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12/02/2014

Office of the Assistant Secretary for Preparedness and Response

Office of Emergency Management

December 2014

FEDERAL MEDICAL STATION (FMS)

CONCEPT OF OPERATIONS (CONOPS)

Supplemental Information For 50-Bed FMS

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This supplemental information will be incorporated in the next revision of the FMS CONOPS. Please forward recommendations for changes to this Supplement in "line in/line out" format to the following:

Office of Emergency Management, Director, Division of Operations, ATTN: Response Operations - FMS Working Group, at OS.OSResponseOperations@hhs.gov.

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12/5/14
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**United States Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response**

Office of Emergency Management

**SUPPLEMENTAL FMS CONOPS INFORMATION
FOR 50-BED FMS**

Note: The FMS CONOPS (2014) provides general information on and is the primary reference for FMS operations. This supplement provides specific information on the 50-Bed FMS, limited to topic areas where there are differences. If not mentioned in this supplement, users should infer there is no difference. The supplement has the same applicability as the overarching CONOPS.

Mission

The 50-Bed FMS was developed to provide increased flexibility and scalability to State, local, Tribal, and Territorial (SLTT) jurisdictions while providing the same level of care and services that exist in the 250 bed FMS.

Assumptions and Critical Considerations

Assumptions

- Many SLTT jurisdictions do not have buildings of opportunity large enough to accommodate a 250 bed FMS.
- For many SLTT jurisdictions, the “most-likely” scenarios result in low acuity patient care and holding requirements supportable by the 50-bed FMS.
- Buildings of opportunity suitable for FMS operations will be pre-identified and assessed for appropriateness and wrap around services in the preparedness phase by SLTT in coordination with Regional Emergency Coordinators and OEM Logistics.
- The first deployments of the 50-bed FMS will include an evaluation component to validate and foster refinement of CONOPS, policies, and standing operating procedures (SOPs).

Critical Considerations

- If employed adjacent to an ESF #6 sheltering operation, coordination requirements for some wrap around logistical services may be increased rather than decreased. Prior experience in smaller FMS operations co-located with general population shelters showed no automatic benefits from the co-location with respect to coordinating logistical support (for example, feeding operations).

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Concept of Support

Personnel Resources

The staffing model includes an advance element whose mission, in part, is to coordinate with SLTT representatives regarding proposed FMS patients and identify staffing augmentation requirements as early as possible.

The initial staff requirements are defined by provider type but not specialization, and define the intended staffing only for federal operations. SLTT will staff FMS they operate based on applicable laws, regulations, and policies.

See Appendix B4, Minimum Initial Staffing Model, for detail on initial FMS-50 staffing requirements and recommended composition of the advance element for initial operations or staff turnover. The Emergency Care Element for a 50-bed FMS is no more than 12 personnel total for 24 hour operations.

Logistics

FMS-50 Cache Composition. As with the 250-bed FMS, a 50-bed FMS is packed in Triwall containers for shipping with both alphabetical and functional packing lists provided with each container. The modules contain the same medical and non-medical items intended to support patients and residents for up to three days of continuous operations, with numbers/ratios reduced to scale. Each 50-bed FMS contains a bariatric set as found in each FMS 250. FMS 50 does not ship with empty oxygen cylinders.

- A. DSNS-Managed FMS Cache (50-bed). This cache typically arrives on one 53' tractor trailer.*
- B. OEM Logistics-Managed FMS Supplemental Kits. This equipment typically arrives on one 24' temperature controlled box truck.* (See page 31 of the FMS CONOPS for descriptions of these kits.)

*Truck types and sizes are provided only to allow approximation of size/cube of the shipment. Other shipping modes and methods may be used.

Logistics Framework – Federal Responsibilities. All material is shipped from the EMG to the IRCT on a resource tracker, and is received at the disaster site by the IRCT Logistics Section. The FMS ST will provide technical guidance on set up of the cache by a local set up team (part of wrap around services).

Upon completion of an FMS operation, if it is determined the cache is to be transferred to the SLTT all property will be properly transferred pursuant to applicable laws, regulations, and policies. When caches remain federally controlled, the IRCT assumes responsibility to recover the durable goods from the FMS cache, and subsequently

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transfers the materiel back to the EMG. The EMG transfers material back to DSNS for return to a storage location for inventory, maintenance, and reconstitution of the caches.

Host Agency Logistics Site Support and Services. As with the 250-bed FMS, the 50-bed FMS is not designed to be self-sufficient. When deployed it will rely on the host jurisdiction to provide logistics site support and services necessary to sustain operational capability.

