Mobile Field Medical Team Guidelines

Michigan Department of Community Health
Office of Public Health Preparedness

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Introduction

The Michigan Department of Community Health (MDCH) Office of Public Health Preparedness (OPHP) supports public health and healthcare response to natural or man-made disasters. Since 2002, OPHP and the eight Regional Healthcare Coalitions have been developing systems and plans to prepare for, respond to and recover from a public health or healthcare emergency. This includes the incorporation of activities into hospital emergency preparedness plans to surge 20% above their average daily census. In 2003 Michigan adopted the Modular Emergency Medical System (MEMS) framework should there be a need to provide care to patients outside of a traditional healthcare setting. While much planning and activities have taken place to support MEMS, a gap remains in staffing. During a healthcare incident there may be limited personnel resources to support medical surge plans and response. In 2008 the Department of Homeland Security (DHS) and Federal Emergency Management Association (FEMA) defined and resource typed Mobile Field Medical Teams to support public health and medical events or incidents. These guidelines mirror that initiative and encourage the Regional Healthcare Coalitions to develop such teams. These teams will serve as a resource within their respective Region as well as other Regions, to provide care and support during a healthcare emergency. As such, they may be recognized as Disaster Relief Forces.

The Mobile Field Medical Team Guidelines are an annex to the Michigan Medical Surge Annex within the Michigan Department of Community Health Emergency Operations Plan (EOP).

Purpose

The Michigan Department of Community Health, Office of Public Health Preparedness in collaboration with the Regional Healthcare Coalitions are developing FEMA Resourced Typed I or II Mobile Field Medical Teams in each Region to staff events, hospitals, the Modular Emergency Medical System (MEMS), the Michigan Transportable Emergency Surge Assistance (MI-TESA) Medical Unit(s), and provide medical support during a healthcare emergency. The Mobile Field Medical Team model allows for the flexibility within each Region to develop teams that meet the needs of their communities and those around the state. The Mobile Field Medical Teams may be deployed through intrastate or interstate mutual aid agreements or through the Emergency Management Assistance Compact (EMAC) to other states. EMAC requests are coordinated through the State Emergency Operations Center (SEOC) in collaboration with the Community Health Emergency Coordination Center (CHECC). Each Regional Healthcare Coalition will maintain Mobile Field Medical Teams, that are trained, exercised and prepared to respond to an incident should the need occur.

Mission

To develop Mobile Field Medical Teams that are trained and prepared to respond to and assist with medical treatment, when activated by their Regional Medical Coordination Centers.

Background

Each Regional Healthcare Coalition maintains the capability to run a Regional Medical Coordination Center (MCC) 24/7/365 to assist with the provision of a flexible, coordinated, uninterrupted health response. The MCC integrates all medical and health assets in the Region, which helps facilitate standardization and interoperability of health care operations and ensure optimum and efficient use of resources. This includes the deployment of additional personnel to support hospitals during a medical surge event.

Each Region has implemented the Modular Emergency Medical System (MEMS) framework, which includes the establishment of neighborhood emergency help centers (NEHC), alternate care centers (ACC) and casualty transport systems (CTS) within their Region to augment hospitals during a mass casualty incident. A NEHC is the entry point into MEMS. Non-critical, potentially exposed or impacted clients may be diverted to a NEHC, to allow hospitals to focus on treatment of critical and seriously ill patients. A NEHC may also provide very basic medical evaluation and triage and is established to support concerned citizens during an incident. Limited treatment may be provided at a NEHC including stabilization, prophylaxis, medication and information. An ACC is designed to treat patients who need more extensive care such as hydration or pain management. They are not designed to provide actual critical care for patients requiring ventilator assistance. Patients may also be admitted to an ACC for end of life care utilizing the hospice concept if that is the prioritized need. The alternate care center concept may facilitate cohorting of patients with the same infectious process or exposure. An ACC is not an immediate resource. Upon a hospital surging beyond their limits or are near capacity, an ACC may be activated. The purpose of the CTS is to assist the community in transporting large numbers of patients throughout the healthcare system. During a large scale incident, existing EMS agencies will be overwhelmed and unavailable to transport less critical patients. CTS will be focused almost exclusively on the transport of seriously injured/ill patients from their homes to hospitals or ACCs.

