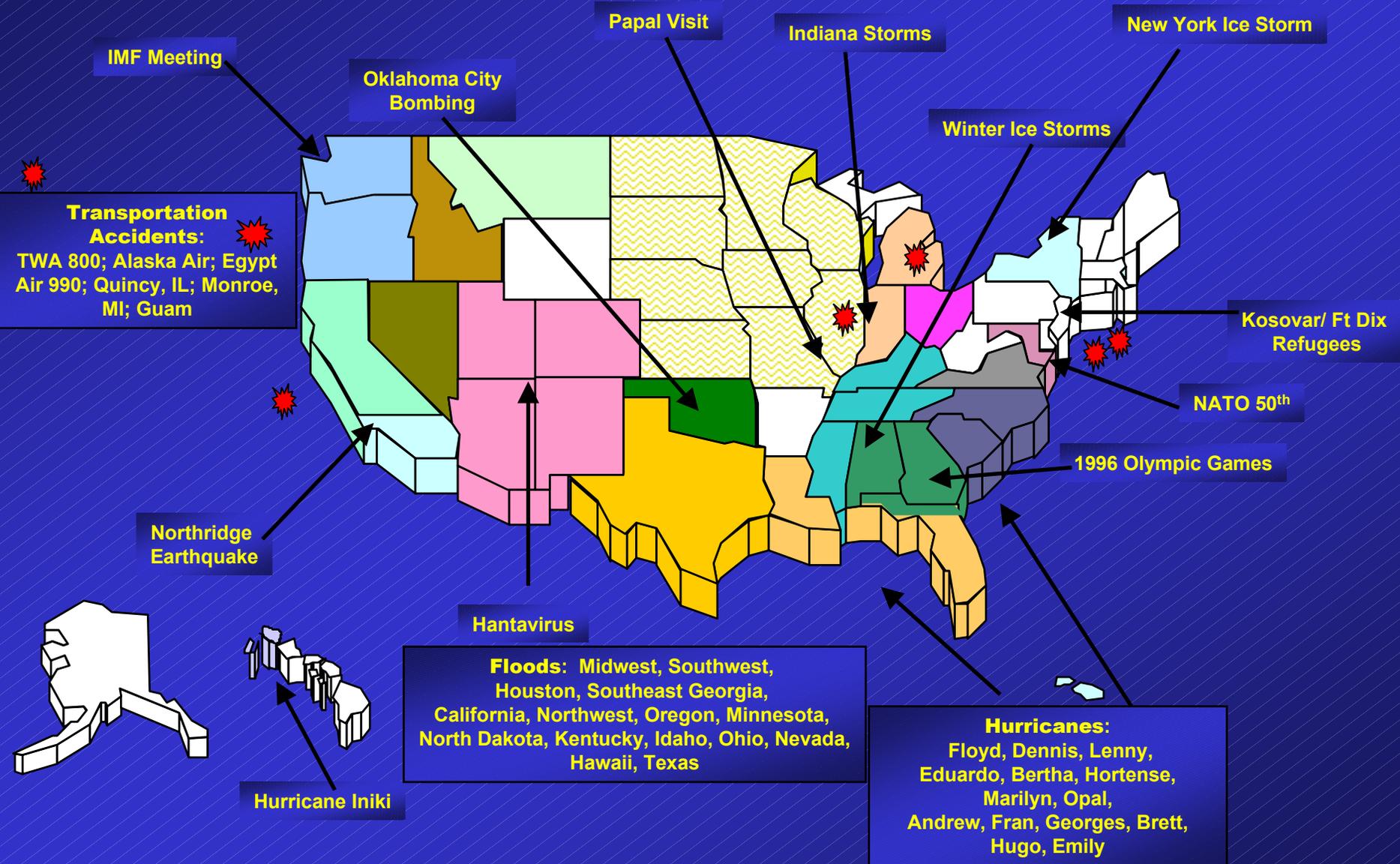
# NATIONAL DISASTER MEDICAL SYSTEM

## MEDICAL RESPONSE TEAMS



- LEVEL 1 DISASTER MEDICAL ASSISTANCE TEAM (DMAT)
- DISASTER MORTUARY OPERATIONAL RESPONSE TEAM
- MANAGEMENT SUPPORT TEAM (MST)
- VETERINARY MEDICAL ASSISTANCE TEAM (VMAT)
- DISASTER CRUSH MEDICINE TEAM (DCMT)
- NATIONAL MEDICAL RESPONSE TEAM/WEAPONS OF MASS DESTRUCTION (NMRT-WMD)
- DISASTER BURN MEDICINE TEAM (DBMT)

