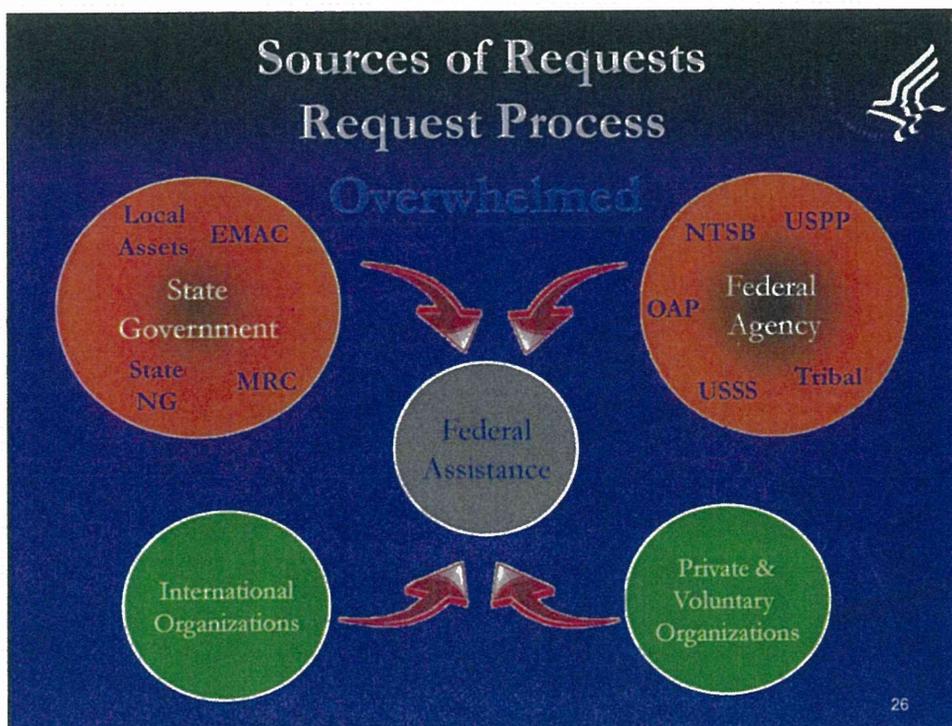
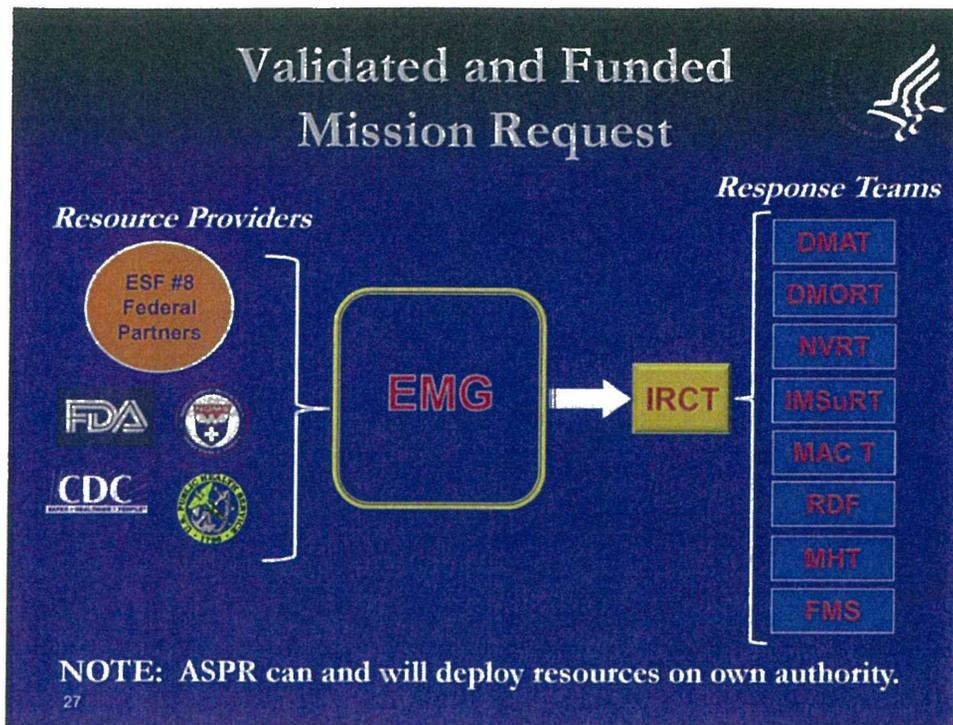


What Just Happened?

- Gaining situational awareness
 - Where's the storm / incident?
 - What are the potential impacts to the affected community, especially the medical and public health infrastructure?
 - Any ESF #8 requests from the state?
 - Do we have any HHS personnel in the affected area?
- How is FEMA posturing?
 - Are they sending an Incident Management Assistance Team (IMAT)? (Disaster Assistance Response Team for international incidents)
 - Is the National Response Coordination Center (NRCC) standing up? If so, what ESFs are being activated?