In addition to MEMS, Michigan developed a 40-bed and 100-bed mobile medical unit known as the Michigan Transportable Emergency Surge Assistance (MI-TESA) Medical Unit. The MI-TESA Medical Unit consists of two interoperable mobile medical facilities that maintain the capability to join together as a statewide and potential FEMA Region V 140-bed mobile facility. The 100-bed mobile facility is housed in Southeast Michigan and the 40-bed mobile facility is housed in Southwest Michigan. The MI-TESA Medical Unit has been designed to provide medical services primarily to patients who are exhibiting symptoms or conditions similar to chronic obstructive pulmonary disease (COPD), asthma, congestive heart failure, chronic pain syndrome or behavioral conditions and patients needing IV hydration and IV antibiotic therapy, the majority of which are expected to be released within 23 hours of admission.

During an event or incident, staffing may be needed to prepare for or respond to a healthcare emergency. To ensure redundancy in staffing, the MDCH OPHP in conjunction with the eight Regions is embracing the Mobile Field Medical Teams concept as defined by the U.S. Department of Homeland Security (DHS) and FEMA. These teams will be capable of providing medical services in abnormal circumstances upon notification of an event or incident. Mobile Field Medical Teams activities were initiated in each Region in 2010 and once completed, the

MCC will maintain a list of the staff available, as well as policies and procedures to activate these teams.

Mobile Field Medical Teams may be developed in collaboration with other pre-identified teams including Hospital Emergency Response Teams, Medical Reserve Corps, Michigan Volunteer Registry, Ambulance Strike Teams, etc. The purpose of the Mobile Field Medical Teams is not to re-create teams that may already exist within a Region, but rather to provide guidance, consistency and similarity when requesting personnel resources.

Assumptions

- During a medical surge incident, there will be limited staffing available to support the operations of a hospital, MEMS and/or the MI-TESA Medical Unit.

- A community-based approach is required to establish redundancy in staffing and to ensure an effective response to a healthcare incident.

- Each Regional Healthcare Coalition has developed and maintains a Regional Operational Guideline document. This plan is the guiding document for Regional healthcare incidents and events. The plan also includes the roles and functions of the Mobile Field Medical Teams.

- The Regional Healthcare Coalitions have implemented and exercised MEMS.

Concept of Operations

Role of Mobile Field Medical Teams

Mobile Field Medical Teams are multifaceted and can provide healthcare services as needed for diverse events or incidents. Individuals on the team possess the clinical knowledge and skill capability to function in the requested clinical area. Ideally, each team should maintain multiple volunteers to ensure redundancy in planning and training when healthcare staffing shortages exist.

Each Regional Healthcare Coalition should determine the type of Mobile Field Medical Team needed in their community, the staffing resources that are available and the scope and function of the team based upon the hazard vulnerabilities within the Region. Mobile Field Medical Teams may be deployed to assist other Regions or states during a mass casualty incident. The Regional Medical Coordination Centers (MCC) will activate the Mobile Field Medical Team within their Region as needed or requested by other agencies and maintain communications with the Community Health Emergency Coordination Center (CHECC).

There are two types of Mobile Field Medical Teams. A Type I Mobile Field Medical Team is capable of providing a range of clinical services in a mobile environment provided by the responders. A Type I Team meets the requirements for the recommended staff and maintains their own supplies and equipment to be deployed as well. For example, a Type I Mobile Field Medical Team may be a team of staff deployed with the MI-TESA Medical Unit to respond to an event. A Type II Mobile Field Medical Team consists of staff that is available to augment where specialties/personnel are requested to provide medical support in established care sites. Type II teams are not deployed with equipment and/or supplies. Each team consists of a core group of staff that may be supplemented, as needed, to include other professionals relevant to the incident.

