

***CHAPTER VI***

***DISASTER MEDICAL ASSISTANCE TEAM POLICY AND PROGRAM***

## **CHAPTER VI: DISASTER MEDICAL ASSISTANCE TEAM POLICY AND PROGRAM**

The Disaster Medical Assistance Teams (DMATs) represent one of the three basic service components of the National Disaster Medical System (NDMS). When deployed, a DMAT is made up of about 35 medical and paramedical personnel, but team rosters sometimes carry well over a hundred names to insure adequate available personnel when called for deployment. Team members are volunteers who are brought into Federal service, and teams are sponsored by a number of different kinds of public service organizations. The DMATs are equipped to serve both as general emergency medical care unit oriented to providing life saving care to disaster victims at locations near a disaster site with the goal of stabilizing them sufficiently enough for transport to more definitive sources of care and as primary care providers. But general purpose teams can also perform other functions, such as care while casualties are in a holding status waiting for distribution to receiving hospitals. In addition, specialized teams have been developed for a number of other functions, such as burn care, pediatric surgery, renal dialysis, and mental health.

DMAT policy and overall control of such things as credentials of personnel and formal agreements with sponsors is administered by the Office of Emergency Preparedness (OEP). OEP's functions also include authorization of deployment and federalization of team personnel deployed outside their home State. Although there is a formal DMAT advisory council made up of team sponsors, team members and Federal officials which makes recommendations on policy and procedures; the relationship of DMATs to NDMS as well as to the Federal government is a mixture of formal and informal elements.

Because DMATs represent, in a sense, a "showcase" program for NDMS, improving DMAT policy, organization and procedure was identified as a major goal area under the Strategic Vision.

### **A. OVERALL GOAL FOR DMAT POLICY AND PROGRAM**

The overall goal for the DMAT policy and program area of the Strategic Vision was stated by the DMAT work group in the formulation process for this document, as follows:

(1) To clarify the roles, missions and configurations of the Disaster Medical Assistance Teams; (2) to focus on both strengthening the capabilities of the individual teams to respond more adequately to probable disasters, and providing mechanisms to ensure more adequate geographic coverage for rapid response to high risk areas; and (3) to standardize training, equipment, and operating procedures; tailoring the Disaster Medical Assistant Team (DMAT) concept to meet the full range of medical assistance needs in various types of probable disaster situations.

During the period of implementation of the Strategic Vision, this goal is to act as an overall guide to enhance the DMAT program, including the pursuit of the specific objectives adopted for this program area. During the period when this document was being developed, a number of activities were already taking place to realize this goal. These included the following:

- o establishment of a revised rating system for DMATs to reflect levels of response capability and deployability,
- o identification of 21 teams for top level status to be designated "national teams" and supported for full deployment and self-sufficient operation in austere disaster situations, and
- o experimentation with developing auxiliary level teams in high risk areas with capabilities to respond more rapidly to local disasters and operate for limited periods of time.

## **B. OBJECTIVES FOR DMAT POLICY AND PROGRAM**

To realize the overall goal for this program area and to continue the progress being made to improve the DMAT program, six specific objectives were developed for inclusion in the Strategic Vision. Recommendations for tasks, agency responsibilities and milestones were also developed for these objectives. The objectives and associated tasks are summarized, as follows.

### **OBJECTIVE FOURTEEN: Define the Role and Mission of the Disaster Medical Assistance Teams.**

This objective involves developing a revised definition for DMATs that will form the basis for further development of policy and program resources. This objective should be

coordinated with Objective Ten, which is to review and develop a revised definition for the overall NDMS program. The objective of defining DMAT role and mission is to be carried out in three tasks. These are, as follows:

- o Review current policy and other documentation which defines DMATs in terms of organization and functions, and develop a current statement of the program.
- o Identify specific roles for DMATs including both general and specialty teams.
- o Within each DMAT role, identify specific medical tasks to be performed.

The results should be combined and used to produce a renewed definition for DMATs which can be issued as policy and used as the basis for the other development objectives in this program area. Along with this, a procedure should be developed to periodically repeat this type of review. Although the basic DMAT idea has remained essentially the same since the inception of the program, a number of variations have developed. This is particularly the case with specialty teams. Current developments may differentiate DMATs even further, such as the experiment to create less comprehensive units with faster response capability for limited geographic areas. This objective establishes a requirement to develop a thoroughly up-to-date DMAT definition and implement a process to back that definition up in policy and operations.

**OBJECTIVE FIFTEEN: Establish Configuration and Organizational Requirements for DMATs.**

Once functional DMAT tasks and role definitions for teams have been identified, organization and configuration characteristics can be reviewed and revised. The objective is to establish the formal structure for DMATs that best incorporates the purposes of the teams. Two basic tasks are associated with this objective. One is to develop new identifications of the various types of teams. This includes cross-cutting sets of characteristics, such as primary, secondary and specialty teams and readiness categories associated with them. It

also involves establishing team make-up, including characteristics such as type, numbers, general responsibilities, and qualifications of personnel. Archives of records of personnel should also be developed.

