



United States Department of  
**Health & Human Services**  
Office of the Secretary  
Office of the Assistant Secretary for  
Preparedness and Response (ASPR)

# ***Leadership of a Federal Medical Station - Special Needs Shelter***

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## Overarching Mission:

To provide a scalable surge capacity for the Nation's potential special needs shelter shortfall in an all-hazard mass casualty event

- \* standard FMS is 250 beds and is scalable in 50 bed increments

# Special Needs Scenario

- All disasters produce displaced populations
- Most can be cared for in general population shelters
- The ill are typically housed in medical facilities (hospitals)
- Yet, the moderately ill and/or disabled either have no dedicated shelter or are inappropriately assigned and can easily become acutely ill due to exacerbations of their chronic diseases – resulting in increased acuity
- This rise often results in their need to be relocated to a medical facility
- This trend very rapidly overburdens the already taxed region's medical capacity.
- Hence the need for a Special Needs Shelter System - FMS

# What Defines Special Needs

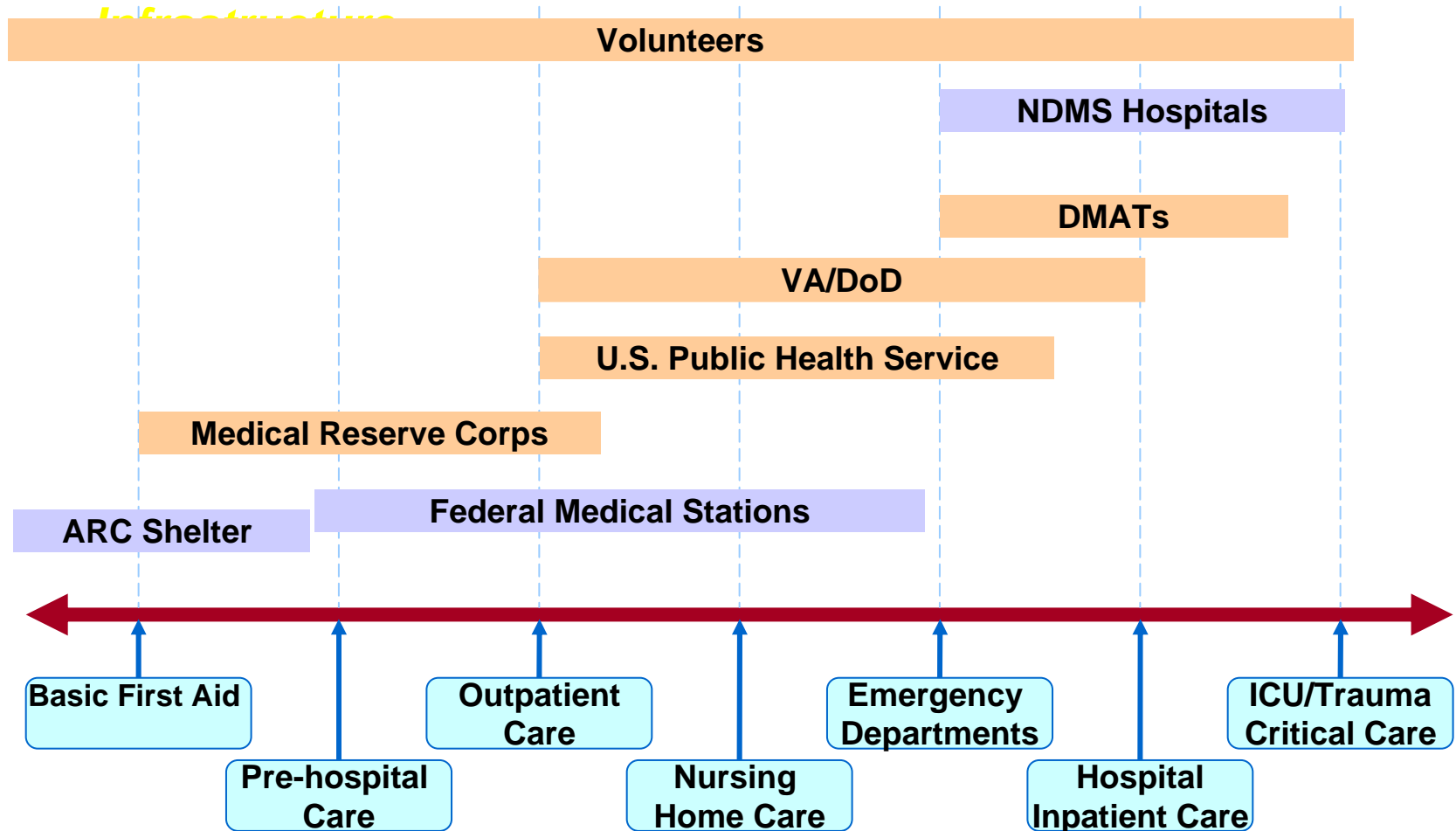
Any individual who would need assistance to evacuate and shelter due to physical or mental disabilities and/or someone who requires the level of care and resources beyond the care available in a general population shelter, yet does not require hospitalization.