25

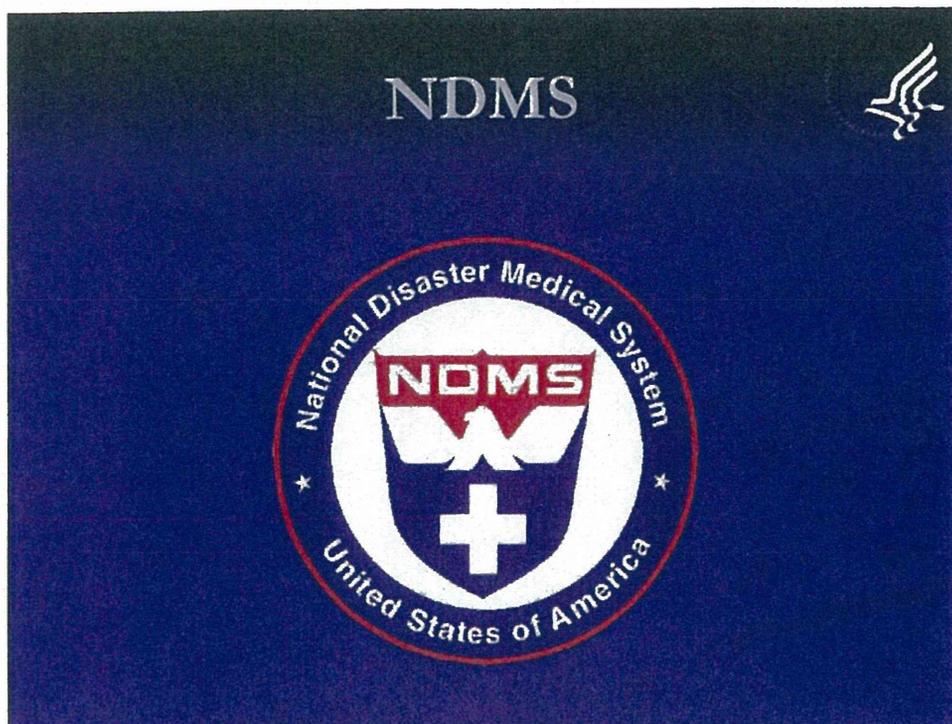




ASPR Response Personnel and Logistics

- **Personnel:**
 - Internal: National Disaster Medical System (NDMS), U.S. Public Health Service (PHS), HHS Subject Matter Experts
 - External: Veterans Affairs, Department of Defense, other Federal agencies as needed
- **Logistics**
 - Treatment, pharmacy, communications, admin caches
 - Strategic National Stockpile (CDC)
 - Equipment set for Federal Medical Stations (CDC)

14



US Public Health Service Teams

- **Management Support Teams**
 - 11 Regional Incident Support Teams (RIST)
 - 5 National Incident Support Teams (NIST)
 - 1 NCR Incident Support Team (NCR IST)
 - 5 Emergency Management Group Support Teams (EMG)
- **Operational Teams**
 - 5 Rapid Deployment Force Teams (RDF)
 - 5 Applied Public Health Teams (APHT)
 - 5 Mental Health Teams (MHT)
 - 5 Service Access Teams (SAT)



Federal Medical Stations (FMS)



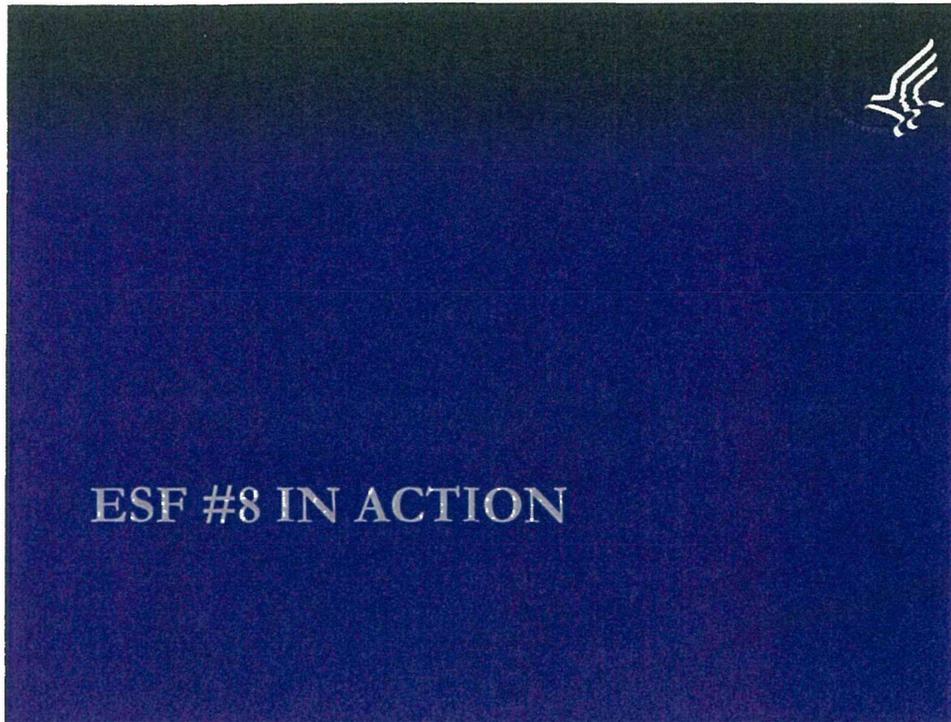
- 250 bed (cot) mobile healthcare facilities:
 - Low-acuity patients
 - Hospital decompression or relief of nursing homes
 - Specialized medical shelter
- FMS details:
 - Not a stand alone unit, requires a building of opportunity
 - Requires full range of 'wrap-around' services
 - Federal staffing may include: PHS (RDF), DMATs, DoD, or VA
 - State-run FMS' will be State-staffed
- New 50-bed format and new FMS CONOPS pending