A second task is to specify the command and control structures for the DMAT program. This task involves clarifying:

- o the role of the Office of Emergency Preparedness in the readiness and administrative functions of the program,
- o the relationship between the DMATs and the Management Support Units (MSUs), and
- o the relationship of DMATs to the various coordinating offices in the fully deployed Federal Response Plan.

Particular attention will be given to delineating DMAT functions within Emergency Support Function (ESF) #8 of the Federal plan. In addition, once deployed, DMATs operate in an environment controlled by State and local officials, and the relationship to these entities must be established for DMATs.

**OBJECTIVE SIXTEEN: Consolidate and Formalize the Operations Manuals for Each Category and Specialty of DMATs.**

The current operations manual for DMATs needs to be reviewed and revised. At the present time, there is a personnel handbook with considerable information about the DMATs and the NDMS program which has some operations information in it. But operations guidance for DMATs has not recently been comprehensively reviewed and updated. Current operational guidance only address general DMATS, not specialty teams.

To adequately reflect the new missions, roles and organizations of the different kinds of teams in the DMAT program, new manuals will be developed under this objective. There will be a manual developed for each type of specialty team. A schedule is to be developed for producing each section of this series of manuals. Sections that are to be produced corresponding to operational functions include the following:

- o activation,
- o mobilization,

- o deployment,
- o medical operations,
- o demobilization,
- o post-mission activities, and
- o compensation.

**OBJECTIVE SEVENTEEN: Develop and Document a Program of Support to  
Assure that DMAT Missions Can Be Met**

DMATs are made up of volunteers. During deployment for actual disasters, they are enlisted into Federal service. As such, they are eligible for grade-equivalent pay and Federal protection from liability. However, these current supports are interpreted as minimally adequate. This objective involves reviewing the current benefits program for mobilized DMATs personnel and introducing improvements where indicated. In doing this, a review should be conducted of the individual problems encountered in the process of deployment, such as transitions to and from regular employment.

The results of this review will be used to design proposals to up-grade this support program. In particular, attention should be given to the following:

- o guarantee that DMAT members return to "civilian" position with no disciplinary action or loss of job;
- o implementation of procedures to guarantee market-level pay for deployed DMAT personnel so that Federal disaster service will not result in unreasonable loss of pay;
- o development of a program to recognize individual service in disaster mobilization status;
- o investigation and development of a recommendation for extending a package of Federal benefits to DMAT personnel;
- o development of incentives to insure adequate staffing of response to high-risk areas and situations; and
- o backfill.

**OBJECTIVE EIGHTEEN: Development and Documentation of a Program of Logistical Support for DMATs.**

Currently, logistical support for DMATs is provided on an incremental basis. Under this objective, the current situation of logistical support for DMATs is to be reviewed and action initiated to revise the program as indicated. In addition, the logistical support system review and revision will also involve preparing the necessary documentation and establishing procedures to insure that such documentation remains current. In particular, attention should be given to developing management systems and documentation in the following areas:

- o personal support equipment,
- o medical supplies,
- o transportation, and
- o security.

**OBJECTIVE NINETEEN: Develop Strategies and Requirements for DMAT Training**

Currently, there is no single, consistent policy governing DMAT training. This objective directs that the requirements for such training be identified and that a proposal for a comprehensive training program for DMATs be developed. This program should include both attention to the training needs of individual DMAT personnel and training for DMAT units. Consideration should be given to the different requirements of initial training and training oriented to sustaining skills already acquired. Attention should also be paid to the different requirements for instructional training and exercises.

The training program for DMATs need not concentrate on basic medical skills which are certified for entry into the DMAT program for medical and paramedical personnel. It should concentrate on disaster specific employment of those skills. Also, attention should be given to understanding the organization of disaster response including the Incident Command System. Training guidance should be differentiated by specialty DMAT.

The accomplishment of this objective should be coordinated with action taken in relationship to Objective Three which involves overall NDMS training policy. Results of the fact finding and guidance development activities of this objective should be coordinated with

implementation work on the Strategic Vision program area of education, training and exercises. The focus in this objective is on education questions pertaining specifically to DMATs, whereas the other two sections in this document deal with a broader scope of training.

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Six specific objectives for the NDMS Strategic Vision dealing with DMAT policy and program have been described in this chapter. Their aim is to implement improvements in the organization and management of the DMAT resource that address current challenges and future needs. The DMAT program is the most dynamic component of NDMS and has experienced more change than the other components of the program. The overall need today is to strengthen, control and document system operations as this resource continues to go through inevitable further changes.

DMATs started out as a relatively simple concept. A DMAT was a voluntary, reserve unit of medical emergency personnel and associated equipment that could be mobilized in a disaster to provide general, "front line" medical care to disaster victims. Over the last ten years, the concept for the DMATs and the reality of the teams has become more complex. Different types of teams have evolved, some with little relationship to the original general medical unit. Examples are specialty burn units, mental health units and DMORTs (units oriented to disposition of the dead).

