

FEMA National US&R Response System
Task Force Position Description
Medical Team Manager

Position Specific Requirements:

The Medical Team Manager has overall responsibility for the management and supervision of the medical function of the task force during incident operations. The Medical Team Manager reports directly to the Task Force Leader.

The Medical Team Manager is responsible for:

- Developing and implementing the medical component of the Task Force Tactical Action Plan
- Directly supervising the Medical Specialists
- Assisting in the development of the safety plan in coordination with the Task Force Safety Officer and Task Force Hazardous Materials Specialist
- Coordinating, managing, and supervising of all medical activities
- Determining the medical organizational and logistics needs
- Receiving briefings and situation reports and ensuring that all medical personnel are kept informed of status changes
- Responsible for providing situation reports and maintaining records and reports
- Preparing performance evaluations for assigned personnel
- Directing medical care delivery to task force personnel, search dogs, and victims
- Ensuring a continuum of medical care and coordinating interaction with all appropriate outside medical entities
- Responsible for assuring accountability, maintenance, and minor repairs for all issued equipment
- Performing additional tasks or duties as assigned

FEMA National US&R Response System
Task Force Position Description
Medical Team Manager

Position Requirements and Criteria:

Individuals who meet the following requirements and criteria will be eligible to become Medical Team Managers in the FEMA US&R Response System. The intent of these requirements is to select functional managers capable of effectively managing, coordinating, and supervising the medical component in the urban disaster environment.

Required Training:

The Medical Team Manager shall;

1. Meet all Administrative and General Training requirements
2. Must be a currently licensed physician who is emergency medicine residency-trained and/or Board-certified in emergency medicine that practices clinical emergency medicine
- OR -
2. Must be a currently licensed physician with current ACLS, ATLS, and PALS certification (or equivalent) whose medical activities include clinical emergency medicine and pre-hospital medical care
3. Complete ICS-300 in accordance with the National Standard Curriculum Training Development Guidance
4. Complete the DHS/FEMA National US&R Response System Medical Team Training course
5. Complete the DHS/FEMA National US&R Response System WMD Considerations for The Medical Team course
6. Complete Technical Rescue skill sets as identified in Appendix A

FEMA National US&R Response System
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Appendix A

Technical Rescue Skill Sets:

Minimum skill set recommendations for Task Force Personnel who enter the hazard zone, i.e. forward deployment:

- General Requirements of NFPA 1670
- Rope Rescue awareness per NFPA 1670*
- Trench Rescue awareness per NFPA 1670
- Duties of the Entrant per 29 CFR 1910.146

* Additional Required Rope Rescue skills;

- Safety considerations during rope rescue operations
- Characteristics of life safety rope and webbing
- Application of rope rescue hardware specific to a lowering operation
- Application of rope rescue hardware and software specific to a belay line
- Assemble and apply a Class III harness
- Assemble and apply a "Hasty Harness"
- Tie a Simple Figure eight knot
- Tie a Figure Eight follow-through knot
- Tie an overhand follow-through with webbing
- Attach a prusik loop to a rope
- Be familiar with anchor systems
- Be familiar with raising and lowering systems
- Proficiency at attaching yourself to, and participating in a raising or lowering system
- Proficiency at descending and ascending a fixed line, low angle

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

NATIONAL URBAN SEARCH AND RESCUE RESPONSE SYSTEM

A Component of the National Response Framework
Emergency Support Function # 9



MEDICAL SPECIALIST POSITION DESCRIPTION

FEMA National US&R Response System
Task Force Position Description
Medical Specialist

Position Specific Requirements

The Medical Specialist is responsible for performing the medical function of the task force incident operation. The Medical Specialist reports directly to the Medical Team Manager.