MRC and ESAR-VHP

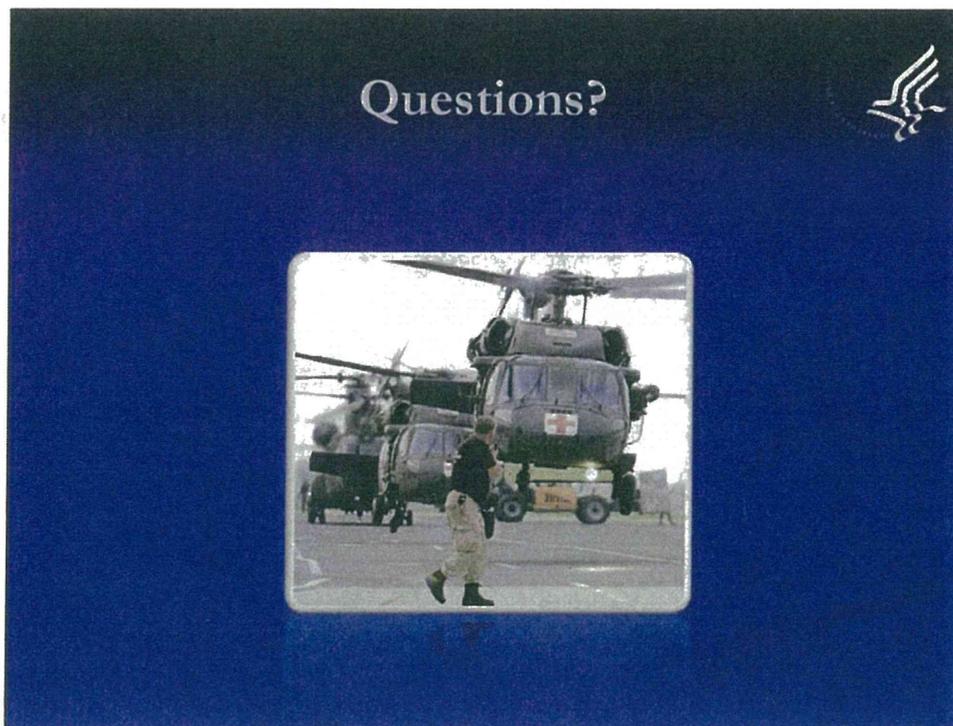
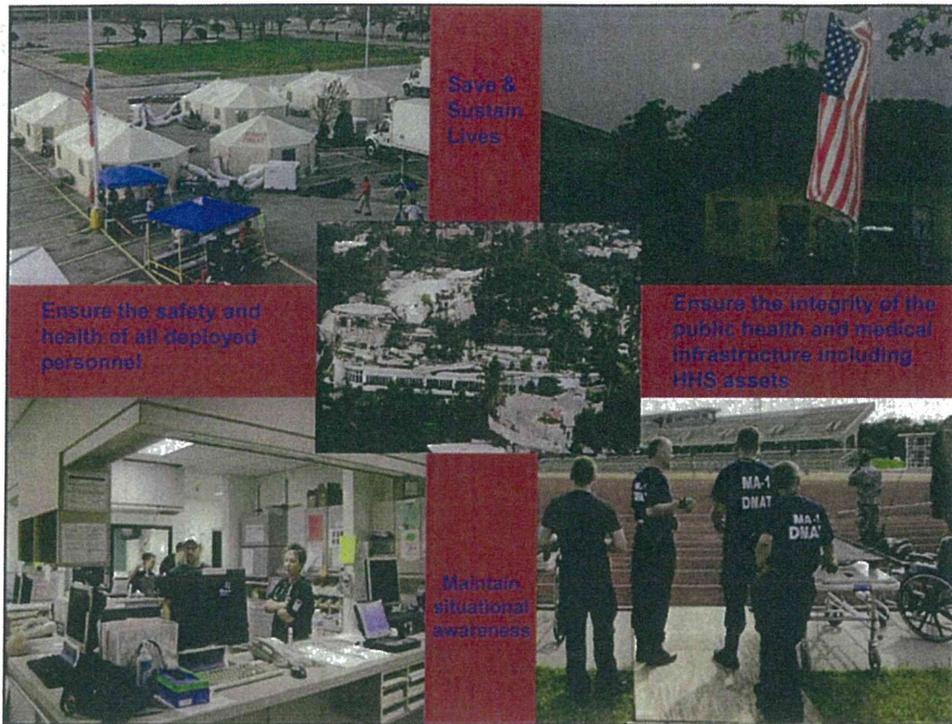