# Typical Resident Conditions

- Behavioral health
  - Depression/Anxiety
  - Bipolar
  - Alzheimer's/dementia
  - Schizophrenia/Psychosis
- O<sub>2</sub> dependent
- Hospice (DNR)
- Gross Obesity
- Diabetes
- Respiratory disease
- Hypertension
- Orthopedic
- Gastrointestinal

# Spectrum of Care and Federal Medical Resources



Slide courtesy of the Office of Mass Casualty Planning, HHS

## FMS (250 bed) Host Requirements

- Minimum of 40,000 sq ft. open area with flat hard flooring
- Food preparation, serving and storage capacity
- Building of opportunity: 40K sq ft enclosed space (per 250 beds)
  - Electrical power source and distribution
  - Communications support
- Perimeter security
- Waste removal, medical waste disposal, laundry
- Potable water, ice, refrigeration, food service for patients & staff
- Latrines/showers
- Local transportation
- Billeting for 150 personnel per FMS
- Access to civilian medical personnel and contractors employed in patient care, patient transportation, and other supportive services

## FMS Needs - 72 hours of supplies per 250-bed FMS

- Administration
- Feeding
- Housekeeping
- Beds (50x5) to include bariatric mattresses
- Personal Protective Equipment (PPE)
- Quarantine/Morgue capability
- First aid equipment
- Adult care
- Pediatric care
- Primary care
- Non-acute treatment
- Special needs e.g. wound care
- Pharmacy
  - Antibiotics
  - Primary care meds
  - Prophylaxis



# *FMS College Station, Texas A&M Campus at Reed Arena*



# FMS College Station With Patients



## Recommendation 57.c

HHS should organize, train, equip, and roster medical and public health professionals in preconfigured and deployable teams ...comprised of the Commissioned Corps, MRC, NDMS, VA, and DoD.

# U.S. Public Health Service Team and Tier Structure

➤ PHS Tiered Team  
Structure/Dedicated PHS  
Response Teams

- Tier 1 (12 hour)
- Tier 2 (24 hour)
- Tier 3 (48 hour)
- Tier 4

➤ Tier 1

5 Rapid Deployment Force (RDF)  
Teams

- Report within 12 hours
- 1 Team on call every 5 months
- 105 officers (clinical, mental health, & applied public health)
- 2 Teams in DC Area, 1 team in SE, 2 team in SW (AZ and TX)

# Generic RDF Team Composition

- **Command Staff**
  - Team Commander 1
  - Deputy Team Commander 2
  - Safety Officer 2
  - Public Information Officer/Liaison 2
- **Administration/Finance Section 9**
- **Logistics Section 8**
- **Planning Section 5**
- **Operations Section 77**