DHHS, supported by the NDMS partners, has recently made considerable progress in renewing DMAT organization and policy. The establishment of four levels for DMAT equipment and readiness described in Chapter II as well as the initiation of a policy to locate DMATs in areas based on risk are examples. These efforts have been integrated into the objectives for this section of the document.



Rapid changes in technology have also had an impact on the teams and their organization under NDMS. The overall conclusion is that DMATs will continue to grow and change. The planning process must be able to keep up with new challenges for the DMAT program as they arise. Implementing such a process on a continuing basis is a primary goal for this section of the document. Along with taking action on the six objectives developed for DMATs, establishing such a continuing program for improvement is a primary objective.

## ***CHAPTER VII***

### ***EDUCATION, TRAINING, AND EXERCISES***

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## **CHAPTER VII: EDUCATION, TRAINING AND EXERCISES**

Fortunately, disasters are relatively rare occurrences. Therefore, people and organizations in disaster work do not have the same frequency of opportunity to practice their skills as others. In most professions, daily work activities involve a direct application of those skills. In disaster work, this is not the case. Even in health and medical services, mass emergency care is significantly different from trauma care practiced in non-disaster settings. It is especially different in terms of organization and environment, and the impact of these situational factors on medical decision making and the application of technical skills.

Because developing and sustaining disaster related skills does not automatically happen in the usual practice of health care, the issue of education, training and exercises was selected as a major area of concern for the NDMS Strategic Vision. In addition, due to the unique development of NDMS, a unified, consistent training policy and program has not developed.

This chapter is divided into three sections. In the first, some background information is presented on this program area. In the second, the overall goal for improvement in the program area under the Strategic Vision is stated. In the third section, four objectives to be accomplished for education, training and exercises are described. As in the other chapters, these objectives and related tasks are summarized. Initial recommendations for agency responsibilities and milestone descriptions were also identified in the process of developing this document and that information has been provided to the Office of Emergency Preparedness to be used in the implementation process.

In discussing education, training and exercises, the assumption is made that individuals and organizations already have the basic skills involved in their response mode. For instance, trauma nurses and emergency medical specialists know how to identify particular trauma injuries and how to physically treat those injuries. The focus on education, training and exercises in this document is on performance of those skills in a disaster environment and effective participation in the unique organization of disaster response.

## **A. BACKGROUND**

Originally, training and exercises for the National Disaster Medical System was based on local area planning and initiative. Federal level guidance to Federal Coordinating Centers was broad in scope and encouraged the utilization of local emergency systems and resources for the development of area NDMS plans. Only general guidance was given for training and exercises. Little Federal level oversight was provided for these activities, and no consistent evaluation and reporting mechanism was implemented.

It was not until 1986 that the first "national" exercise was conducted involving NDMS. Although it only involved three FCC areas, this exercise recognized that for NDMS to function properly, it must operate and be exercised as an integrated "system" both internally and in relationship to the complex network of other responding organizations and coordinating agencies that come together in a disaster event. Eight years after the first "national" exercise, and with several "real world" events in its experience, after action reports focusing on NDMS response have continued to underscore the need for effective integration of multiple levels of responders in training as well as in planning and administering an effective training program. In addition, it became evident that personnel involved in health and medical response required special training in such areas as communications, information management, and the procedures contained in the Federal Response Plan. In fact, these last observations related to all responders in disasters involving activation of the Federal response system. As the Federal Emergency Management Agency's Federal Response Planning Task Force noted in 1993, there is a need for more in-depth knowledge of the concept of operations under the Federal Response Plan including inter-relationships among Federal, State and local levels regarding taskings, coordination, and communication.

## **B. OVERALL GOAL FOR THIS PROGRAM AREA**

With this as a background, the NDMS work groups charged with identifying goals and objectives for this program area concluded that there was a need for a standardized approach to training, exercises and education regarding not only NDMS, but the other health

and medical functions (Emergency Support Function #8) and the entire Federal response system. This need applies equally to Federal, regional, State and local participants in disaster response. Moreover, it was deemed essential that an integrated approach be used with participation from the four NDMS partner agencies and the larger Federal community involved in disaster response. Selected private health care organizations and associations could help facilitate this process through their networks. Also, both the Department of Defense and the Department of Veterans Affairs have networks in place, through the NDMS Federal Coordinating Centers, to support training and educational efforts at the State and local levels.

The NDMS work group charged with developing goals and objectives for the program area of education, training and exercises for the NDMS Strategic Vision, established the following overall goal: **To develop a fully integrated, standardized training and exercise program that will ensure mission readiness for NDMS and ESF #8 elements and to implement that program at all levels of response to catastrophic and contingency events.**

In order to achieve this goal, four broad objectives have been developed. In the following section, these objectives and associated tasks are described. It should be noted that, as is the case for other program areas, additional specification of these objectives and tasks will be made as part of the implementation process.