- Medical Reserve Corps (MRC)
 - Primarily local / Community Based
 - Utilized: Within the state, State-to-State, or Federal
 - Provides an organization structure and training
 - Pre-identify members and verify professional licensure/certification
- Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)
 - National system of State-based programs for managing and mobilizing health professional volunteers
 - National standards to allow easier transfer across State lines



A dark blue slide with a white logo in the top right corner. The logo depicts a stylized bird or winged figure. The title "ESF#8 Past Missions" is centered in a white, serif font. Below the title is a list of 18 mission entries, each starting with a yellow square bullet point. The entries are arranged in two columns.

- 2000 TS Allison-Houston Floods
- 2001 Presidential Inauguration, West Virginia Floods, "Attack on America"
- 2002 Winter Olympics, Guam Typhoon
- 2003 State of the Union, Hurricane Isabel
- 2004 State of the Union, WWII Memorial, Reagan Funeral, G-8 Summit, DNC / RNC
- 2004 Hurricanes (Charlie, Frances, Ivan)
- 2005 Inauguration, State of the Union
- 2005 Hurricane Katrina, Rita
- 2006 Lebanon Repatriation
- 2007 Hurricane Dean
- 2008 Space Object Re-Entry, Papal Visit, DNC / RNC, G-20, NE Ice Storms, Gustav, Hanna, Ike
- 2009 Inauguration, Presidential Address, Red River Flood, AmSam Tsunami
- 2010 Haiti Earthquake, Winter Olympics, Red River Flooding, Nuclear Summit, Deep Water Horizon, Cholera outbreak
- 2011 Pacific Rim Tsunami, Alabama and Joplin Tornados, TS Irene, Asian Pacific Economic Cooperation
- 2012 State of the Union, NATO Summit, DNC / RNC, Hurricane Sandy, Sandy Hook Shooting, Boston Bombing
- WV Chemical Spill, State of the Union Address



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

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE




NDMS Overview

HHS/ASPR/OEM

United States Department of Health & Human Services

What is the NDMS?

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- Partnership between HHS, DHS, VA, and DoD
- Mission is two-fold:
 1. Support communities in the United States with post-disaster medical assistance as needed
 2. Backstop the DoD and VA medical systems in a mass casualty warfare scenario



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What is the NDMS?



- Three key functions:
 1. Medical Response (medical, veterinary, fatality management)
 2. Patient Evacuation by air from affected areas
 3. Delivery of Definitive Care through system of NDMS network hospitals






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NDMS is an asset under ESF-8 (Medical and Public Health)



- The National Response Framework (NRF) informs a coordinated federal response
- Other assets include:
 - United States Public Health Service Assets
 - Incident Response Coordination Teams
 - Regional Emergency Staff
 - Federal Medical Stations
 - ESAR-VHP / MRC

ESF-8 Responsibilities include:

- Public Health Assessment
- Surveillance
- **Medical care and supplies**
- **Patient Evacuation**
- **Patient and Animal Care**
- Drug Safety and Security
- Blood and Related Products
- Food Safety and Security
- Agricultural Safety and Security
- Behavioral Health
- Vector Control
- Water and Wastewater
- **Mass Fatality Support**
- **Definitive Care**

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Who makes up the HHS part of NDMS? **ASPR**

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ADDITIONAL CAPABILITY
PREPAREDNESS AND RESPONSE

- Model similar to the National Guard, with NDMS staffed by “citizen responders” across the U.S.
- 86 different response and support teams
- Supported by NDMS Headquarters staff:
 - Program Development Branch (PDB)
 - Operational Medicine Branch (Chief Medical Officer Program)
 - Immediate Office
- Responders are *Intermittent Federal Employees*
- Coverage includes FTCA, Workers Comp, USERRA
- Clinical personnel are credentialed by NDMS

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5

*7000 employees
military & etc*



How is the NDMS supported in the field? **ASPR**

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ADDITIONAL CAPABILITY
PREPAREDNESS AND RESPONSE

- NDMS relies upon its intra-agency partners for mission support requirements:
 - OEM Logistics
 - OEM Operations and the Secretary’s Operations Center
 - ASPR Travel
 - ASPR Finance
 - ASPR and HHS Human Resources
- This includes:
 - Mission assignment funding, travel support, accountability, delivery of equipment and resupply
- Multiple warehouses, vehicles, platforms, and medical caches to achieve this goal

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6



Where Does NDMS Work?



