CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY
DISASTER MEDICAL SYSTEM DIVISION

MST Independent Study Orientation Course

Prerequisite: California OES Course G611 – Introduction to Standardized Emergency Management System (SEMS)

UNIT ONE: <u>Introduction & Overview</u>

The purpose of this course is to introduce you to the concept of the Mission Support Team (MST) that has been created as the primary support unit for California medical personnel and teams deployed to disaster events in the State. Completion of this course will prepare you for the next step in a series of required training materials that will qualify you to become a member of an MST.

At completion of this course, participants will be able to:

- Explain the purpose of Mission Support Team (MST)
- Describe the four MST organizational structures & activation
- Identify the challenges of working in a disaster situation
- Recognize signs of stress & apply appropriate self-care techniques

Purpose of the Mission Support Team (MST)

The Mission Support Team (MST) is a management team developed and managed by the California Emergency Medical Services Authority (Cal EMSA). The mission of the MST is to ensure the needs of all deployed medical teams and individuals are met, that they are safe, provided for, and used in accordance with their skills and abilities.

The MST acts as an overhead team to medical resources deployed to the field during a major disaster event in California. These resources could be one or more CalMATs, teams of registered nurses, ambulance strike teams or other medical teams or individuals deployed by the California EMSA.

These medical teams usually come with their own internal management structure and the MST is not intended to replace this structure. The MST is intended to work with internal team management to ensure that the team has the equipment, supplies and support needed to do its job. The MST will process these teams in, support teams and individuals working in the field by assuring

their needs are met, and then process them out of the disaster area when they are no longer needed and can return home.

The MST will keep the EMSA Disaster Services Division informed of the status of the field medical activity under the MST management. If the Department of Health Services/Emergency Medical Services Joint EOC is operational, the MST will report to the Medical Unit within the JEOC. The MST acts as an intermediary between the medical field teams and the Cal EMSA while supporting medical field personnel.

The Mission Support Team is fielded to fulfill the following functions:

1. Provide coordination and liaison between the OAEOC/REOC, JEOC and the deployed state medical assets and teams:

   The MST Commander acts as primary advisor to the OAEOC/REOC and JEOC (or EMSA if the JEOC is not established) in regards to the deployed medical resources active under the MST. The MST Commander works with the OAEOC/REOC and JEOC to determine the need for additional resources and/or when to release these resources back to their homes. The REOC and the county health departments determine where the deployed MST resources are used within their area. The MST works with the OAEOC/REOC to ensure that the resources are safe and are capable of meeting the assignment.

2. Provide staging for incoming and outgoing teams and individuals:

   The MST is responsible to ensure the staging of incoming teams and individuals. When possible, teams and individuals will be housed in hotels and provided a situational awareness and safety briefing before being assigned in the field. All outgoing teams and individuals will be staged before returning home. This outgoing staging is to provide a mission out brief, to ensure all team members receive stress counseling, and that they are aware of how to receive further assistance if necessary. The staging activity will be managed by the Responder Services Unit and assisted by the Facilities Unit, Transportation Unit, and the Medical/Mental Health Care Team.

3. Mission planning, prioritizing & assigning teams, and mission tracking: The Operations Section of the MST is responsible to ensure that all deployed teams and individuals are used safely and in accordance with their skills and abilities. Working through the Team Coordinators, the MST will assist with the mission planning and act as an advocate for the teams and individuals assigned to each coordinator.

4. Logistics support of deployed teams:

   The primary logistical support for the deployed teams and individuals consists of the following:

   a. Re-supply: The MST will ensure that each team and individual has the tools, supplies, and support necessary for successful completion of their mission. Each team and individual needs to go into the field with adequate supplies to begin their assignment. The MST through, the Operations Section (Division or Group Supervisors), will keep track of re-supply need. The MST must be proactive to anticipate re-supply needs to ensure the resources get to the team or individual when needed. While the Division or Group Supervisors act as the liaison with the deployed asset and is responsible to ensure this process happens in time, the advance Planning Unit (Planning Section) and the Procurement Unit play active roles in this process. If the re-supply is not drop shipped to the team or individual, the Transportation Unit may have to assist in getting the supplies to the team or individual.

