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I. INTRODUCTION

A. PURPOSE

The purpose of this manual is to describe the Department of Health and Human Services (HHS) Management Support Team (MST). The MST provides management and coordination of HHS emergency health and medical response resources and technical expertise in accordance with national response agreements. The HHS, through internal policies and procedures, can provide a MST and needed health and medical response resources for events of national or international significance. These deployments of health and medical response resources provide assistance by complimenting other Federal resources and assisting States and local governments to meet anticipated needs.

This manual provides the guidelines for operation, organization, position descriptions and checklists, administrative and personal equipment for the supervision and support of health and medical assistance and specialty teams. This manual also provides information for the integration of preparedness activities such as training and rostering. Also described is the system for deployment of the MST to natural and man made disasters such as tornadoes, hurricanes, floods, terrorist events, and technological incidents.

B. MISSION STATEMENT

The overall mission of the HHS emergency response is to integrate response into a unified effort to provide an effective health and medical response to a Federally declared disaster or other disaster incident or event. With regard to specific HHS health and medical response resources, the HHS emergency response mission is to provide a group of highly qualified specialized teams that are readily available for rapid assembly and deployment to a disaster. The MST provides the management oversight for specialized HHS health and medical teams as well as for the health and medical response resources of other Federal departments and agencies that might be deployed. The MST is capable of conducting assessments and providing medical support and advice about health and medical issues to local, State, and Federal officials.

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In most incidents, and in some disasters, local and State resources are sufficient to protect life and property and to reduce suffering without assistance from the Federal government. When disasters exceed the resources capability at the local and State level, Federal assistance is made available. HHS health and medical response resources are made available through HHS and are managed by a MST. The MST provides management and support to HHS health and medical response resources assigned to events, incidents and disasters. The MST is organized into the functional sections of Command, Operations, Planning, Logistics, and Administrative/Finance.

The MST may be activated through the following authorities, agreements or memorandum of understanding. Refer to the HHS Health and Medical Response System Operations Description Manual for more information.

1. Stafford Act

In the event of a disaster, the Governor of an affected State may request Federal assistance under the authority of the Stafford Act. A Presidential declaration then triggers a series of Federal responses coordinated by the Federal Emergency Management Agency (FEMA) using the guidelines outlined in the Federal Response Plan (FRP). HHS, a signatory to the FRP, provides emergency health and medical assistance under Emergency Support Function #8 (ESF#8). This ESF#8 designation for health and medical assistance is only used when HHS response assets are activated under the authorities within the Stafford Act.

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2. Public Health Services Act and Aviation Disaster Family Assistance Act

The Public Health Services Act and Aviation Disaster Family Assistance Act authorize the Assistant Secretary for Health (ASH) to activate HHS emergency response assets upon the request of a State Health Officer for localized emergencies not involving a Presidential declaration. These Acts also authorizes HHS to enter into response agreements with other Federal agencies to provide health and medical services for incidents where health and medical services are required to mitigate adverse health effects on an impacted segment of the population. Currently, HHS has entered into such agreements with the National Transportation Safety Board (NTSB) for response to transportation accidents, Federal Bureau of Investigation (FBI) for response to acts of terrorism, and the Immigration and Naturalization Service (INS) for medical support involving large influxes of refugees.

3. Immigration and Nationality Act (INA)

The Immigration and Nationality Act (INA) establishes authority and procedures for controlling immigration to the United States. The Act charges the Attorney General with the administration and enforcement of all laws relating to immigration and naturalization of aliens.

Under the provisions of the INA, the Mass Immigration Emergency Plan was developed that establishes the basis for actions by several Federal agencies to respond to massive illegal immigration to the United States.

As a signatory to the Mass Immigration Emergency Plan, HHS has agreed to carry out their assigned functional responsibilities identified in the plan. HHS has the responsibility to provide for the coordination of medical care and public health screening operations of detained aliens and to coordinate with State and local agencies to assist refugees to resettle in the United States.