# ***RDF Team Leader Responsibilities***

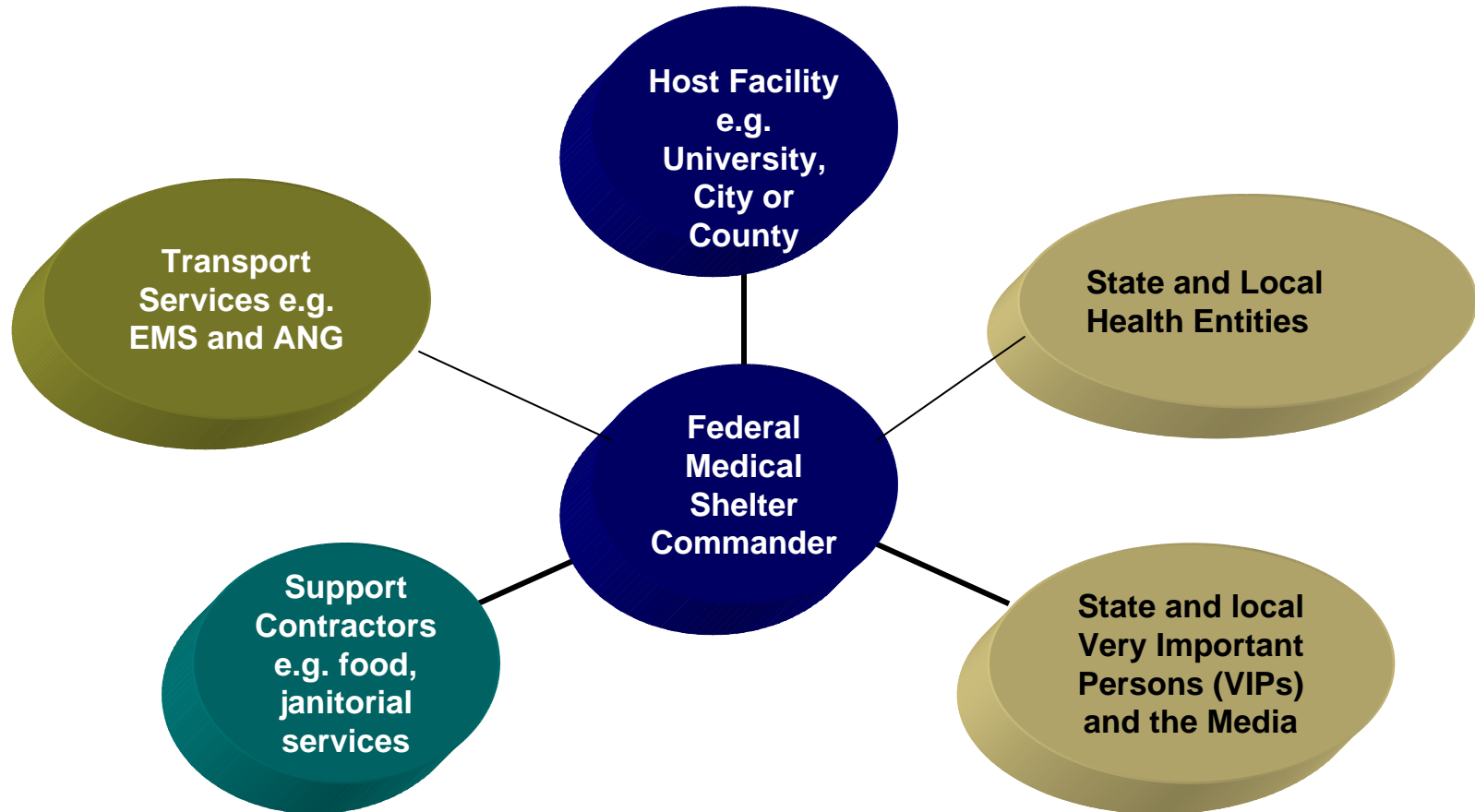
- ***Management of team readiness***
- ***Tactical Command of FMS***
  - ***Accountability of team/resident's health and safety***
  - ***Orderly operations of shelter***
  - ***Inter-organizational coordination***
  - ***Responsiveness to Incident Response Coordination Team (IRCT)***
- ***Demobilization***



# Tactical Command Responsibilities of FMS

- ***Accountability of team and resident's health and safety***
  - ***Food***
  - ***Shelter***
  - ***Cleanliness***
- ***Orderly operations of shelter***
  - ***Logistics***
  - ***Patient care and repatriotization***
- ***Inter and intra-organizational coordination***
  - ***Identification and communications with stakeholders***
- ***Responsiveness to Incident Response Coordination Team (IRCT)***
  - ***Regularly scheduled calls***
  - ***Assure responsiveness to FMS needs***

# Inter-organizational Community Partnerships



# Intra-organizational ESF- 8 Partnerships