Minimum Team Eligibility Requirements

The Regional Healthcare Coalitions will consider the following requirements for staff on both the Type I and Type II Mobile Field Medical Teams:

- Registered as a volunteer on the Michigan Volunteer Registry
    - Subject to a background check via the Michigan State Police Internet Criminal History Access Tool (ICHAT)
- Maintains a clinical license to practice within the state of Michigan
- Physically fit to handle the rigors of disaster environments
- Additional criteria as determined by the Region

Minimum Requirements for Deployment

To be considered for deployment, members must already have on file:

- Up-to-date copies of medical licensure
- Completion of required forms as determined by the Region

All Mobile Field Medical Teams should deploy with a 3-day supply of food and water as well as items for sleeping arrangements. During a disaster, requesting agencies may not be able to

guarantee that these provisions will be available. Team members should plan to take care of their own needs to prevent adding further burden to response initiatives.

Members responding to an incident may consider having the following personal items:

- Individual personal equipment
- Drivers licenses and other forms of personal identification
- Personal credit cards, phone cards, money, insurance cards, etc.
- Up-to-date emergency contact information
- Personal hygiene supplies
- Basic first aid kit

Activation

There are two methods to request activation of a Mobile Field Medical Team.

Consistent with the communication pathways established by the Regional Healthcare Coalitions, a Mobile Field Medical Team may be activated by the Regional Medical Coordination Center (MCC) during a local, state or national declaration of emergency. Local requests for Mobile Field Medical Teams should be made through the Regional MCC who will communicate this activation to the Community Health Emergency Coordination Center (CHECC).

Requests made through the Emergency Management Assistance Compact (EMAC) will be made through the State Emergency Operations Center (SEOC) who will then contact the CHECC. The CHECC will then coordinate and determine the availability of the Mobile Field Medical Teams with the Regional MCC.

As such, a jurisdiction requesting Mobile Field Medical Team assistance must be able to provide the following unless other agreements have been made:

- Security
- Housing
- Food
- Work facilities

Alert Notification

All Mobile Field Medical Team members should be registered on the Michigan Volunteer Registry. Notification and information may be sent out to team members via the Michigan Volunteer Registry by the Regional MCC during an event or incident. Team members can quickly be activated and advised where to go. These pre-identified teams may be categorized as a group on the Michigan Volunteer Registry for ease of access and information dissemination. It is important that each team member maintains up-to-date contact information on the Michigan Volunteer Registry and is able to be notified via email and/or phone.

Deployment

Team members should report to the Team Leader or designee at the staging area. It is the responsibility of the Team Leader or designee to determine team staffing and availability, and report this information to the Regional MCC. Once preparations have been completed and while en route to the incident site, the Team Leader will establish an operations schedule based upon

two 12-hour shifts per day. Each shift will include specific areas of responsibility. As deployment strategies vary based upon the event/incident, scheduling strategies may be altered.

When arriving at the event or incident site, the Mobile Field Medical Team should fall within the Incident Command Structure established. It is suggested that only the Team Leader immediately report to the Operations Section Chief when arriving at the event or incident site to determine the needs of the mission. All Mobile Field Medical Teams must be credentialed at the event or incident site and wear identification at all times.

On-Site Orientation

It is recommended that when a Mobile Field Medical Team is deployed, a minimum on-site training is provided which includes:

- Mission of the event or incident
- Site orientation
- Record keeping requirements for patients
- Standard operating procedures
- Job action sheets
- Safety and infection control

Operations

Prior to a healthcare event or incident, it is difficult to determine the exact roles and responsibilities of each Mobile Field Medical Team member. Therefore, it will be important that upon arrival to an event or incident that the team member identifies their role within incident command and follows the direction of their Team Leader. Team members should be aware that they may or may not function in their professional role. A Team member's activity will depend on the needs identified for the incident or event. During some incidents, partial or whole teams may be deployed depending upon the severity and needs of the responding agencies. Flexibility and a strong work ethic are important attributes of team members, as events and incidents may evolve over time.