   b. Security: Each deployed person will have state provided picture ID and clothing identifying them as part of the response team. In order to be eligible for deployment, they must be part of the ESAR-VHP program, be provided training, and receive response team clothing. If the individual comes to the MST or in processing without such ID and clothing, a picture ID will be provided before they are deployed. Keeping the deployed teams and individuals safe and secure may require assistance from local law enforcement or a request to the REOC or SOC to provide personnel for active security.

c. Transportation: Transportation of the teams and individuals to and from the disaster area will be coordinated by the MST Transportation Unit. Teams and individuals may come to the region with their own transportation. If they do not, it is the responsibility of the MST to provide them transportation either through rental of cars, busses, or trucks. Where reasonable, the economics of shared rides will be considered. In addition to transportation of people, the MST may have to provide transportation for re-supply. Working with the OAEOC/REOC purchasing team, the MST Procurement Unit will identify re-supply problems that will require MST provided transportation.

d. Billeting Team members and individuals deployed will be housed in hotels whenever possible. When not possible, the MST will provide a staging area for these teams. This staging area will have sufficient space for the team tents, bathroom facilities (toilets and showers), and cooking areas.

e. Defusing: As part of the Rehabilitation Unit of the MST, each MST and deployed person will be offered the chance to debrief and defuse before out-processing. Defusing is intended to help people transition from the disaster response activity back into their daily lives.

f. Reassignment of teams: When a team or individual is finished with a field assignment, they will return to the MST and, if necessary, be reassigned to a new assignment. Reassignment may occur when the team leader and the Operations Section Chief agree that the team is able to accept another assignment. If there is a disagreement, the MST Commander will make the decision.

g. Demobilization: Each team or individual can remain in the disaster area as long as that stay does not exceed the time stated in the rotation policy. As part of the out-processing, the teams will leave the field two days ahead of the departure date. The first day will be used to out-process at the MST and the second day will be a travel day back home. Out-processing will include a mission debrief to capture after action items and defusing meetings.

h. Returning home: To the extent possible, teams will return home together. It is the responsibility of the MST to assure that teams have adequate transportation home. Team members will contact their Team Leader when they are home. The Team Leader will contact the MST to report that they have successfully deactivated. Individuals not part of a team will receive assistance in making arrangements to return home when necessary. Each individual not part of a team will be provided a phone number to call to document that they are home and deactivated.

MST Relationship To Other Organizations In SEMS

In California OES Course G 611 the Standardized Emergency Management System (SEMS) program was discussed. In this section, we will discuss specific health and medical organizations, describe how they fit into the SEMS disaster response network and how the MST may interact with them.

Disaster management is a fluid discipline. Many changes have occurred and will continue to occur in the system as the state and federal government adjust to new events. Local and state organizations are learning how to embrace both the principles and the organizational structure of SEMS. As this happens, SEMS will become a stronger and more successful response system. Currently, understanding and implementation of SEMS is inconsistent but getting better throughout the state. As local and state SEMS organizations become stronger, the MST will be better able to coordinate their logistical needs through the local, area and regional SEMS system.

Local Health and Medical Organizations

Health and medical organizations include: hospitals, nursing homes, ambulatory care facilities and a number of other care settings. It is unlikely that the MST or teams will have any direct contact with any of these providers except local hospitals. Contact with hospitals, ambulatory care facilities as well as specific assignments will be at the direction of the local Operational Area Health and Medical Branch. This unit is likely to be staffed by the County EMS agency or Public Health Department. In some locations, Public Health Departments are

known as Health Departments. In some counties, the EMS function is part of that health or public health department.

Operational Areas

Under the SEMS program, Operational Areas are defined as the counties. In places such as Los Angeles County, cities make up a significant portion of the disaster response. The boundaries of governmental districts sometimes mirror the city or county boundaries. Many times they do not. Following the principals of SEMS, the MST and the teams will work with the lowest level of governmental medical organization. Usually this will be the Medical Unit within the Operational Area. However, if the event is multi-county in nature, the Regional EOC (Health and Medical Unit) may have to decide how to best use the resources.

All Operational Areas (counties) have emergency operations centers. Within that EOC, the Health Department and EMS Authority will operate within the Operations Section, usually as a health or medical branch or unit. If such a Health and Medical Branch is stood up in the Operational Area EOC, that branch or unit will direct where the teams and individuals assigned to the MST will be assigned. However, in some counties the Health Department will establish their own Department Operations Center (DOC) and will direct health and medical response activities from there.