### **C. OBJECTIVES FOR EDUCATION, TRAINING AND EXERCISES**

In this section, the four objectives, with accompanying tasks that lead to the attainment of each objective and, ultimately, the overall goal, are described.

- 1. OBJECTIVE TWENTY: Endorse the Report of the Education and Training Work Group of the Federal Response Planning Task Force of the Federal Emergency Management Agency and Establish a Training Committee for ESF #8 (Health and Medical Functions) of the Federal Response Plan with a Subcommittee on NDMS Education.**

Endorsing the results of the FEMA process to enhance training and exercises and establishing a Training and Exercise Committee for ESF #8 and NDMS will provide the

basis for the development and integration of an effective training and exercise program for NDMS. Moreover, it will allow for continuing monitoring of training needs through exercises and other oversight activities, and the continual improvement of training and exercise processes to advance the effectiveness of Federal health and medical response activities. This objective will be accomplished through the following tasks:

- o Appoint a task group of the NDMS Directorate Staff to develop a charter and organization for the formation of a formal Training and Exercise Committee for ESF #8 including NDMS. The charter will outline the responsibilities of the Committee and its organization, including its reporting structure. Once accomplished, this document will be coordinated with the NDMS staff and presented to the NDMS Directorate.
- o Submit the charter to the NDMS Senior Policy Group for approval and establishment of the Committee.

## **2. OBJECTIVE TWENTY-ONE: Develop a Training and Exercise Program to Support Health and Medical Response Taskings Under ESF #8 and NDMS.**

Development of effective training and exercises involves not only the process of identifying the needs and creating the program to meet the needs, but development of a means to ensure continuous improvement of that program through evaluation and feedback. This objective will be carried out through seven tasks, as follows.

- o Develop a training philosophy and incorporate it into ESF #8 of the Federal Response Plan.
- o Identify readiness standards against which a training and exercise program will be designed and which will be utilized as a basis for program evaluation and feedback. Developing such standards is beyond the purview of this program area, alone, and must be coordinated with activities in other program areas, such as DMATs.
- o Conduct a needs (requirements) assessment. Before a training and exercise program can be developed, the requirements for the program must be determined. This will be accomplished through a "needs" assessment which will identify and target specific areas for training and education. Such an assessment must include all levels of NDMS participation; national, regional, State and local.

- o Conduct a resource inventory. This task addresses the requirement to determine what training and exercise resources are available to meet the needs of training. This task involves the development of a list of courses and other instructional vehicles (videos, self-study programs, and the like) that are available which address health and medical response as well as the Federal Response Plan. The product will be a written report specifying these offerings, their sources, and their value for the program.
- o Develop a training program, including program evaluation and feedback mechanisms, based on the needs assessment. This program will consist of four separate sub-programs targeting general categories of activity related to NDMS. These four sub-programs represent separate sub-tasks, as follows:

Develop the in-hospital, Federal Coordinating Center, and clinical portion of the training program. This task involves the development of a training and educational program that will address those activities necessary for NDMS to be prepared for receipt of casualties. This would include patient reception, triage, local transportation, development of local plans, and any required specialized clinical programs that may be necessary to prepare hospital staffs for coping with an influx of disaster victims.

Develop the Federal Response Plan, ESF #8, NDMS-EMS interface portion of the training program. This portion of the training program is aimed at the critical need for all participants in disaster response to understand the various programs that come together and interact in a disaster. An understanding of the inter-relationships of these programs is necessary to insure that response efforts are effectively tied together. Agency specific initiatives should be developed

Develop a DMAT training program. This sub-task will be conducted in coordination with Objective Nineteen under the DMAT policy and program area of the Strategic Vision.

Develop the patient evacuation portion of the training program. This sub-task will focus on developing a training program segment that will address the reporting, staging and movement of patients from the disaster site to definitive treatment facilities in various NDMS areas. The process for return of patients and the financial payment for hospitals should be established.

- o Identify additional resource requirements to implement the training program. Following completion of the training program design, the program requirements will be matched against the resource inventory accomplished, above.
- o Develop an exercise policy and a plan to include evaluation and feedback processes for remedial action. The exercise program will be part of the training program and will be used to evaluate training as well as plans for response to disasters.

The accomplishment of the tasks under this objective represents the core activity associated with the goal of improving training and exercises under the Strategic Vision. The overall purpose is to establish and implement an effective, comprehensive education program for NDMS. As each of the tasks specified above are being carried out, monthly progress reports will be issued by the Training and Exercise Committee and reviewed by the NDMS Directorate.

### **3. OBJECTIVE TWENTY-TWO: Obtain Resources Required to Support the Training and Exercise Program.**

It will be the responsibility of each agency and department to secure sufficient resources to support the training program as specified. In addition, training funds for NDMS specific activities should be included in the line budget for NDMS. Funding shortfalls will be identified by the ESF #8 Training and Exercise Committee and proposals for solutions will be prepared. The Director of the Office of Emergency Preparedness has responsibility for coordinating the effort to obtain congressional funding after Fiscal Year 1997.