The Medical Specialist is responsible for:

- The general health considerations of and delivery of medical care to all task force personnel, victims, and search dogs, while under the supervision of the Medical Team Manger, during disaster events
- Implementing the medical action plans specified by the Medical Team Manger
- Accountability, maintenance, and minor repairs for all issued equipment
- Performing additional tasks or duties as assigned

Position Requirements and Criteria:

Individuals who meet the following requirements and criteria will be eligible to become Medical Specialists in the DHS/FEMA National US&R Response System. The intent of these requirements is to select personnel fully capable of providing medical care required by the task force in the urban disaster environment.

Required Training:

The Medical Specialist shall:

1. Meet all Administrative and General Training requirements
2. Be currently certified/licensed as an EMT-Paramedic, Physician Assistant, Registered Nurse-Practitioner or Registered Nurse and meet all the requirements of the AHJ
3. Trained in BTLs, ACLS, and PALS regimens (or equivalent)
4. Complete the DHS/FEMA National US&R Response System Medical Team Training course
5. Complete the DHS/FEMA National US&R Response System WMD Considerations for The Medical Team course
6. Complete the DHS/FEMA National US&R Response System GPS Awareness course
7. Complete the Technical Rescue Skill Sets as identified in Appendix A

FEMA National US&R Response System
Task Force Position Description
Medical Specialist

Appendix A

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参考資料5 ハリケーンカトリーナにおける航空医療搬送の課題

(資料提供: Texas DMAT Nanci Nagel R.N.)

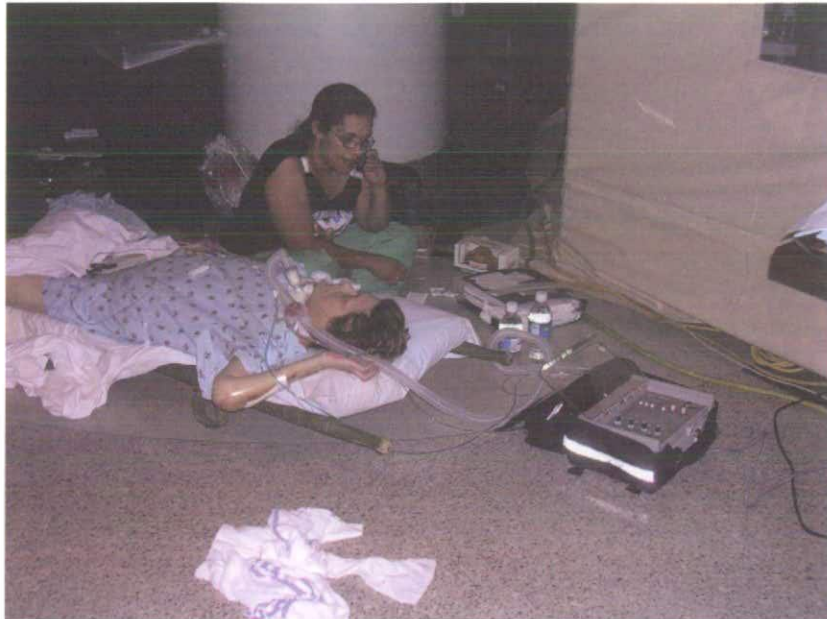
New Orleans Airport Evacuation
The MST Perspective on
“The Hospital From Hell”

CAPT Art French, MD, FACEP
Flight Surgeon
U.S. Coast Guard



“Hospital From Hell”- CNN NewsNight

- 1,000+ patients per day arriving
 - 50 incoming rotary wing sorties per hour
 - Abandoned by healthcare providers
- 500+ patients in hold status at any time
 - Most non-ambulatory
- Patients triaged as expectant
- 50 patients died at airport
- Problems with volunteer “freelancers”





Patient Evacuations

- AELTs & MASF(s) stood up
- 4000+ Patients evacuated
 - 1800 GPMRC via AE
 - Others: bus, non-AE air, civilian, EMS
- 5+ DMATs- 200 NDMS personnel
- AF EMEDS & Guard units arrived
- Backlog reduced only because inflow of patients dropped (hospitals & SAR)