In the event an FMS-50 is co-located with an ESF #6 sheltering operation with the intent to leverage FEMA wrap around services for the sheltering operation, additional coordination should be undertaken to ensure logistical site support is appropriate and adequately planned to meet both ESF #6 and ESF #8 requirements (as an example, patient feeding requirements will likely not be met by mass feeding operations).

Access, loading dock, and material handling equipment requirements are unchanged for employment of 50-bed FMS, which requires only 15,000 square feet of available space.

FMS Delivery, Assembly, Logistical Site Support, and Repacking. For an FMS-50 deployment to be successful, it is critical to have pre-planned logistical site support. FMS equipment and supplies must be employed in existing buildings of opportunity; operations rely upon available utilities, and support the clinical practices and procedures of the local public health organizations and infrastructure. Upon completion of the mission requirements, FMS equipment must be repacked and either recovered or transferred.

A. Delivery and Assembly. The DSNS provides life-cycle management of FMS-50 caches and deploys them as directed by the EMG. The FMS-50 equipment cache will arrive at the designated site with the FMS ST to facilitate proper set up.

B. Logistical Site Support. The 50-bed FMS must be housed inside a structurally intact facility that has adequate square footage of open space (15,000 ft²) to accommodate 50 patient/resident beds with space for caregivers to work, as well as other required building attributes.

C. Repacking the FMS Cache. Upon completion of the mission, FMS equipment and materiel must be repacked for recovery and return to a DSNS- or OEM LOGS- (based on type of equipment) designated location, or signed over to SLTT authorities as previously discussed. Operational shut-down procedures should not be undertaken while patients remain in the facility. Clinical staff should assist with repacking, which must be completed prior to personnel demobilization according to triwall container markings and packing lists.

Training

Initial training on the FMS CONOPS and 50-bed supplemental information will be by webinar during the preparedness phase. Additional training may be available through

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various providers (both formally and informally) during the preparedness phase, while just-in-time equipment familiarization and other training will be provided during mobilization processing, staging, or at the FMS.

Training on the FMS cache is available through DSNS. This training will focus on the FMS cache and set-up, rather than the operation of the FMS.

Training on the concept of operations, facility selection, site assessment, coordination of clinical support and wrap around services, and specialized functional training (such as IT, communications, supplemental kit contents, equipment operation, etc.) will be provided through ASPR OEM.

All stakeholders should review available documentation, including the FMS CONOPS, 2014, on Responder e-Learn (<https://respondere-learn.hhs.gov/>). This is where job aids, cache inventory lists, and other valuable information has been or will be made available. Additional training requirements to support FMS-50 operations will be identified and training developed under the auspices of the FMS Working Group.

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Annex B-Supplement: FMS-50 Operational Requirements

Appendix 3-S: Example FMS-50 Layout

Appendix 4-S: Minimum Initial Staffing Model (50-Bed FMS)

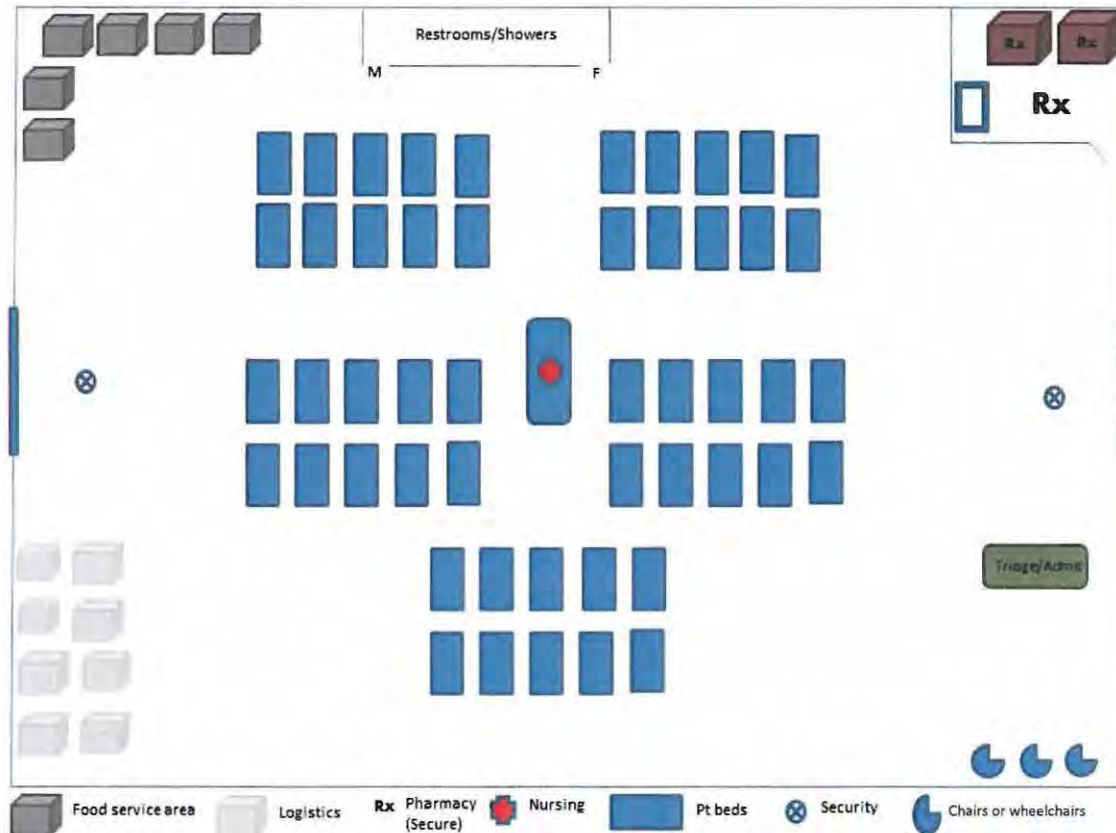
Appendix 8-S: FMS-50 Cache and Pharmaceutical Formularies