# ESF#8 / NDMS Activations



# DoD Support to HHS Medical Response

## Medical Supply/Equipment:

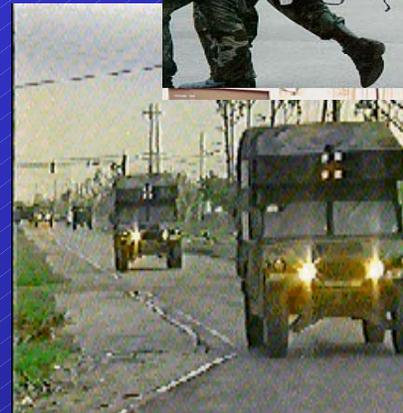
- Supply Depots & Medical Center stocks
- Expertise/ability to rapidly receive, process and distribute medical items

## Evacuation Assets:

- Ground Assets
- Helicopters (air ambulances)
- Fixed wing aircraft

## Specialized Teams:

- Trauma/Critical/Primary Care
- Mental Health/Stress MGT
- Burn
- Preventive Medicine
- Vet
- CBRNE/NBC





# Commissioned Corps Readiness Force (CCRF)

- Led by the Surgeon General
- Capable of responding in times of extraordinary need when public health challenges exceed the capabilities of local, State or PHS OPDIV resources (*e.g. disasters, strife, public health emergencies, and domestic and/or international requests*)
- Over 1,400 participating health professionals able to deploy.
- CCRF officers can deploy as a large group, smaller numbers to supplement the staffing of a DMAT, or individually to provide public health consultation services.
- All officer categories represented.  
(*physicians, nurses, dentists, pharmacists, engineers, scientists, environmental health officers, therapists, dieticians, veterinarians, and health service officers*)

# WMD RELEASE OR DETONATION

The demand placed on the Healthcare System (public hospitals, for profit hospitals, community health centers, emergency medical services, etc.) following a WMD incident will be unprecedented

# Bioterrorism Preparedness

DETERRENCE	EARLY WARNING SYSTEMS	RESPONSE SYSTEMS	RECOVERY
<ul style="list-style-type: none"><li>• Bio Weapons Convention</li><li>• Limiting access to special pathogens / select agents</li><li>• Anti-terrorism actions</li></ul>	<ul style="list-style-type: none"><li>• Intelligence</li><li>• Medical Surveillance</li><li>• Law Enforcement / Fire / EMS / etc.</li><li>• Environmental detection</li></ul>	<ul style="list-style-type: none"><li>• Primarily a public health emergency</li><li>• Time / uncertainty<ul style="list-style-type: none"><li>• Known / covert release</li><li>• Contagious / non-contagious</li><li>• Focal / non-focal</li></ul></li><li>• Mass Care</li><li>• Mass Prophylaxis</li><li>• Mass Fatality Mgmt.</li><li>• Law Enforcement</li></ul>	<ul style="list-style-type: none"><li>• Environmental clean-up</li><li>• Long term care</li><li>• Etc.</li></ul>

# Requirements Specific to Chemical & Biological Responses

## CHEMICAL

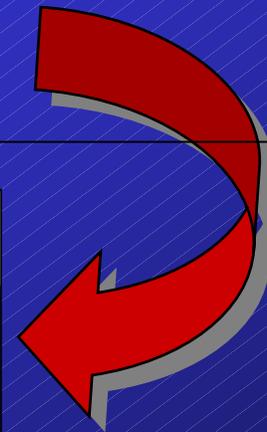
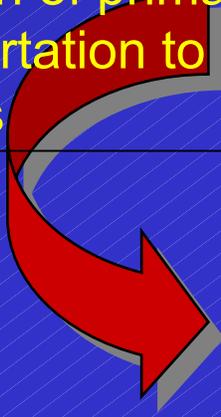
- Agent detection and identification
- Extraction of victims
- Administration of antidote
- Decontamination of victims
- Triage
- Provision of primary care
- Transportation to definitive care facilities

## BIOLOGICAL

- Surveillance
- Epidemiologic investigation
- Laboratory identification
- Mass immunization / prophylaxis