Demobilization

Demobilization and release of the Mobile Field Medical Team will take place when determined by the Incident Commander. It is important that a Mobile Field Medical Team member does not leave their shift without notifying or receiving instructions from the Team Leader.

Recovery

After an event or incident, it is important for the Mobile Field Medical teams to debrief. Lessons learned and corrective actions may be taken into consideration for future planning and/or deployments. This may be done in conjunction with the incident command system established at the event or incident site. Some debriefings may occur directly after the event or incident while others may be deferred to a later time.

Assignment of Responsibilities

A Type I Mobile Field Medical Team will be deployed with equipment and supplies. This includes the Region 2 South and Region 5 Mobile Field Medical Teams that are deployed with the MI-TESA Medical Unit. Type II Mobile Field Medical Teams include personnel only.

<u>Type I Mobile Field Medical Team</u>
This team consists, at a minimum, the following roles:

- 1 Medical Unit Team Leader
- 1 Physician
- 1 Physician Assistant or Advanced Practice Nurse
- 6 Registered Nurses
- 1 Respiratory Therapist
- 2 EMT's and 2 Paramedics (preferred) or 4 Patient Care Technicians/Certified Nursing Assistants

Other staffing considerations may include:

- 1 Pharmacist
- 1 Pharmacist Technician
- 1 Case Manager

Responsibilities may include:

- Providing a range of clinical services in a mobile environment
- Maintaining a range of equipment and supplies

<u>Type II Mobile Field Medical Team</u>
This team consists, at a minimum, the following roles:

- 1 Medical Unit Team Leader
- 1 Physician
- 1 Physician Assistant or Advanced Practice Nurse
- 6 Registered Nurses
- 1 Respiratory Therapist
- 2 EMT's and 2 Paramedics (preferred) or 4 Patient Care Technicians/Certified Nursing Assistants

Other staffing considerations may include:

- 1 Pharmacist
- 1 Pharmacist Technician
- 1 Case Manager

Responsibilities may include:

- Staff augmentation where specialties/personnel are requested to provide medical support in established care sites.

- For a Type II team, equipment and supplies are provided by the requesting jurisdiction.

Resignation
In the event a Mobile Field Medical Team member determines to resign, it is preferred that they contact the Team Leader in writing. They should also be removed from the pre-identified teams on the Michigan Volunteer Registry.

Volunteer Protections

Joining a Mobile Field Medical Team does not obligate a person to serve or impose any personal commitment; neither does it confer any compensation or other benefits. The Regional Medical Coordination Centers may use the Michigan Volunteer Registry to identify, contact, and deploy team members as needed. By registering in advance of a disaster or emergency, volunteers will expedite emergency response. Legal authority, liability and protection for individual volunteers and organizations utilizing volunteers will vary depending on a variety of factors, including but not limited to:

- Jurisdictions involved
- Whether or not a state disaster or state of emergency has been declared
- Volunteer's profession
- Volunteer's affiliation and employment status
- For whom and in what setting the volunteer is providing services

Volunteers often serve in a limited capacity, for a limited period of time and in places or positions in which they may not normally practice. Therefore, team members should be aware of federal, state and local emergency powers and how these powers may affect their liability, licensure and credentialing. Team members should not self-deploy to disaster areas. For their own protection, it is imperative that Mobile Field Medical Teams work through governmental agencies. At this stage in development, it is intended for team members who are willing to render aid or perform health services to do so on a temporary basis without pay or remuneration.

Currently, there are no provisions for compensating team members. Some employers support employee volunteer and community service activities. Team members are encouraged to check with their own employer for more details.

In Michigan, volunteers may be protected from civil liability through the following statues:

<u>Emergency Management Act, MCL 30.401 to 30.421</u>
This statute provides general immunity from liability for *Disaster Relief Forces* while on duty. During a declared state of disaster additional protections are provided to certain health professionals who render services. Moreover, the Director of the Michigan State Police may issue a directive relieving volunteers of liability except for gross negligence.