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Appendix B3-S: Example FMS Layout (50 Beds) - Facility similar to School Gymnasium or Multipurpose Room



Notes:

This graphic depicts key elements that must be considered during layout of the FMS-50. All actual layouts are situation and facility dependent, with patient care and patient flow given priority.

Security is required at the perimeter and within the facility; depending on characteristics of the area used for secure pharmaceutical storage, additional security may be needed to assist in securing that portion of the facility.

Arrangement of patient beds may not be optimal in pods of ten. Space allocation differs for different bed types and may differ based on care requirements, as well as non-medical attendants accompanying patients, physical plant of the facility, and patients requiring access limitations/mobility monitoring for their safety and security (for example, patients who have dementia). Also, space considerations will be critical if clinical staff must reside within the facility. In this case separate hygiene facilities are required.

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**Appendix B4-S: Initial Staffing Model (50 bed FMS)
 (PHS Rapid Deployment Force (RDF) is Primary Source)**

FMS Leader	01 (D)
FMS Manager (Assistant)	01 (N)
Plans	02
Safety Officer	01
Admin	04
LNO/PIO	01
Subtotal	10
Logistics/Pharmacy Unit	
Pharmacist	04
Logistics	04
Subtotal	08
Clinical Operations Unit	
Physician	01
Nurse Manager/CNO	01
Providers (Physicians or Mid-Level)	02
RN (including Triage Officers)	21
Physical Therapist	01
Behavioral Health Provider (Clinical)	02
Preventive Medicine	02
Subtotal	30
RDF Total	48
NDMS Augmentation	
LRAT	02
DMAT TF	12 (6D/6N)
Personnel Total	62

(Note: Additional and/or specialty staff augmentation based on patient needs and mission will be requested through the IRCT using the Request for Personnel (RFP) function in WebEOC.)

Appendix B8-S: 50-Bed FMS Cache and Pharmaceutical Formularies

50-Bed FMS Cache formulary lists are viewable online in Responder e-Learn. Navigate to: <https://www.respondere-learn.com>.

NDMS personnel, you can review the supplemental FMS and inventory listings in the "all team community."

If you already belong to the community, click the "My Communities" tab in the blue header, click "National Disaster Medical System (NDMS)" option, click "NDMS Team Communities", click "NDMS TEAMS-NDMS Community", these materials are in the "Documents" course menu option (left hand side of page) in the FMS Information folder.

If you do not already belong to the community you will need to search and join it: click the "Search" tab in the blue header, type "NDMS Community" in the NAME field, click the NDMS Teams selection under the ID, then follow the above (see attached tutorial on searching for communities which can also be found under the "Help/Tutorial" tab in the blue header).

If you need assistance please click the "Get Technical Support" tab in the blue header.

DCCPR personnel, you can review the supplemental FMS and inventory listings in the "US Public Health Service (USPHS)" community.

If you already belong to the community, click the "My Communities" tab in the blue header, click "US Public Health Service (USPHS)" option, click "FMS Information," then click "FMS101-FMS Documents." The materials are in the "Documents" course menu option (left hand side of page under "Outline") in the FMS Information folder.

If you do not already belong to the community you will need to search and join it: click the "Search" tab in the blue header, type "FMS" in the NAME field, click the "FMS101" selection under the ID, then follow the above (see tutorial on searching for communities under the "Help/Tutorial" tab in the blue header).

If you need assistance please click the "Get Technical Support" tab in the blue header.