The California EMSA leadership will work with state and local officials to and provide the MST and deployed medical assets with local contact information.

Regional Areas

California OES has designated six regional areas. Regions are made up of several adjacent counties. Each Region has a designated regional emergency operations center with designated staff.

As part of the California EMSA disaster planning team, each region has a Regional Disaster Medical/Health Administrator (RDMHA). This person is a Public Health Officer or Public Health Administrator from one of the counties within the Region. This person is designated to coordinate intra- Region coordination and sharing of resources. The RDMHA is assisted by a Regional

Disaster Medical/Health Specialist (RMHS). This person works with the health departments and EMS agencies on a day-to- day basis to ensure inter -operations area coordination. They also provide a communications link both within and out of the Region.

Depending on the size and complexity of the disaster, the Regional EOC may be activated. If the event impacts communities in more than one region, more than one Regional EOC may be activated. Depending on circumstances, the MST may be asked to work with one or more Regional EOC to set priorities for the use of the assigned teams and, if possible, use the Region EOC to request logistics support.

State of California

The California Emergency Medical Services Authority (EMSA*)* coordinates state level disaster medical services through the Disaster Medical Services Division. It is through this Division that the MST is organized, supplied, and managed.

The California Department of Health Services (CDHS) shares the preparedness and response mission of the California EMSA. Their focus is on the health and medical system that includes hospitals, infectious diseases, pharmaceuticals and public health.

During a major disaster the California EMSA and CDHS come together in a Joint Emergency Operations Center (JEOC). This JEOC, acting as a joint DOC, is intended to provide a single coordinated support effort. The JEOC provides support to the state Emergency Operational Center that is known in California as the State Operations Center (SOC). Working together these two important groups can bring together both state and federal assets and direct the use these scarce resources.

The California Office of Emergency Services (OES) is the state level emergency management agency. This agency coordinates state preparedness, the state mandated SEMS program and during an emergency coordinates the local, state and federal disaster response efforts. OES activates the SOC to coordinate with area and regional EOC, with state departments and agencies and with the federal government.

Federal Government

Department of Homeland Security/ Federal Emergency Management Agency (DHS/FEMA)

FEMA, an agency within the federal Department of Homeland Security, is designated to coordinate federal disaster response and recovery efforts. After the President declares a Federal Disaster, the SOC will coordinate with the Federal Coordinating Office (FCO) and, if appointed, with the Federal Primary Official (PFO). Currently, the National Disaster System and their CalMATs are part of FEMA. FEMA Regions have medical coordinators.

The other major players include the Department of Health and Human Services (DHHS) and the Department of Defense. Within the DHHS both the centers for Disease Control (CDC) and Office of Emergency Preparedness provide major disaster support activities. Other federal departments play a supporting role in disaster health and medical response. The NRP outlines their roles and are discussed more fully in FEMA course IS-800 on the National Response Plan (NRP).

