Federal
“Public Health and Medical”
Disaster Response

CDR John Gibbons
Regional Emergency Coordinator

HHS/ASPR Region 8
Circular Discussion Ahead!

Linear Thinkers Beware!
Different Scales of Disasters
Different Scales of Response
All Disasters Are Local

Increasing magnitude and severity

Capabilities and Resources

Local Response, Municipal and County

Regional / Mutual Response Systems

State Response

Federal Response
U.S. Health and Human Services

- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Admin (SAMSHA)
Federal ESF-8 Partners

- Department of Agriculture
- Department of Transportation
- Department of Defense
- Department of Veterans Affairs
- Department of State
- Agency for International Development
- Department of Energy
- Environmental Protection Agency
- Department of Homeland Security / FEMA
- General Services Administration
- Department of Interior
- U.S. Postal Service
- Department of Justice
- American Red Cross
- Department of Labor
State Partners

Integration

HHS/ASPR Region 8

Colorado Department of Public Health & Environment
Federal ESF-8
Organizational Systems

• Incident Command System
  — A flexible structure to manage an incident
  — 1970s FIRESCOPE Program

• Emergency Support Functions
  — A coordinating structure for managing resources
  — Plan for Federal Response to a Catastrophic Earthquake
    • Region 9 developed and featured precursors to ESFs
  — Federal Response Plan (April 1992)
    • All Hazard Plan
    • Twelve ESFs
  — Hurricane Andrew (August 1992)
ICS and ESFs

“Operations” (Field)

- Incident Commander
  - Operations Chief
  - Planning Chief
  - Logistics Chief
  - Finance Chief
  - Mass Vaccination Group Leader
    - Screener
    - Screener
    - Screener
  - Injections Leader
    - Vaccinator
    - Vaccinator
  - Biowaste Mitigation Leader
    - Disposal
    - Disposal

“Support” (EOC)

EOC
Hybrid ICS/ESF in an EOC

EOC Organization Chart
Emergency Support Function (ESF) & Liaison Assignments

- EOC Manager
  - ESF 5, 11 & 14
  - EOC Safety Officer
  - EOC Liaison Officer
  - EOC Public Affairs
  - ESF 15

- EOC Operations Section Chief
  - Public Safety Branch Director
    - Fire/Hazmat ESF 4 & 10
    - Search & Rescue ESF 9
    - Public Safety, LE, Security - ESF 13
    - Defense Support to Civil - ESF 20
  - Infrastructure Branch Director
    - Transportation ESF 1
    - Public Works & Engineering - ESF 3
    - Energy ESF 12

- EOC Planning Section Chief
  - Human Services Branch Director
    - Mass Care/Housing Human Svcs - ESF 6
    - Public Health & Med Svc - ESF 8

- EOC Logistics Section Chief
  - Situation Unit Leader
  - Resources Unit Leader
  - Documentation Unit Leader
  - Resource Support ESF 7
  - Communications Unit Leader
  - Telecom, Info Sys & Warning - ESF 2

- EOC Finance/Admin Section Chief
  - County Liaison
  - City Liaison(s)
  - EMS Liaison
  - Liaison

*ESF 5 - Emergency Management
ESF 11 - Agriculture & Natural Resources
ESF 14 - Long Term Community Recovery & Mitigation

Skamania County, Washington
National Preparedness Goal: “A secure and resilient nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk.”

National Planning Framework (March 2008)
  - Core Capabilities Focused
    • National Prevention Framework
    • National Protection Framework
    • National Mitigation Framework
    • National Response Framework
      - ESFs are Annexes to the Response Framework
    • National Disaster Recovery Framework
Current Federal ESFs

ESF1  Transportation
ESF2  Communications
ESF3  Public Works and Engineering
ESF4  Firefighting
ESF5  Emergency Management
ESF6  Mass Care, Housing, and Human Services
ESF7  Resources Support
ESF8  Public Health and Medical Services
ESF9  Urban Search and Rescue
ESF10 Oil and Hazardous Materials Response
ESF11 Agriculture and Natural Resources
ESF12 Energy

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ESF13 Public Safety and Security
ESF14 Long-term Community Recovery and Mitigation
ESF15 External Affairs
Federal ESF-8 Tasks

- Assessment of public health/medical needs
- Public health surveillance
- Medical care personnel
- Medical equipment and supplies
- Patient movement
- Hospital care
- Outpatient services
- Victim decontamination
- Safety and security of human drugs, biologics, medical devices, veterinary drugs, etc.
- Blood products and services
- Food safety and security
- Agriculture feed safety and security
- Worker health and safety
- All hazard consultation and technical assistance and support
- Mental health and substance abuse care
- Public health and medical information
- Vector control
- Potable water/wastewater and solid waste disposal, and other environmental health issues
- Victim identification/mortuary services
- Veterinary services
- Medical materiel, personnel, and technical assistance
Requests for HHS/ESF8 assistance are coordinated through the FHO and RECs

**HHS Assistance**
(No Presidential Declaration)

- Local → **State / Tribe** → HHS/ASPR (FHO)
- ASPR Request Form or formal letter
- Cost share TBD

**HHS/ESF8 Assistance**
(Stafford Act/Presidential Declaration)

- Local → **State (SCO) / Tribe** → FEMA (FCO) → HHS/ESF8 (FHO)
- Resource Request Form (RRF) … *old Action Request Form (ARF)*
- Cost share (75% Federal / 25% State)
Effective requests include the following:

- Capability (not asset)
- Location
- Hours of operation (12 hours / 24 hours)
- Duration of operation (days)
- Point of Contact