### **4. OBJECTIVE TWENTY-THREE: Revitalize the Training Role of the Federal Coordinating Centers.**

The final objective for this program area is to revitalize the role of the Federal Coordinating Centers in the training process. It is at the local level where much of the education, training and exercise of NDMS participants must occur, for it is in the local NDMS area where response activities that directly deal with casualties take place. Accordingly, Federal Coordinating Centers should play a key role in insuring that the



training program developed to improve readiness within NDMS can be effectively provided to local area NDMS institutional and individual participants.

This objective involves conducting three tasks:

- o Establish a local FCC Training and Education Program and incorporate it into the FCC Guidebook. Current FCC instructions regarding training and education of local NDMS participants are very limited. Consequently, there will be a requirement for detailed guidance for local FCCs once the training and exercise program outlined in Objective 21 is completed.
- o Develop a training course for FCC personnel to implement the Training and Exercise Program. Once the Training and Exercise Program is developed and guidance is written for FCC responsibilities, implementation of the program will be facilitated by the provision of a training program for FCC personnel. The topic of this program will not only be an orientation to their responsibilities, but guidance on how to develop and utilize various resources to provide training within their local NDMS areas.
- o Conduct training courses for FCC personnel.

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These four objectives represent the guidance under the NDMS Strategic Vision for the improvement of the program of education, training and exercises for NDMS. Implementation activities should be oriented to the overall goal of the training program.

## ***CHAPTER VIII***

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### ***NETWORKING: FEDERAL, REGIONAL, STATE AND LOCAL PLANNING AND RESPONSE***

## **CHAPTER VIII: NETWORKING: FEDERAL, REGIONAL, STATE AND LOCAL PLANNING AND RESPONSE**

The fact that catastrophic disasters and disaster response focuses on local-level areas has been stressed several times throughout this document. Research has indicated that resources from considerable distances away from a disaster site can still be valuable even with delay in arrival. However, many lives can only be saved and results of damage reduced by fast response. The closer a resource is to a disaster site, the more likely it can be used quickly to prevent the damage and loss of life that is often experienced in the immediate wake of a disaster event.

The best preparation for catastrophic disaster response involves developing the local base. This is even the case for resources that are brought in from outside local areas. These resources must be integrated with locally based systems. In this process, disaster response can become exceedingly complex. The focus of that complexity is the local site.

In the Federal catastrophic disaster response program, Federal assets, such as NDMS, are distributed to local disaster sites (or otherwise made available to them, such as distant receiving areas for casualty evacuation) through an organized structure that involves complex interactions at a number of jurisdictional levels. These levels include, Federal, regional, State and local. Federally generated response filters through these levels during disaster periods. Equally important, preparatory activities involving a Federal resource like NDMS must also be coordinated through these levels. This organizational reality is reinforced by Federal response philosophy which places responsibility for disaster programs at the State and local levels with Federal action playing a supporting role. For the National Disaster Medical System, this vertical organization is compounded by the fact that many of the "national" resources are essentially "local" in nature. DMATs, for instance, are locally sponsored and based; and when activated from areas other than the disaster site are, in effect, brought up to the Federal level, and then redistributed down to the local disaster site.

In this chapter, the condition of multiple levels of coordination in the organization and operation of NDMS is addressed. This condition involves relationships that are internal to health and medical services and those between the medical sector and other functional and administrative response organizations. It also involves coordination in both the preparation

for and response to catastrophic disasters, activities that often make different demands on the organizations involved. The presentation is divided into two sections, a discussion of the background and overall goal and a description of the objectives developed for the Strategic Vision.

## **A. BACKGROUND AND OVERALL GOAL**

Several assessments, including the evaluation conducted for the Office of Emergency Preparedness which initiated the development of this document, have made observations about the importance of the Federal, regional, State and local network of interactions for effective catastrophic disaster response and preparedness. These assessments have shown that there are many problems in these relationships. Factors related to these problems include the following:

- o The Federal Response Plan is the primary guidance for relationships between different levels of government and associated non-governmental organizations for disaster response programs including NDMS. The Federal Response Plan is complex. In addition, it is not universally understood by individuals and organizations at all levels.
- o Components of the health, medical and health related social services response program at the Federal level have evolved separately and have not been fully integrated into an overall emergency response system.
- o NDMS and emergency health and medical plans at the Federal, State and local levels are not universally well developed, nor are they fully integrated.

In an attempt to remedy some of the problems, the NDMS Strategic Vision development process addressed the question "What models can be developed to integrate local, State and Federal governments in State-focused response and recovery plans and programs. The NDMS work group assigned the responsibility for looking at this question concluded that no single model or group of models existed that would universally be able to meet the needs of Federal, State, and local jurisdictions in solving the many problems involved in creating effective integration. But the work group did identify a number of factors that could be targeted to significantly improve the situation. One of these factors is

the lack of fully developed health, medical and health related social services disaster plans at the State and local levels. The Federal Emergency Management Agency program for development of these plans, refers to them as health and medical annexes to comprehensive emergency plans. Fully developed annexes should have guidance for the local organization of resources as well as guidelines for integration with response elements from different jurisdictions, including the Federal government as exemplified in the Federal Response Plan.