<u>Liability of Certain Persons for Emergency Care, MCL 691.1501 to 691.1507</u>

- Commonly referred to as *The Good Samaritan Act*, this law protects certain licensed health professionals from civil liability when providing emergency care without compensation at the scene of an emergency, provided there was no provider/patient relationship established before the emergency.
- Assisting to respond to a life threatening emergency in a hospital or other licensed medical care facility when the health professional's duties do not require responding to such emergencies.
- Assisting the government with a search and rescue operation.

This law does not protect against gross negligence or willful and wanton misconduct.

Public Health Code, MCL 333.1101 to 333.25211
Several sections of the Public Health Code grant immunity from liability:

- Health Departments – The director or an employee or representative of the state health department or a local health department is not personally liable for damages sustained in the performance of departmental functions, except for wanton and willful misconduct (MCL 333.2228 and 333.2465).
- Immunization Programs – When participating in an approved mass immunization program in this state, health personnel cannot be held liable except for gross negligence or willful and wanton misconduct (MCL 333.9203).
- Emergency Medical Services Personnel – Immunity from liability is provided for licensed EMS personnel except for gross negligence or willful misconduct (MCL 333.20965).

Volunteer Protection Act of 1997, Public Law 105-19, 42 USC Chapter 139
Volunteers of nonprofit and governmental entities may also be protected from civil liability under this federal law. However, it does not protect against harm caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed. (Please refer to law for additional exceptions).Governmental Immunity Act, MCL 691.1401 to 691.1419
While acting on behalf of a governmental agency, a volunteer is immune from tort liability if the volunteer is acting or reasonably believes he or she is acting within the scope of his or her authority, the governmental agency is engaged in the exercise or discharge of a governmental function, and the volunteer's conduct does not amount to gross negligence that is the proximate cause of the injury or damage. This Act does not provide immunity for medical treatment or care to a patient, with limited exceptions. However, other laws discussed in this section may apply to provide protection from liability for medical care.

For government employees, protection from civil liability through the following:

Interstate Emergency Management Assistance Compact, MCL 3.991 to 3.1004
Michigan is a member of this multi-state compact, which is commonly referred to as *EMAC*. Individuals who are deployed to other states under the compact are immune from civil liability except for willful misconduct, gross negligence, or recklessness. Deployment under the compact is through the EMAC Coordinator at the Michigan State Police Emergency Management Division.

Recommended Training Requirements

The following trainings are recommended prior to a Mobile Field Medical Team deployment:

- Incident Command System (ICS) IS-100 and IS-700
- Awareness of MEMS and the MI-TESA Medical Unit
- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)

It is recommended that Team Leaders complete the following trainings:

- Incident Command System (ICS) IS-300 and IS-400

Plan Development and Maintenance

The Mobile Field Medical Team Guidelines will be reviewed annually by the Michigan Department of Community Health, Office of Public Health Preparedness in collaboration with the Regional Healthcare Coalitions.

Authorities and References

FEMA 508-8 Typed Resource Definitions _ Medical and Public Health Resources 3/14/08

Illinois Medical Emergency Response Team Policy and Procedure Manual

Michigan Volunteer Registry Business Rules

Michigan Volunteer Registry Training Matrix

Michigan 1 DMAT Team Deployment Plan

Michigan Modular Emergency Medical System Toolkit

MI-TESA Medical Unit Concept of Operations

Acronyms

ACC	Alternate Care Center
CHECC	Community Health Emergency Coordination Center
CTS	Casualty Transport System
EMAC	Emergency Management Assistance Compact
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Association
ICS	Incident Command System
IMT	Incident Management Team
MCC	Medical Coordination Center
MFMT	Mobile Field Medical Team
MEMS	Modular Emergency Medical System
MI-TESA	Michigan Transportation Emergency Surge Assistance Medical Unit
NEHC	Neighborhood Emergency Help Center
SEOC	State Emergency Operations Center