Requesting capability allows HHS/ESF8 the ability to:

- Match appropriate asset
- Right size asset
- Flexibility in assigning assets (especially in scarce resource environment)
Categories of Response

- Technical Assistance

- HHS Regulatory Waivers
  - Public Health Emergency Declaration (PHE)
  - Social Security Act Section “1135 Waivers”
  - Emergency Use Authorizations (EUA)

- Response Assets
  - Teams and personnel
  - Equipment and supplies
Technical Assistance and Coordination

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- Department of Justice
- American Red Cross
- Department of Labor

The nine most terrifying words in the English language?
Social Security Act, Section 1135 Waivers

- Assists with medical surge activities
- Requirements:
  - HHS Secretary Public Health Emergency (PHE) Declaration and;
  - Presidential Disaster Declaration (Stafford Act)
- Able to waive:
  - Bed type and number
  - Professional licensure and certification
  - Emergency Medical Treatment and Labor Act (EMTALA)
  - Health Insurance Portability and Accountability Act (HIPAA)

- April 8, 2011 - HHS Secretary Declares Public Health Emergency for North Dakota Flooding
  - The public health emergency is declared under section 319 of the Public Health Service Act and, under section 1135 of the Social Security Act, the Secretary has authorized the waiver or modification certain Medicare, Medicaid and CHIP requirements. The state can submit waiver requests through Centers for Medicare and Medicaid Services (CMS) Regional Office.
  - The 1135 waiver authority will permit CMS to temporarily relax certain operating procedures as needed so health care services can be delivered, such as allowing critical access hospitals to take more than the statutorily mandated limit of 25 patients and not count the expected longer lengths of stay for evacuated patients against the 96-hour average.
Emergency Use Authorization (EUA) - 564

• Requirement:
  HHS Secretary Public Health Emergency (PHE) Declaration
• Permits the FDA to authorize the use of an unapproved medical product or an unapproved use of an approved medical product

• April 19, 2013 - Avian Influenza A (H7N9) Virus
  — As of this date, I hereby determine that there is a significant potential for a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad and that involves the avian influenza A (H7N9) virus.
  — On the basis of this determination, I also hereby declare that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection of avian influenza A (H7N9) virus pursuant to section 564 of the Federal Food, Drug and Cosmetic (FD&C) Act
Spectrum of Federal Medical Resources

NDMS DMORT
NDMS Hospitals
VA and DOD
NDMS Medical Teams (DMAT, NVRT, Specialty Medical Teams)
USPHS RDF
Medical Reserve Corps (State)
USPHS MHT
USPHS APHT

Medical Logistical Resources – durable equipment, pharmaceuticals and supplies

Food / Water Safety
Drug / Blood Safety
Basic First Aid
Special Medical Needs Care
Outpatient Care
Pre-Hospital and Emergency Room Care
ICU/Trauma Critical Care
Hospital Inpatient Care
Fatalities Management
Health Surveillance
Behavioral Health
Pet / animal care
Nursing Home Care
A Nationwide Medical Response System to:

- Supplement state and local medical resources during disasters or major emergencies
- Provide backup medical support to the military and VA medical care systems during an overseas conventional conflict
### 3 Major Components of NDMS

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USPHS Teams

US Public Health Service (USPHS) Commissioned Corps

Health and medical professionals in a number of disciplines

6500 active-duty uniformed officers

(5) - Rapid Deployment Force Teams (RDF)
(5) - Mental Health Teams (MHT)
(5) - Applied Public Health Teams (APHT)
(5) - Services Access Teams (SAT)
(10) - Regional Incident Support Teams (RIST)
(5) - National Incident Support Teams (NIST)
Managed by CDC, deployment authorized by ASPR

Repository of Medical Countermeasures (MCM)
- Antibiotics, chemical antidotes, antitoxins, vaccines, and antiviral drugs
- Life-saving medical materiel

Unknown Threat → Push Package
- 50 ton cache of MCMs and medical supplies
- 12 hours of the federal decision to deploy

Known Threat or Re-supply → Managed Inventory
- Prescribed/tailored MCMs and medical supplies
- 24 to 36 hours of the federal decision to deploy
Managed by CDC, deployment authorized by ASPR

Multi-purpose asset to provide low-acuity medical care in:
- Medical shelters
- Alternate care facilities
- Quarantine/isolation

Deployable configurations
- 50 beds (cots)
- 250 beds (cots)

Staffing
- Federal, State, local (or a mix)

Requires a building of opportunity and significant “Wrap Around” services
Medical Transport

National EMS Contract

- FEMA contracted, HHS managed

- Resource utilization
  - Patient transport
  - Emergency medical services (EMS)

- Assets available per zone
  - Ground Ambulances: 300 (ALS & BLS)
  - Air Ambulance: 25 helicopter and/or fixed wing
  - Para-transit Capability: Transport 3,500 individuals

- Medical Direction
  - Provided by State or Local authorities. *If unavailable, a federal medical director can be designated*
Emergency Prescription Assistance Program (EPAP)

- FEMA funded, HHS managed
- Provides disaster survivor with:
  - 30 day supply of medication
  - Durable medical equipment (i.e. wheelchairs, crutches, etc.)
- Provides pharmacies with:
  - Web-based system for reimbursement
- Disaster survivor must provide proof of:
  - Residency (zip codes from impacted area)
  - Prescription
Parting thoughts

Sometimes the whole **IS just NOT** more than the sum of its parts.

Sometimes it is...
Questions?

The HHS/ASPR Region 8 Team

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