Along with this, there are a number of other deficiencies in the organization of State and local disaster programs in many areas. The overall picture is one of uneven development at every level, but especially at the State and local base. This condition has a negative impact on the quality of integration at all levels. It calls for a number of improvement actions. Within the confines of the Strategic Vision for NDMS, some of these actions can be developed. Others that could improve the situation involve authorities other than NDMS, but NDMS can be a participant in stimulating these actions.

The overall goal for this program area is to orient NDMS to participating in a program to improve the integration of the disaster response network by accomplishing the following:

- o strengthening its own integration into the larger system;
- o reinforcing incentives for improvement at regional, State and local levels; and
- o supporting the FEMA directed effort to stimulate development by local and State jurisdictions of their disaster plans and programs, especially in the area of health, medical and related social services.

Essentially, these efforts relate to five sets of factors that have a potential impact on stimulating the development of plans and programs that meet State and local needs and that integrate effectively with resources and organizations that participate in the planning and response network from different jurisdictional levels. These factors are:

- o personnel resources,
- o planning guidance,
- o incentives and compliance

- o quality assurance, and
- o training and exercising.

The NDMS work group believes that improvements in each of these five areas will enhance the disaster planning environment for each jurisdiction (Federal, State and local) and result in more effective integration of emergency health and medical programs. The overall goal for NDMS is to assist in the development of a better integrated disaster planning and response system, including more effective interaction among different jurisdictional levels. A set of objectives for attaining this goal was developed for this section of the NDMS Strategic Vision. Because NDMS cannot do this job alone and because the task is longer in term than the five year period associated with this document; these objectives are only a beginning.

## **B. OBJECTIVES FOR STIMULATING BETTER INTEGRATION OF THE RESPONSE SYSTEM**

Some of the objectives developed for this program area of the Strategic Vision are within the purview of NDMS to accomplish. Others require broader authority to implement. In this section, nine objectives have been formulated which can be acted upon during the implementation phase by NDMS. Objectives that go beyond the authority of NDMS are grouped together as a tenth objective in this section. The overall task of that tenth objective for NDMS is to review the particular objectives within it, and select ones for recommendation to a broader program level for adoption. These options are summarized in Section C of this chapter. All of the objectives presented in this section are options that require further in depth analysis as part of the Strategic Vision implementation process.

**OBJECTIVE TWENTY-FOUR: Explore and Participate in the Efforts of Organizations or On-Going Studies of Such Organizations, as the Committee on Catastrophic Casualty Incident Management of the American Society for Testing and Materials (ASTM) to Identify Functions that Must be Accomplished to Manage a Catastrophic Medical Incident.**

ASTM is developing plans to conduct a series of national consensus meetings for the management of catastrophic medical incidents. The purpose of the ASTM effort is to standardize planning and response to these events by involving representatives from key agencies in developing a national plan. This standardized approach would first identify functions (starting at the local level and continuing upward to the Federal level) which must be accomplished in order to manage a catastrophic incident. ASTM proposes to gather experts for discussions on this matter ultimately leading to the development of a model plan. NDMS would benefit by maintaining close liaison with and participating in this ASTM effort and others like it.

To accomplish this objective, NDMS should provide liaison to future meetings of the ASTM committee or efforts of other like organizations. NDMS should designate and fund the travel of at least one individual, and preferably two, to serve as liaisons and to attend meetings of the ASTM or other similar organizations. These liaisons will represent NDMS interests and report back to the NDMS Directorate on the applicability of these deliberations to NDMS.

**OBJECTIVE TWENTY-FIVE: Form or Designate an Integrated Federal NDMS Strategic Planning Unit. Incorporate State and Local Planners as Appropriate. Insure Participation by the Whole Spectrum of Health and Medical Planners.**

There has been a lack of central program emphasis on planning in NDMS which has led to the NDMS partners operating more or less independently in their separate spheres of responsibility. This condition has been significantly addressed by the institution of the Strategic Vision process which has initiated joint planning among NDMS partners. However, this development needs to be strengthened further. A strategic planning unit would institutionalize the planning effort. This objective should be coordinated with objectives Nine and Thirteen which, essentially, reinforce the NDMS Strategic Vision development and implementation process as planning tools.

**OBJECTIVE TWENTY-SIX: Identify a Standard Incident Command System Plan Adapted for Medical Functions for Implementation in Hospitals and Integration with Other Community Response Activities; and Have this Prototype Endorsed by the Senior Policy Group.**

This objective will be implemented by developing a statement of endorsement aimed at hospitals, and a method for dissemination. The accomplishment of this objective should be coordinated with Objectives Two and Twenty-One. This action is designed to encourage integration of organizational components in a manner that orients them to a standard disaster response management approach.