Challenges

- First actual NDMS aeromedical evacuation
- No command, control, communications, computers information (C4I) infrastructure
- Absence of medical situational awareness
- Insufficient number/mix/use of responders
- Insufficient/inappropriate equipment
- Lack of standard NDMS AE doctrine
- Joint NDMS-private-state-DoD operations

C4I

- Need to deploy forward control-coordination element- NOT healthcare “strike teams”
 - Establish communications
 - Determine optimal laydown for facilities
 - Liaison with other involved players
 - Assess required DMAT force strength
- Full MST needs to deploy (from teams?)
- Need to establish “C4I dominance” on the disaster battlefield
- Data vs. voice communications- reliability

Medical Situational Awareness

- Knowledge of events in relation to time and space and the effects on future events
 - “Flying ahead of the aircraft”
 - We were clueless (Boston Globe)
- Patient tracking
- Human-supply-equipment resource tracking
- ICS Planning Section is key (J/N-5)

Number & Mix of Responders

- Sent a company/squadron when we needed a battalion/ battle group!
- Who is going to physically transport patients?
- Nursing aides
- Mass care- nutrition staff
- Plan & enforce work-rest schedules

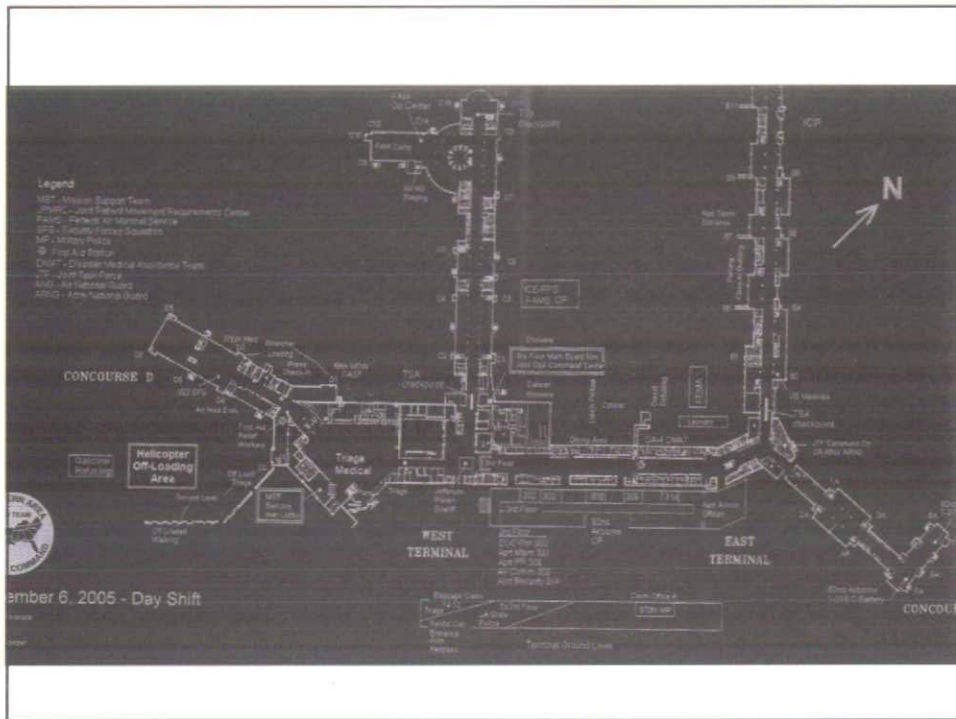
Mission-Appropriate Equipment

- Improved patient transport equipment
 - Gurneys & wheeled litters (with straps)
- Selected SNS availability (ventilators)
- Oxygen generation
- Mass care- nursing care supplies
- Computerized inventory management
 - EMEDS model