- Wherever we are invited:
 - Establishing freestanding medical facilities in affected communities
 - Personnel backfill in an overwhelmed civilian facility
 - Triage and field medical care
 - Medical support to both general and special needs shelters
 - Supporting specialized response (e.g. behavioral health, critical care)
 - International response
 - Special event support
 - Inaugurations, Police Officer Memorial, 4th of July on the Mall, Joint Sessions of Congress, State of the Union Address, Political Conventions, State Funerals, UN events, etc.

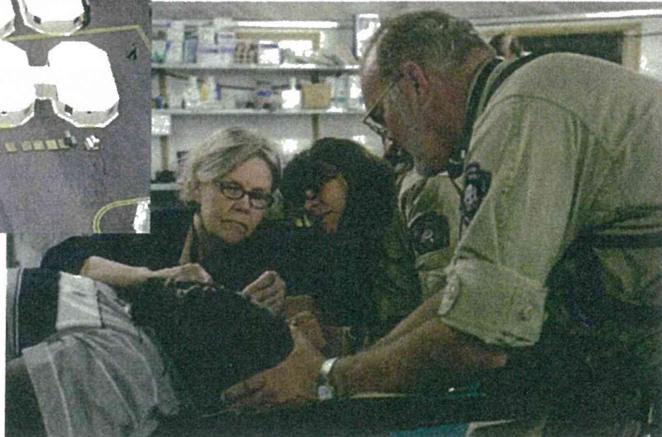
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mental health support.



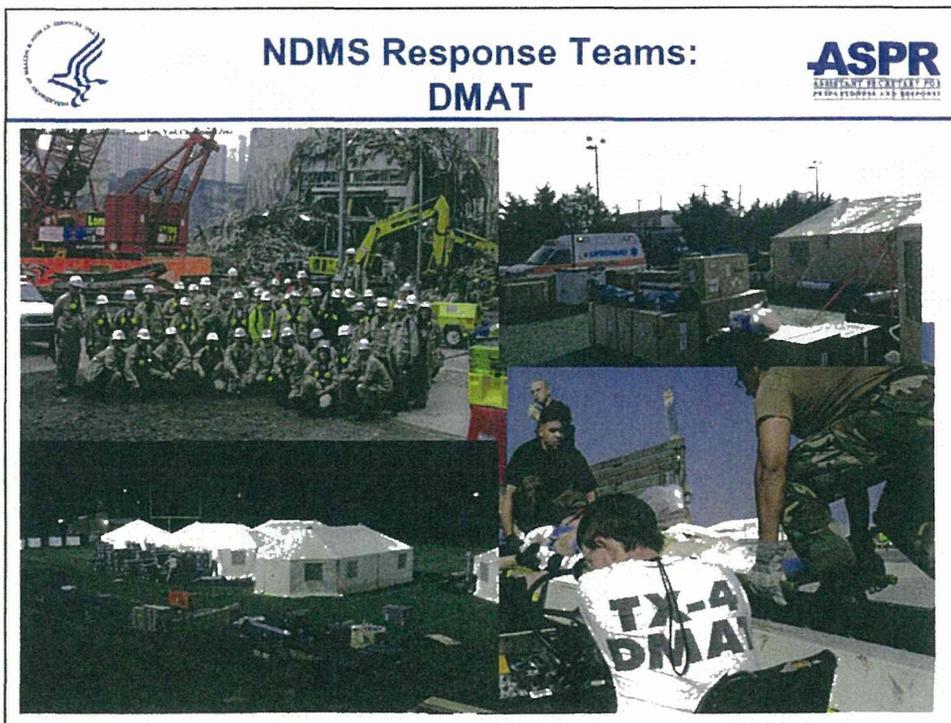
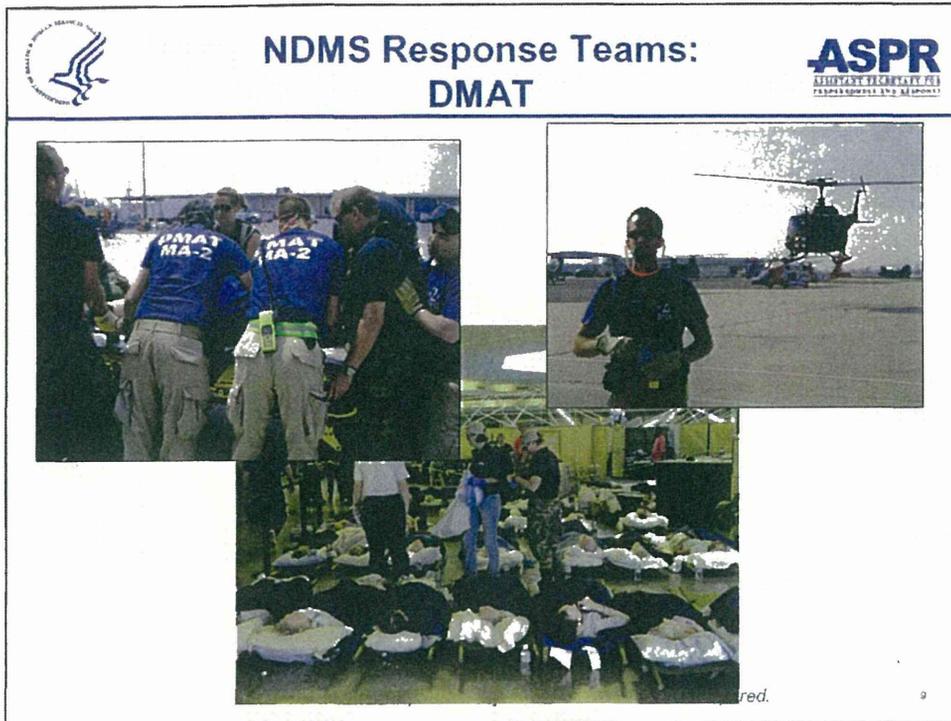
NDMS Response Teams: DMAT