UNIT TWO: MST Organizational Structure & Activation

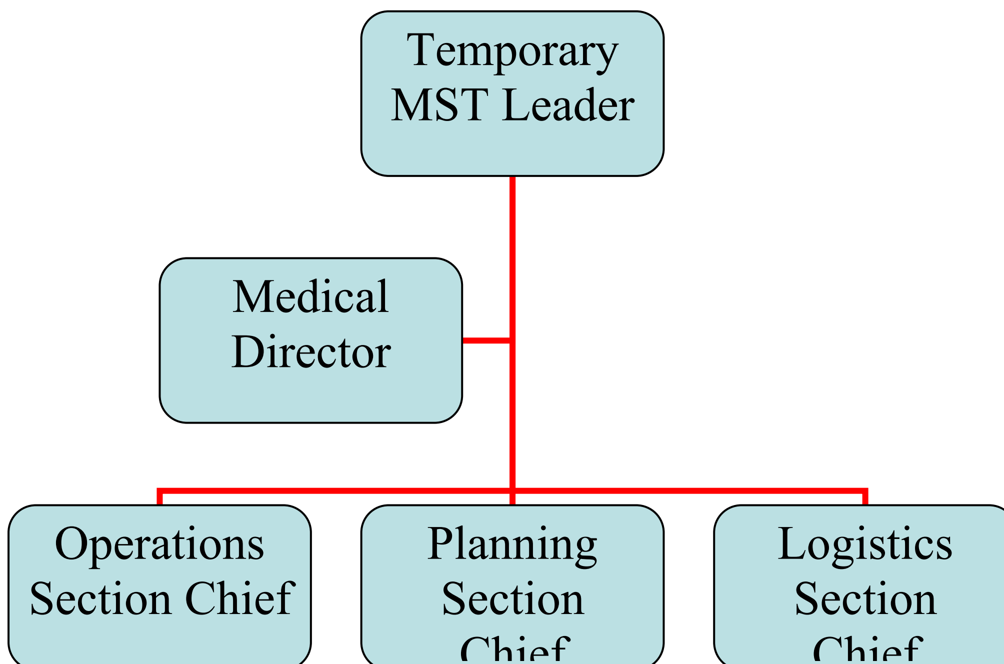
Organizational Structure

The MST will be activated when State sponsored medical resources are requested and deployed into a disaster area. The size and complexity of the MST will depend on the nature of the event, the number and type of medical resources being deployed and the ability of local systems to support the deployed resources.

There are four MST organizational structures to choose from for deployment:

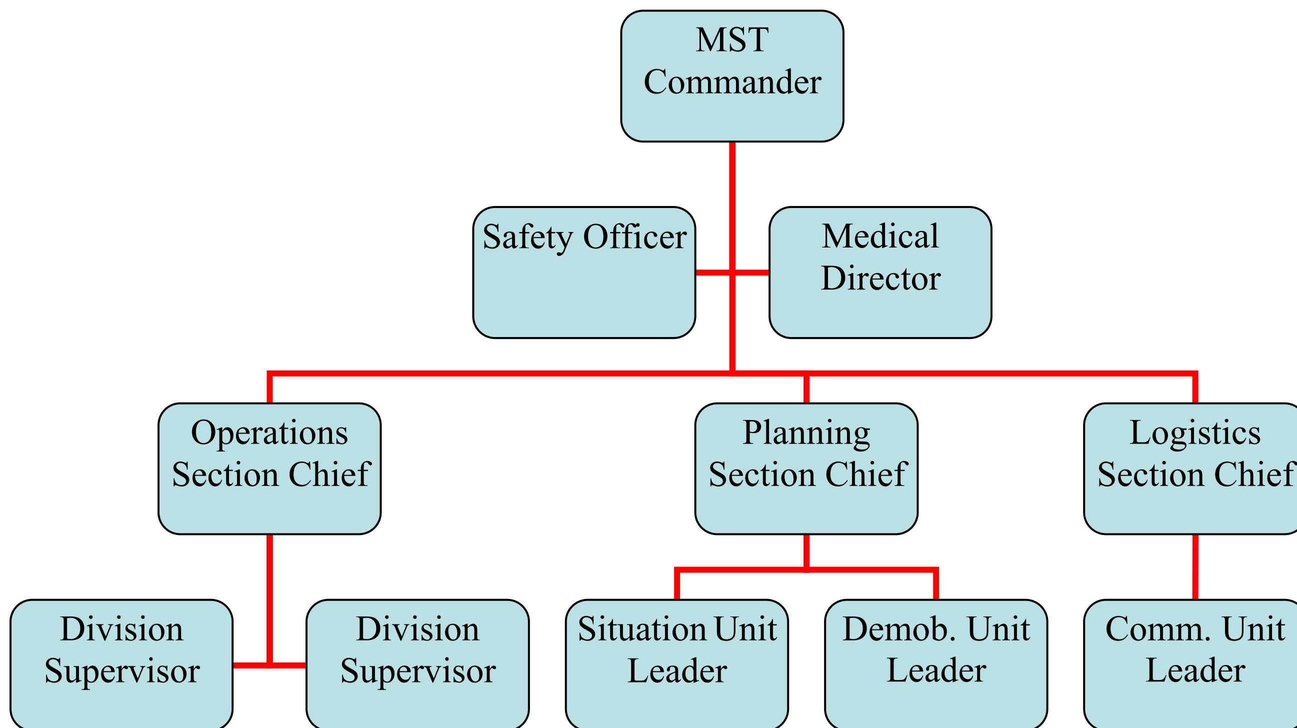
1. Advance Element

For an initial activation where rapid deployment is required, an Advance Element of the MST organization may be activated. The Management Support Team – Advanced Element (MST-A) consists of up to of five positions. Their purpose is to assess the scope of the incident, identify potential facilities for a Base of Operations for the MST, and communicate and coordinate with local officials. The core group uses this information to determine the need for additional health and medical response resources to augment the MST and to request any specialty teams required to meet the health and medical needs of the disaster. The Advance element is intended to determine the size of the needed MST and begin to coordinate with local officials. However, the support for field operations will remain with EMSA or the JEOC until the MST team is deployed.



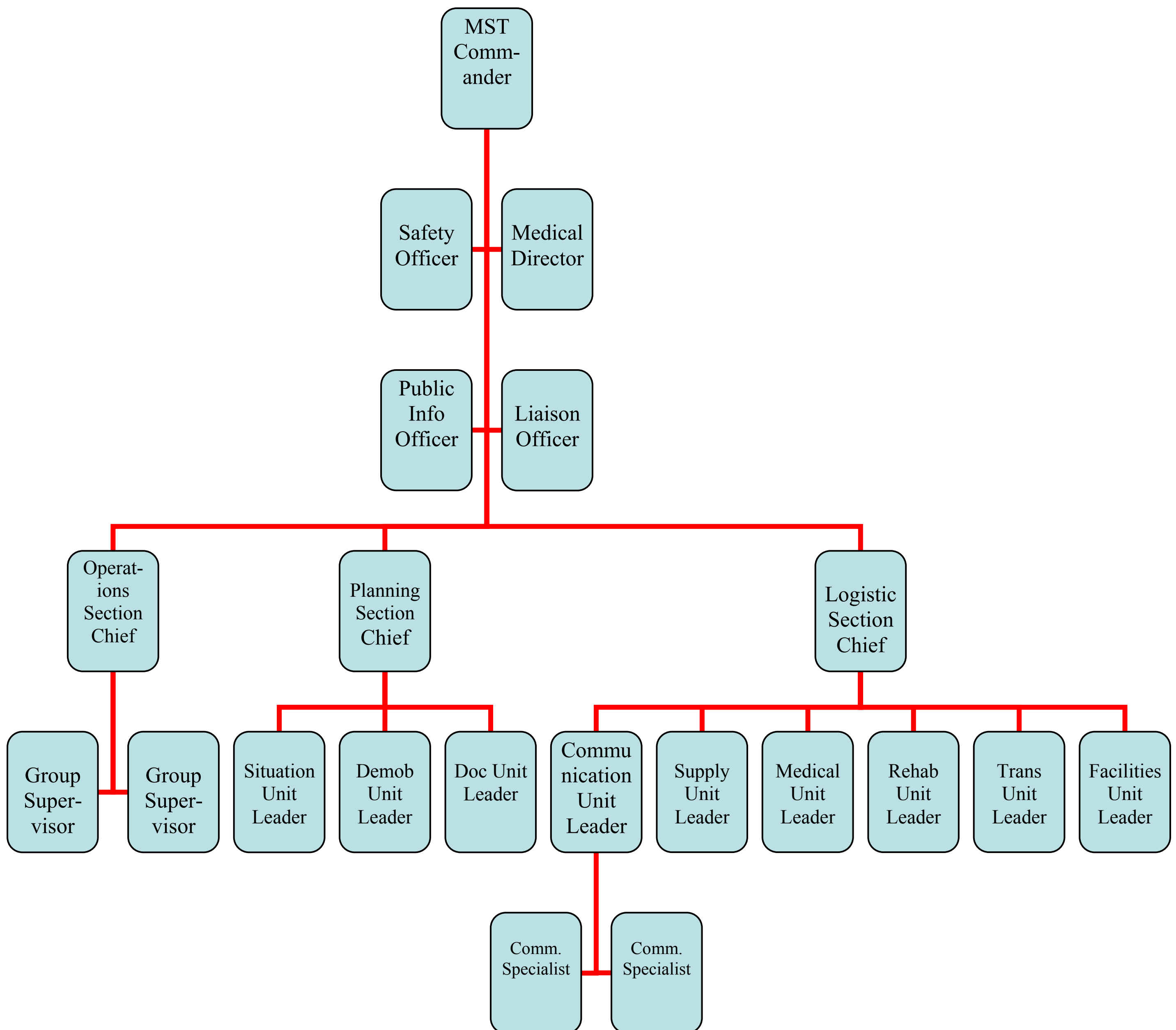
2. MST Light (Type III team)