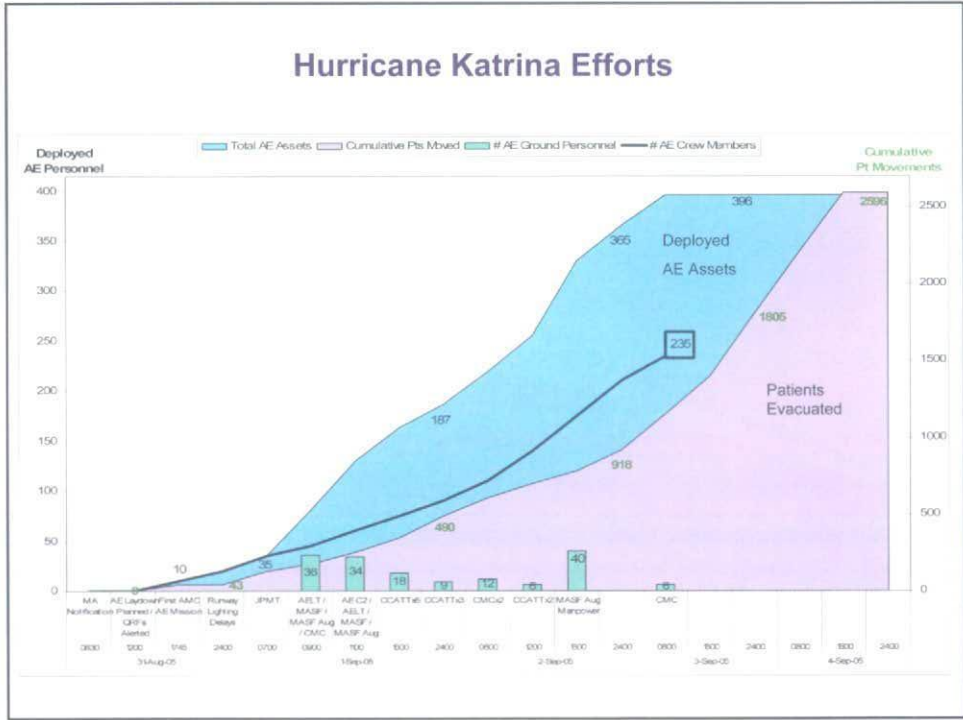
Medical Operations Doctrine

- Disaster medicine is not doing faster what you routinely do- it requires different operational policies
- GPMRC procedures need to be streamlined (tactical SOPs- validation)
- CCATT rules of engagement
- Mass casualty altered standards of care
 - NDMS vs. AF authority to establish?