**OBJECTIVE TWENTY-SEVEN: Develop and Implement an Educational Strategy for the General Public as well as for State and Local Officials Emphasizing that Federal Assistance Will Not Be Immediately Available in a Disaster and that State and Local Areas Should Develop Their Own First-Response Capabilities.**

Each NDMS partner will work to implement this educational directive. The stress should be put on developing State and local plans and programs. A realistic estimate of Federal response time should be made. The purpose of this task is not to depreciate Federal disaster assistance but to assist in creating an environment in which such assistance can work more effectively.

**OBJECTIVE TWENTY-EIGHT: Develop and Issue an NDMS Senior Policy Group Statement to State Governors that the Fiscal Year Following Implementation of this Strategic Vision be Declared the Year to Focus on Improvement of Disaster Health and Medical Plans and Programs.**

The purpose of such an SPG backed effort is to help set the stage for taking action on improving health and medical plans at the State and local levels. This objective will be most effective if it is implemented along with some of the substantive program supports for improving State and local plans referred to in Objective Thirty-Three. Emphasis should also be placed on inter-level participation between jurisdictions.



**OBJECTIVE TWENTY-NINE: Review and Restructure the Catastrophic Injury Scenario Treatment Response Study (CISTRs) and Coordinate with the Department of Defense for Realigning the NDMS Program Accordingly.**

The purpose of this objective is two-fold. It is to support the contingency mission of NDMS in relationship to the Department of Defense. It is also to develop a possible source of valuable ideas for assisting State and local areas in developing their disaster plans and programs. The implementation of this objective should be coordinated with the implementation of Objective Seven.

**OBJECTIVE THIRTY: Fund a Two-Year Program to Assist State and Local Jurisdictions to Purchase Disaster Medical Caches or Increase Response Capability.**

The recommendation represented by this objective is for the Department of Health and Human Services to initiate a program of funding State and local jurisdictions that have well developed Health and Medical Annexes to their Comprehensive Emergency Plans, to implement part of those plans in a way that will increase their own preparedness and serve as a model to others. This objective can be undertaken unilaterally or in conjunction with the objective options selected under Objective Thirty-Three.

**OBJECTIVE THIRTY-ONE: Develop and Issue a Statement from the NDMS Senior Policy Group, Endorsing the Concept of Community Emergency Response Teams (CERTs) as Initially Developed by the Los Angeles Fire Department as a Model for Community Participation in Local Preparedness.**

This objective reflects an initiative that can be taken by the NDMS Senior Policy Group to assist in building the infrastructure of local response and preparedness. The CERTs program involves community participation in the development of family, business and local preparedness for disasters. In addition to this endorsement, NDMS can explore the possibility of creating a version of CERT for developing local DMAT-related medical

response capabilities. Action on this extension of the CERT concept should be coordinated with the development objectives in the second program area under the Strategic Vision, DMAT Policy and Program.

**OBJECTIVE THIRTY-TWO: Develop and Issue a Statement Endorsing the Education of Local Medical Providers in Clinical and Operational Management of Patients from Catastrophic Military or Civilian Disasters.**

This endorsement can be made either with or without the development of educational activities under Objective Twenty-One in the previous section. The intent, here, is again to stimulate local activity in building a strong infrastructure supporting disaster preparedness and response. In addition, this objective would be enhanced by selection of some of the options under Objective Thirty-Three.

**OBJECTIVE THIRTY-THREE: Review and Consider for Endorsement a List of Twelve Options for ESF #8 that Would Support the NDMS Strategic Vision in Developing State and Local Capabilities and Integrating the Response Network, but that Fall Outside NDMS Authority.**

This final objective in this document involves setting up a process to review and select a number of options that would enhance the overall goal for this program area. These options are listed in the following section of this chapter. Essentially, the selection process involves two tasks. First, the NDMS Senior Policy Group would recommend to the Department of Health and Human Services the establishment of an ESF #8 work group which would review and further investigate these options and make recommendations to the SPG. Second, the SPG would review the options recommended by the workgroup and refer the ones they endorsed back to this work group for further action. The work group would initiate action for implementation by directing them to the NDMS partner agency responsible for implementation.

The ESF #8 work group would be parallel to the ESF #8 training committee recommended in the last chapter. Because the subject area is different, training versus local development, combining these two groups under one ESF #8 work group may not be feasible, but could be explored.

## **C. OPTIONS FOR CONSIDERATION**

In the final section of this chapter, the options for consideration as the task under Objective Thirty-Three are listed. Options can be selected individually or in groups. Some of them overlap, others are independent. In developing these options, the main goal was to create mechanisms to aid development of the local base for effective "bottom up" planning and disaster response, which is the essence of the Federal Response Plan and the driving philosophy behind NDMS. In addition, all of these options involve increasing interaction between levels in the response and planning structure, with the effect of making that system of interaction more effective.