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4. Presidential Decision Directive 39 (PDD-39)

Through Presidential Decision Directive 39 (PDD-39), most of which is classified, HHS and FBI have developed the Health and Medical Services Support Plan for the Federal Response to Acts of Chemical Biological (C/B) Terrorism. When a credible threat of a terrorist act exists, the FBI may request health and medical resources. The HHS, Office of the Secretary (OS), Office of Public Health Science(OPHS), Office of Emergency Preparedness (OEP) will send a representative to the Strategic Information Operations Center (SIOC) where national-level crisis management response will be coordinated. OEP also activates the OEP Emergency Operations Center (OEP/EOC) to implement the deployment and coordination of health and medical resources, if needed. The OEP/EOC assigns a liaison to the SIOC to represent HHS at FBI planning meetings. The OEP/EOC becomes a single point of contact for all health and medical resource allocations and deployments at the national level.

5. Memorandum of Understanding (MOU) with the Department of Defense (DoD)

Through the memorandum of understanding (MOU) with the Department of Defense (DoD), HHS will mobilize and employ qualified health care professionals that comprise the Commissioned Regular Corps of Commission Corps Officers. These Commissioned Corps Officers would be activated in time of war, or upon a Presidential declaration of a national emergency. They would be used to augment military health care personnel in the continental United States when military health personnel are deployed to overseas theaters to care for military casualties.

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6. Individual States

Individual states may activate health and medical teams that are participants in National Disaster Medical System (NDMS) under the following emergency conditions.

State Activation - States may choose to activate a health and medical team which participates in NDMS to augment local resources responding to an emergency event;

State Mutual Aid – States may request health and medical teams from another State when either their own resources are overwhelmed and/or they do not have the particular type of resource available in a nearby jurisdiction;
or

State through HHS Region – The State may request Federal health and medical resources when an emergency event has occurred which is beyond their ability to adequately respond. An example of such an event might be the New Mexico Avian Flu where a number of people within a community started dying under mysterious circumstances. The State requested HHS resources through the HHS region.

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D. DEVELOPMENT CRITERIA

A MST organizational structure and method of operation has been developed based on the following premises:

Consistent with the terminology of the FRP;

Flexibility in organizational structure and size to meet the demands of the incident;

Representative of the primary disciplines involved in HHS health and medical response resources;

Comprised of sufficient personnel to provide initial assistance at State and local EOCs;

Able to provide 24-hour operations to meet disaster needs;

Capable of conducting on-the-ground situation and needs assessments;

Self-sufficient for at least the first 24-hours (includes a basic life support, administrative, and logistical cache);

Capable of deployment within 2-hours of notification; and

Consistent with the principals and features of the National Interagency Incident Management System (NIIMS) Incident Command System (ICS). This will be referred to as ICS throughout this manual.

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E. CONCEPT OF OPERATIONS

A MST is activated by OEP/EOC when requested to support incident operations and is comprised of qualified functional experts in Command, Operations, Planning, Logistics, and Administrative/Finance.

Personnel on the MST may be from different agencies within HHS and/or from a cross section of the private health and medical community and have been trained in all aspects of their position. The MST provides management and coordination for the following HHS health and medical specialty teams made up of medical personnel and support staff from all levels of government and the private sector. These teams include but are not limited to the following:

- Disaster Medical Assistance Team (DMAT);
- Disaster Mortuary Operational Response Team (DMORT);
- Veterinary Medical Assistance Team (VMAT);
- National Medical Response Team/Weapons of Mass Destruction (NMRT/WMD);
- and
- Specialty teams (burn teams, etc., as appropriate to the needs of the incident).

MST support kits have been developed and are available for dispatch with the MST. These kits, established and maintained by OEP, provide the MST with communications equipment (including telephones and radios,) office supplies, computers, and printers. Emergency rations and water are also dispatched with the MST to provide self-sufficiency for the first 24-hours. Logistics support is ordered by the MST to maintain self-sufficiency for all HHS health and medical response resources and to reduce the need for assistance from local resources already affected by the disaster. A complete inventory of all support kits is in Appendix C of this manual.