In a disaster where the need for the MST is limited, a MST Light will be deployed to support the deployed medical and health teams. The MST will operate 8 to 12 hours a day with a duty officer on call during the rest of the day. Positions may be added depending on the specific needs of the requesting agency during the initial activation or as a result of changing needs during the deployment. The MST Light consists of four to 12 people who will provide support to the deployed teams assigned to the MST.



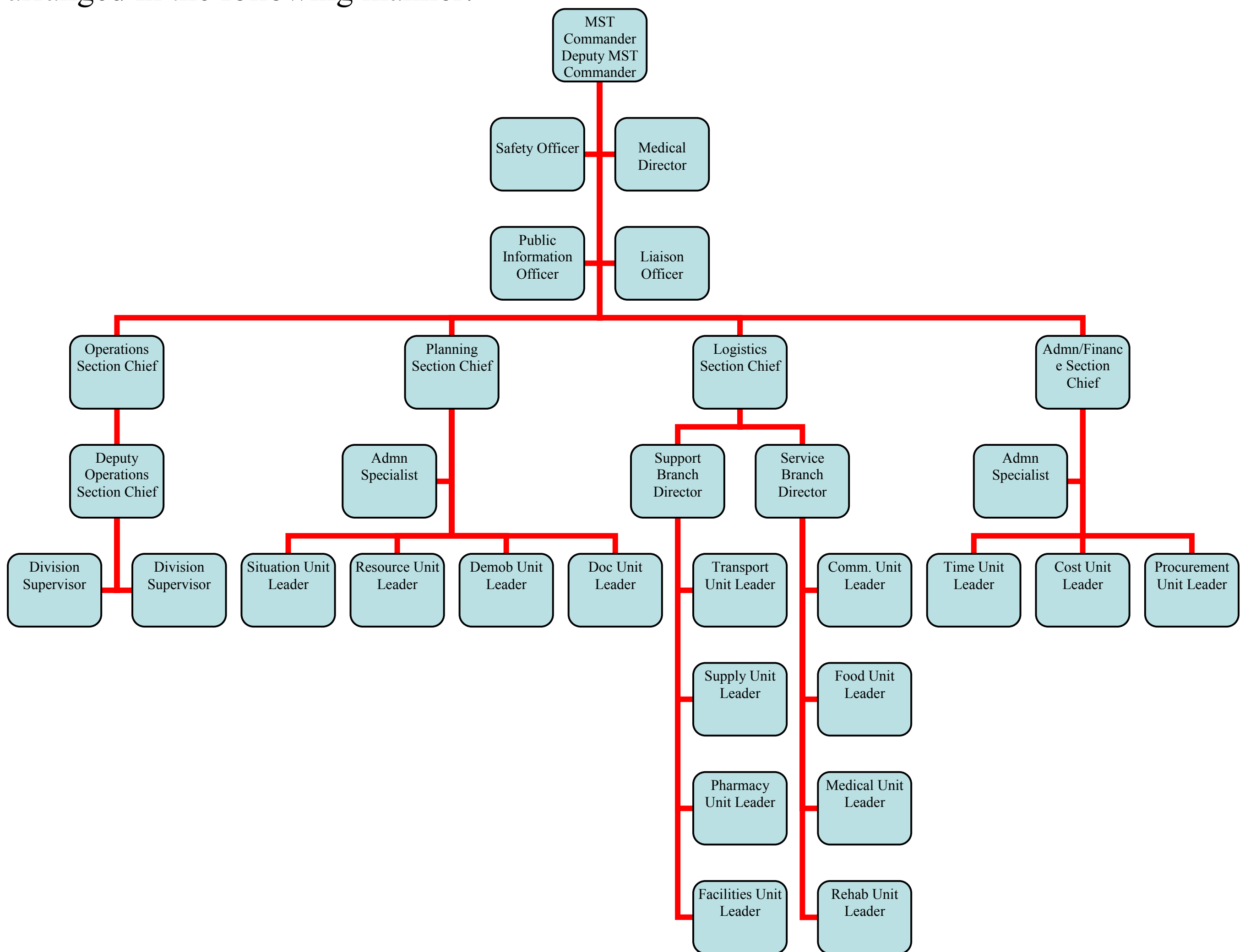
3. MST Medium (Type II Team)