## C/B HEALTH SYSTEMS

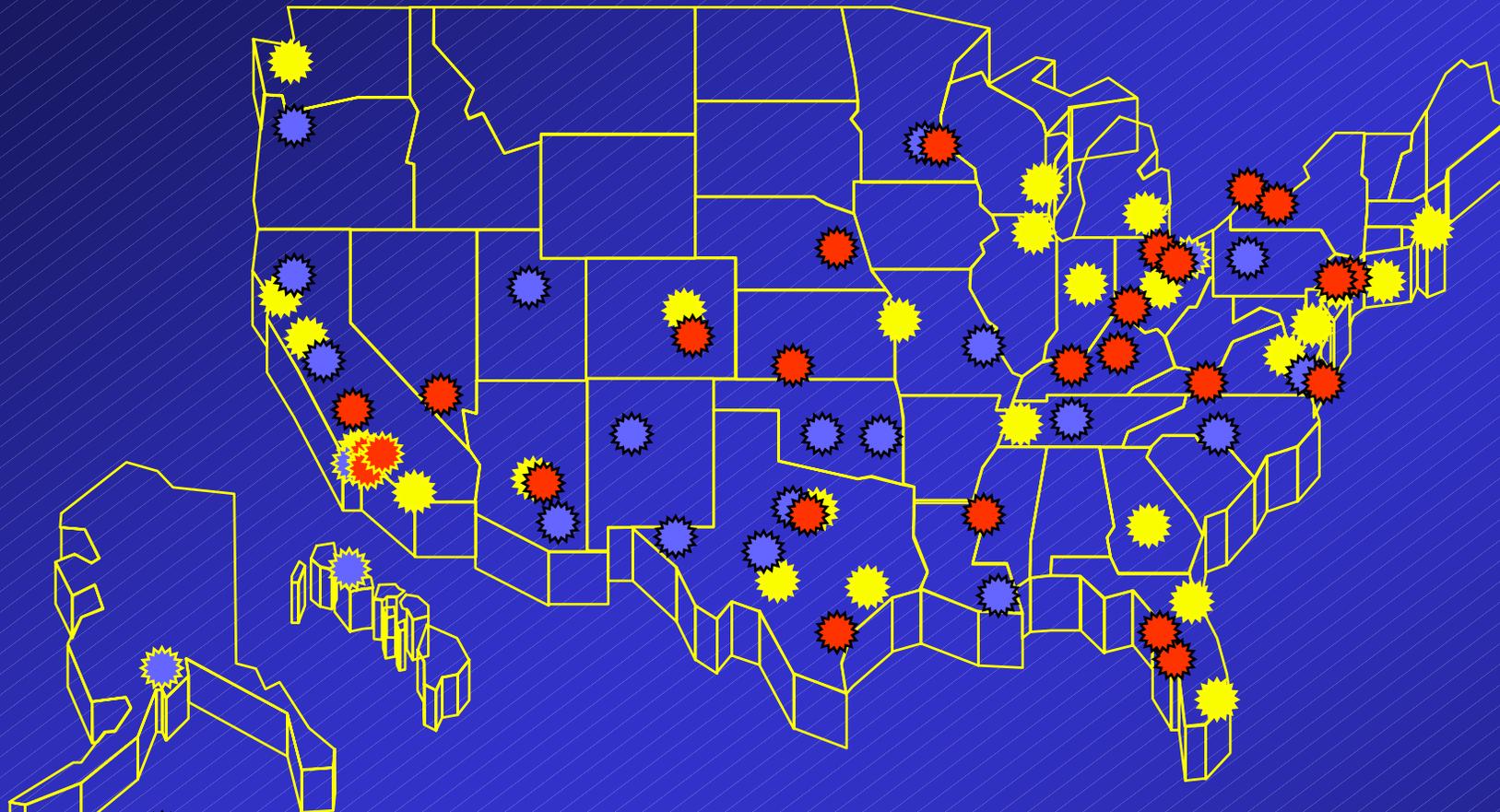
- Pharmaceutical stockpile
- Mass patient care
- Mass fatality management
- Environmental health cleanup



# Metropolitan Medical Response System

- To enhance existing local planning and medical response systems capability, based upon given performance measures and specifically tailored to the local area, to care for victims of a terrorist incident involving a weapon of mass destruction
- Characteristics
  - Concept of Operations Plan (*Coordinated with State planning*)
  - Specially trained responders and equipment
  - Special pharmaceuticals
  - Plans for prophylaxis of affected population
  - Enhanced emergency medical transport & emergency room capabilities
  - Expandable hospital-based care
  - Integration with NDMS capabilities
  - Mass fatality management
  - Mental health strategy

# Metropolitan Medical Response Systems



## Original MMRS

Boston, New York, Baltimore, Philadelphia, Washington DC, Atlanta, Miami, Memphis, Jacksonville, Detroit, Chicago, Milwaukee, Indianapolis, Columbus, San Antonio, Houston, Dallas, Kansas City, Denver, Phoenix, San Jose, Honolulu, Los Angeles, San Diego, San Francisco, Anchorage, Seattle



## MMRS 1999

Hampton Roads (Virginia Beach)Area, Pittsburgh, Nashville, Charlotte, Cleveland, El Paso, New Orleans, Austin, Fort Worth, Oklahoma City, Albuquerque, St. Louis, Salt Lake City, Long Beach, Tucson, Oakland, Portland (OR), Twin Cities (Minneapolis), Tulsa, Sacramento



## 2000 MMRS EXPANSION

Twin Cities (St. Paul), Hampton Roads (Norfolk), Cincinnati, Fresno, Omaha, Toledo, Buffalo, Wichita, Santa Ana, Mesa, Aurora, Tampa, Newark, Louisville, Anaheim, Birmingham, Arlington, Las Vegas, Corpus Christi, St. Petersburg, Rochester, Jersey City, Riverside, Lexington-Fayette, Akron

# LINKING RESPONSE SYSTEMS

**First Responders  
Fire/EMS**

**Medical & Mental  
Health Services**

**Public  
Health**

**Law  
Enforcement**

**Emergency  
Management**