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*3 to person triage
not inpatient*





NDMS Response Teams: Joint Patient Assessment & Tracking

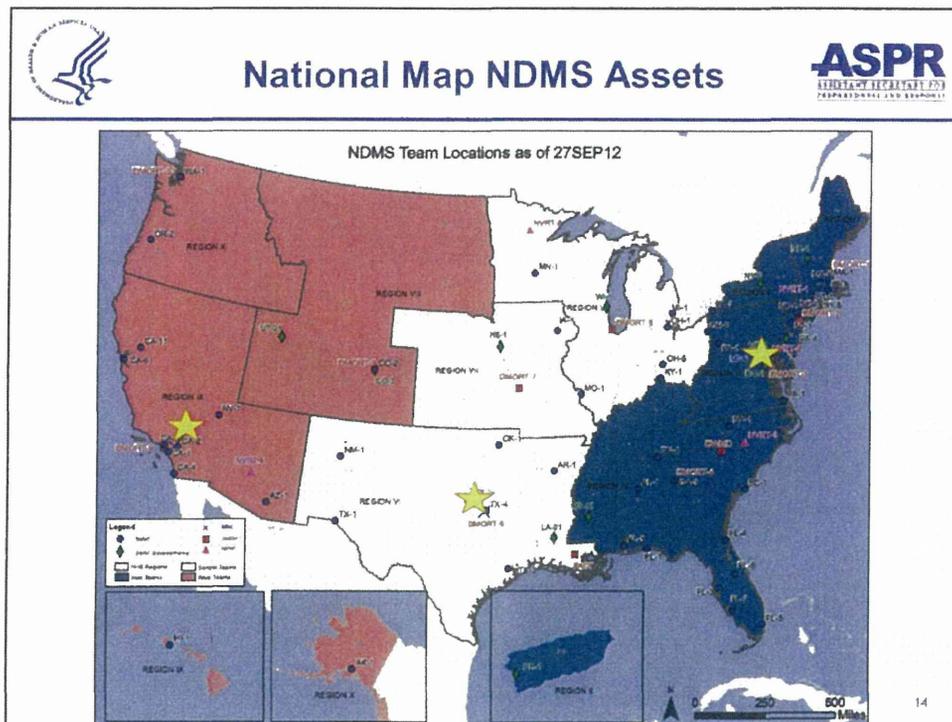


- Tracking patients in the federal patient movement system

- One of the three key components of the Disaster Medical Information Suite (DMIS):
 - JPATS
 - Electronic Medical Record
 - Health Information Repository



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cells 9/11
to be tested

Patient Care and Movement: Activities in the Impacted Area








NDMS Field Care Sites

DASF

NDMS Patient Movement by DoD

Hospital Requiring Patient Evacuation

National Ambulance Contract (non-NDMS)

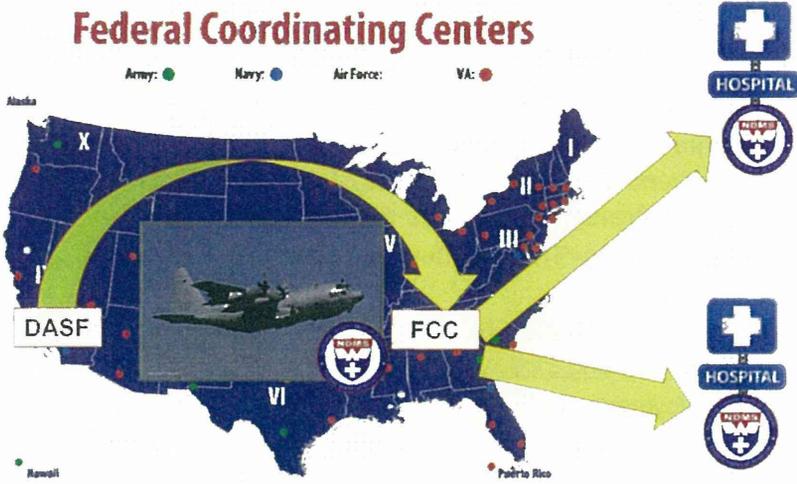
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Patient Care and Movement: Activities Away from Impacted Area