### **1. OBJECTIVE OPTION ONE: LIAISON WITH JACHO**

Fund .5 FTE for liaison with the Joint Commission on Accreditation of Healthcare Organizations to encourage the development of standards requiring hospitals to integrate their disaster plans into local plans. FEMA funded.

### **2. OBJECTIVE OPTION TWO: ENHANCING PERSONNEL RESOURCES**

Enhance personnel resources to support integrated Federal, State and local planning by endorsing one or more of the following:

- o **Hiring of health/medical planning specialists** for selected States to assist in planning and development of medical annexes to comprehensive emergency plans. FEMA funded for two years under the Comprehensive Cooperative Agreement (CCA) program.
- o **Assignment of PHS Commission Corps or contract personnel** to ten selected States for one year to assist with State and local planning. DHHS funded.

- o **Initiation of a two-year National Guard program to assign personnel** to assist selected States with coordinated planning including development of health and medical annexes. FEMA funded.
- o **Initiation of a program for DoD to train military reservists as health planners** to assist selected States in a two year pilot program to strengthen planning and development of medical annexes FEMA funded.
- o **Task FCCs to provide technical assistance** to State and local areas to assist the health and medical disaster planning process including development of medical annexes to plans. VA funded.
- o **Fund two positions in each State using block grant funds** to assist with medical disaster planning and implementation. Pilot program funded by DHHS.
- o **Fund two additional positions in each regional office** to assist States with medical disaster planning and updating medical annexes. DHHS funded.
- o **Fund health and medical planning specialists** for each State and local jurisdiction to develop medical disaster plan annexes. Pilot program funded by VA.

### **3. OBJECTIVE OPTION THREE: ADOPTION OF PLANNING MODELS**

Evaluate DoD planning models for overall disaster management for adaptation to State and regional catastrophic disaster planning Coordinate with DoD.

### **4. OBJECTIVE OPTION FOUR: LOCAL DEVELOPMENT DEMONSTRATION**

Develop and implement a demonstration program involving grants to six States to develop a model for integrating Federal, State and local emergency medical planning including the Incident Command System concept and multi-agency coordination system (MACS). Implementation should be in three stages, as follows:

- o funding demonstration projects;
- o assessing the results and incorporating outstanding elements into a model planning process to generate one or more prototypes for further testing; and
- o based on test results, revise existing guidance for medical and health planning.

## **5. OBJECTIVE OPTION FIVE: MODEL LOCAL PLAN**

Establish a process for reviewing health and medical annexes and selecting the best one for a reward program including funding to further disseminate the model planning community's ideas. Contest sponsored by DHHS and FEMA jointly.

## **6. OBJECTIVE OPTION SIX: IMPLEMENTATION OF LOCAL PLANS**

Provide \$5 million each for two years to be distributed to States and local jurisdictions to implement their health and medical annexes. FEMA funding to selected States with well developed health and medical annexes.

## **7. OBJECTIVE OPTION SEVEN: STATE SANCTIONS**

Encourage a policy of States not reimbursing disaster expenses for those jurisdictions that fail to develop a health and medical annex. FEMA initiative.

## **8. OBJECTIVE OPTION EIGHT: FEDERAL SANCTIONS**

Reduce Emergency Management Assistance (EMA) and Other Assistance (OA) funding from FEMA for those States that fail to design or exercise their health and medical annexes.

## **9. OBJECTIVE OPTION NINE: REVIEW OF LOCAL PLANS**

Ensure the quality of integrated local, State and Federal emergency medical and health plans by establishing review boards within regions to critique plans using the revised FEMA CPG 1-8a Guide for Review of State and Local Emergency Operations Plans.

## **10. OBJECTIVE OPTION TEN: DMATs AND LOCAL PLANS**

Establish a pilot program to develop and enhance DMATs serving those areas which are judged to have well developed health and medical annexes. FEMA funding \$1 million each year for two years.

## **11. OBJECTIVE OPTION ELEVEN: RESOURCE AND DATA EXCHANGE**

Develop and implement for two years on a pilot basis a Disaster Health and Medical Planning Resource and Data Exchange (PRADE) Program patterned after the U.S. Fire Administration's Trading Resources and Exchange (TRADE) program. FEMA sponsorship and funding.

## **12. OBJECTIVE OPTION TWELVE: LOCAL EDUCATION**

Develop a disaster medicine and management curricula for pre-hospital care providers, nurses, physicians and other health care providers, and encourage the adoption of the resulting program in schools of health science. DHHS funded.

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The overall goal for the objectives summarized in this chapter is two-fold. First, it is to strengthen the network of relationships among organizations at Federal, regional, State, and local levels that interact in catastrophic disaster planning and response. Second, it is to develop the catastrophic disaster planning and response programs at the local level which make up the base for this network. This is a complex and long-term goal. Its full realization goes beyond the jurisdiction of NDMS and the time frame for this document. But, implementation of the objectives presented here, represent a significant step in accomplishing this important task.