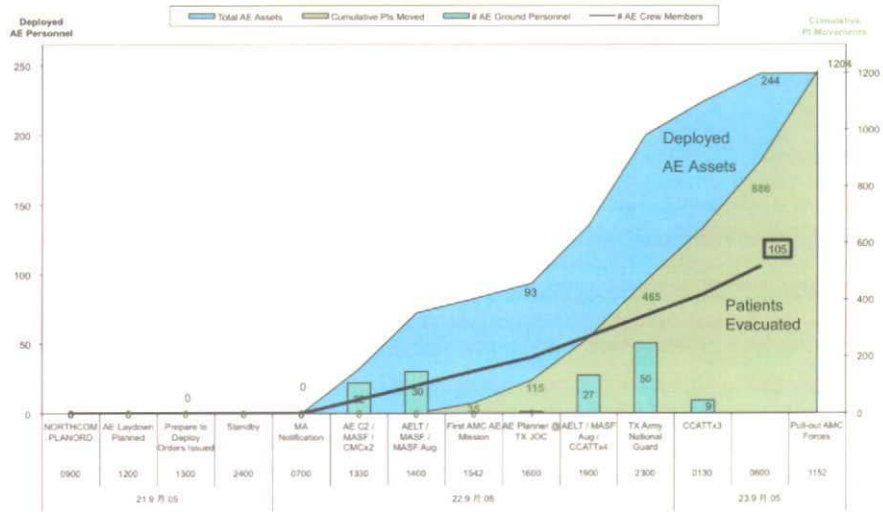




Hurricane Katrina Efforts



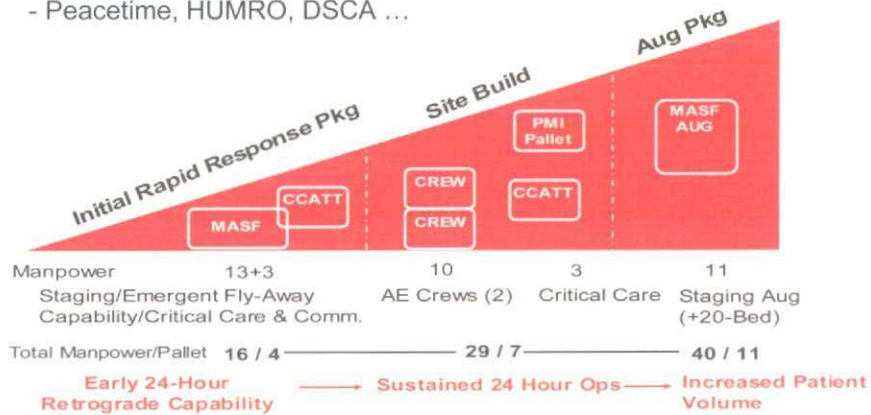
Hurricane Rita Efforts



AE OPERATIONS LIGHT, LEAN AND CAPABLE

Flexible for Full Spectrum Response

- Peacetime, HUMRO, DSCA ...



UNIT TYPE CODES AEROMEDICAL EVACUATION

- **AE Command Squadron (8)**
 - Command Element, Management
- **AE Crew (5)**
 - Flight Nurses, AE Technicians
 - Inflight Care, Equipment
- **AE Operations Team (8)**
 - Mission Support, Launch/Recovery, Crew Management
- **Mobile Aeromedical Staging Facility (11)**
 - Staging ... no MDs ... Limited Definitive Care



NEW MISSION DOD's Role as Homeland Responder

- **Integrated Ops**
 - Staging
 - Pt Prep
 - Inter-Agency
- **“Orchestrate, not own the mission”**
- **“Bring the right operational expertise”**

General Moseley, A/TA,
28 Oct 2005



SPECIAL NEEDS Diagnoses/Populations/Equipment



Lessons for the DSCA Partnership “In the Works”

- Patient Tracking
 - Manifesting and Records Continue as Issues
- Equipment
 - Special Needs
 - Return of Litters (and Straps)
- Patient Preparation
 - Identification
 - Medications
 - Supplies
 - i.e., Ostomy, Peds



Joint Medical Operations

- NOLA airport was a distinct AOR with multiple non-NDMS responders
- Stove-piped NDMS operations
- No joint medical command center
(NDMS-LA DOHH -DoD- National Guard- EMS- EMS air medical transport)
- Increased HLS mission of National Guard will require NDMS joint ops

Recommendations

- Need standardized DMAT patient reception/patient validation SOP
- Need to train like you fight- prepare for “Disaster”, not “disaster”
 - Realistic FTXs with measured objectives
- Mandatory joint DoD-NDMS exercises
 - Field & tabletop command and control
- Integrated ops with AC/Air-Army Guard

Recommendations

- Leverage enabling technologies for improved medical situational awareness
 - PEDs/PDAs
 - TATRC FDDMTF paradigm (wireless LAN)
 - Electronic patient tracking (bar code)
 - Satellite data communications
 - Graphical information systems (GIS)
 - Electronic incident management systems

Recommendations

- Establish CONOPS for joint medical operations center - not just NDMS MST
 - JOMMC for NDMS command cadre
 - PHS/CG officers augment MSTs (UTCs)
 - MST Medical Officer vs. Ops Chief/MST
- Revise AF-NDMS AE policies
- DMAT patient transport and mass care staff augmentation for patient reception