Federal Coordinating Centers

Army: ● Navy: ● Air Force: ● VA: ●



DASF

FCC

HOSPITAL

HOSPITAL

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cells 9/11

70 days by Federal



Expectations of the NDMS



- NDMS is always available to the Secretary and ASPR
- System is maintained in standby status with monthly rotation of on-call teams
- Personnel and support packages will be ready to move shortly after requested, and engage upon arrival
- Deployed personnel will represent HHS professionally
- Teams and personnel will be properly resourced to function effectively and safely
- Deployed clinical personnel will be credentialed and deliver high quality care

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NDMS Response Teams: Maintaining System Readiness



- NDMS is a large system of dedicated citizen responders
- System is maintained in “always ready” operational status
- NDMS goals for training:
 - All personnel appropriately oriented to role, function, and equipment, and the capabilities of the NDMS system via an ongoing strategy that cycles employees through:
 - National-level Training (“fundamentals” and advanced sessions)
 - Local-level Training (including unfunded training)
 - Exercises and Evaluation (“testing”)
 - Deployment (“on the job training”)
- Optimizing the use of multi-modal training platforms
- Requires a major investment to accomplish this

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The screenshot shows the 'Responder e-Learn 2.0' interface. At the top, it says 'NDMS Response Teams: Day to Day Readiness' and 'ASPR' (Assistant Secretary for Preparedness and Response). The user is logged in as 'Andrew Garrett'. The main content area is titled 'Topic outline' and 'Course Part 4 - Disaster Mortuary Operational Response Teams (DMORT)'. It includes a 'Course Information' section with the following text:

Are You Ready To Respond?
 Welcome to the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) National Disaster Medical System (NDMS) Online Training. This curriculum will enhance the knowledge, skills and abilities of ESF #8 responders to improve their competency in fulfilling the HHS/ASPR mission - Lead the nation in preventing, responding to and reducing the adverse health effects of public health emergencies and disasters.

The course content is based upon capabilities needed to fulfill operational missions and anticipated response requirements. Upon completion of this curriculum, responders are better prepared to support individual or large-scale fatality management activities with expertise and support for the tracking and documenting of human remains and personal effects, reducing the hazard presented by chemically, biologically, or radiologically contaminated human remains, establishing temporary morgue facilities, determining the cause and manner of death, collecting antemortem data, performing postmortem data collection and documentation, identifying human remains using scientific means, preparing, processing and returning human remains and personal effects to appropriate recipients, and processing and reimbursement of disinterred remains under field conditions.

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The Future of NDMS

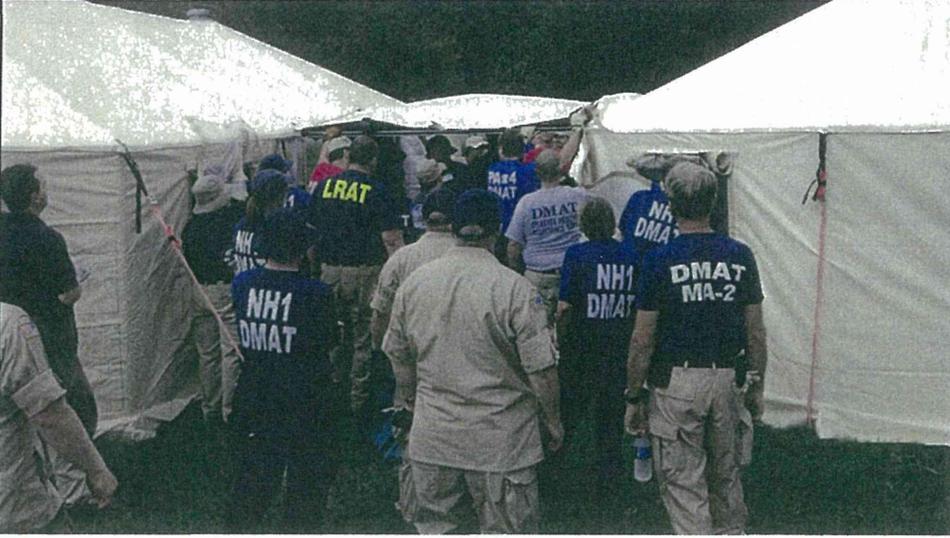
For NDMS to be effective, and relevant in the future, we must:

- More clearly define the NDMS mission space
- Clarify the NDMS strategic vision and plan:
 - How big does the system need to be?
 - What is the best way to organize the response teams and personnel across the US?
- Justify programmatic requirements (e.g. training and equipment) and properly match resources
- Self-promote to increase visibility and awareness of this unique national asset
- Continue to work closely with our intra-agency partners

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Questions?

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PREPAREDNESS AND RESPONSE



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21

研究会議要旨

南海トラフ巨大地震の被害想定に対する DMAT による急性期医療対応に関する研究
第 1 回班会議

日 時：平成 25 年 12 月 20 日（金）14 時～17 時 30 分

場 所：AP 品川 10 階 C 会議室

出席者：厚生労働省…長谷川 梶野 水野

研究者…定光 平尾 中川 本間 三村 高山

研究協力者…永田 岡垣

オブザーバー、事務担当…田原 村上 新界

DMAT 事務局…尼子

(以上敬称略)

<会議の要旨>

1. 厚生労働省からの本研究課題の説明

平成 24 年 8 月から 25 年 5 月までにとりまとめられた、南海トラフ巨大地震対策検討ワーキンググループ（内閣府）による 4 次にあたる報告書とこれまでに報告された被害想定に基づいて、対応に必要な DMAT 数、広域医療搬送数、搬送先医療機関数等の想定される DMAT 活動を定量的に算出し、南海トラフ巨大地震発生時における DMAT の具体活動計画案と DMAT の配分、参集拠点、有効な活動場所等の中央からの指示のための根拠となるデータの作成を主要な目的として研究をしていただきたいとの説明があった。

2. 研究の進捗状況

主任研究者 定光より現在の研究の進捗状況として、南海トラフ内閣府中央防災会議による被害想定及び現行の都道府県地域防災計画に記載のある人的被害の想定と DMAT の役割に関する記載内容の精査を行った。データとしては、内閣府と各都府県の人的被害想定被害を調査、表記した。

可視化情報としての地図情報に津波被害の広がり、病院情報や病院の標高情報を表記できるシステムの開発について現状を研究協力者の岡垣篤彦医師（大阪医療センター）より報告した。

3. 研究協力者の永田高志医師（九州大学大学院 災害救急医学助教）により、日本医師会の取り組みの災害時カルテと災害発災直後における JAXA（宇宙航空研究開発機構）衛星画像の活用の説明があった。また九州地域自衛隊の南海トラフ地震に対する対応について参考資料を提示していただいた。

4. 分担研究に関する質疑

各ブロックの被害想定から DMAT 活動の根拠となる重傷者数の算定と、各ブロックで想定される DMAT チームの必要数とその過不足を求める。

数量化のための基準として、

- ①阪神淡路大震災（都市型災害）で想定された防ぎえた死（広域搬送数の根拠として用いられている）の算定基準
- ②東日本大震災における津波に起因した重傷者からみた DMAT 必要数の算定基準
- ③最大津波高により浸水する（医療機能を失う）災害拠点病院の数と医療機関支援の必要量を求めるための基準

などを統一したうえで、各ブロックに必要な DMAT 数と実際に登録されている DMAT 数から過不足を算出する。

被害想定はあくまで災害発生初期のものとする。継続的あるいは二次被害等の時間経過による必要数の変動を今回は考慮しない。被害の想定は内閣府から出された南海トラフ巨大地震の被害想定最大の被害想定に基づく。

DMAT の必要数算定のための統一した算出基準を取り急ぎメール会議等で議論したうえで、ブロックごとに調査する。

南海トラフ巨大地震の被害想定に対する DMAT による急性期医療対応に関する研究
第 2 回班会議

日 時：平成 26 年 3 月 6 日（木） 14 時～16 時 40 分

場 所：TKP 品川カンファレンスセンター
5 階 カンファレンスルーム 5A

出席者：厚生労働省…長谷川 梶野

研究者…定光 平尾 小井土 阿南 中川 三村 高山

研究協力者…岡垣 小澤

オブザーバー、事務担当…田原 新界 服部

DMAT 事務局…堀田

(以上敬称略)

<会議の要旨>

1. 厚生労働省からの挨拶

南海トラフ巨大地震発災時の DMAT の派遣に関しては社会の関心が高く、どのような手順でどのようなものを分析して DMAT の派遣を試算したのか説明が必要である。引き続き議論を重ねて、南海トラフ巨大地震発生時における DMAT の派遣について内閣府の公表した被害想定に基づいた合理的な試算の報告を期待する旨の発言があった。

2. 研究の進捗状況

1. 南海トラフ内閣府中央防災会議による被害想定はすでに報告しているが、さらにデータを精度の高いものにブラッシュアップしたことを主任研究者 定光より現在の研究の進捗状況を報告した。その内容については、岡垣研究協力者より説明した。

1) 各地域の地震・津波で被災する災害拠点病院と有床の一般病院について、耐震工事がなされているかどうかによって色分けして地図上に表記できるようデータの整備を行った。

2) 災害拠点病院では、全国 662 病院のデータ処理を EMIS と厚生労働省のもつデータに基づいて行った。

3) アプリケーション自体は、現地で起こった被災状況を入力することで、その時の正確な情報を取り込み、可視化することで俯瞰的に被災状況を把握でき、精度の高い対応ができるよう機能を付加している。

4) 全国約 97,000 の保健医療機関のデータベースを使用し、全国 400 ポイントで作られた最大津波データを内閣府で想定されたケースごとに病院位置情報とマッチングさせてデータベースを作成した。

5) 最大震度についても全国 1,470 ポイントのデータと病院の位置情報をマッチングさせてデータベースを作成した。