For a moderate response to a disaster, the deployment of the MST Medium may be required. The MST will operate 8 to 12 hours a day with a duty officer on call during the rest of the day. Positions may be added depending on the specific needs of the requesting agency during the initial activation or as a result of changing needs during the deployment. The MST Medium consists of 12 to 25 people who will provide support to the deployed teams assigned to the MST.



4. Full MST (Type I Team)

For a major disaster, the deployment of the full MST may be required. Positions should be doubled, where necessary, if the deployment requires 24-hour operation. The chart depicts the initial and full deployment of the MST. Positions may be added depending on the specific needs of the requesting agency during the initial activation or as a result of changing needs during the deployment. The full MST may be composed of up to 40 functional experts and arranged in the following manner:



Activation of the MST

The decision to activate the MST will be made by the EMSA as a part of the operational response to a medical/health disaster or event. A request to activate the MST may come from other State departments (OES, DHS, etc.) or from a Local, Operational or Regional area as a State provision of resources. The request to activate may also come from the Federal government.

Though most emergency situations are handled by local emergency services such as police, fire, EMS, hospitals and public health agencies, when these local resources are overwhelmed, they can request resources from the State. The State will declare a disaster situation and, when necessary, California EMSA will activate teams or individuals to support the disaster response. In order for these state medical resources to be activated, these events must be beyond the local and regional ability to manage without state (and maybe federal) support.

Examples of medical resources that may be requested include the California Medical Assistance Teams (CalMATs), National Guard Medical Units, Medical Reserve Corp or other volunteers registered with the ESAR-VHP systems. Types of assignments include staffing field treatment sites, replacing medical professionals who are part of the victim pool and providing staffing to specific functions (i.e. medical shelters) or providing clinical staff to federal/state Disaster Resource Centers (DRCs).

Requests for resources will be received at the EMSA's headquarters office in Sacramento, California or by the Disaster Medical Service's Duty Officer during evening and weekend hours, when the EMSA is not staffed. The medical/health disaster or event request is specific in nature, and initiates pre-established activation procedures at the EMSA. At the time of notification or request, the EMSA will consider the necessity of placing other resources (CalMAT teams, Mobile Field Hospitals, etc.) on advisory or alert status as efforts proceed to staff the MST.

The size of the MST will be determined based on need and staffing plans will be developed accordingly. The MST can be as small as one or two people or expand to a team of up to 60 people or more. Qualified and trained MST members from established rosters of personnel will be contacted through ESR-VHP for activation. These individuals should have previous field response

experience and/or have completed all training requirements for participation on an MST. These requirements are listed in Appendix a and B of the MST Operations Manual

Upon activation, MST participants must be ready to travel to the designated site within a 2-hour period. All transportation arrangements will be made by the individual MST member with guidance from the MST Commander. They will report to the MST Commander when they reach their reporting location.

Whether it is due to the request from another department/agency or under its own authority, EMSA responds rapidly to an impending event or one that has just occurred. Upon activation of the MST, EMSA will assign an MST Commander. The MST Commander represents the EMSA while en-route and in the process of establishing the MST. The MST Commander reports either to the JEOC or to the Region Emergency Operations Center (REOC) for policies and decisions related to the deployment depending on where the resources were deployed from. The MST Commander coordinates with the JEOC for internal operational and personnel issues.

If EMSA is unable to locate an MST Commander, the other team positions will still be deployed. These positions include: Medical Director, Operations Section Chief, Planning Section Chief and a Logistics Section Chief.

The MST Commander will lead an "advance team", typically three to five people, who deploy as quickly as possible to seek out a suitable location for the MST to set-up. The JEOC will assist in identifying a work location for the MST that is near to the disaster area. Once a physical location for the MST has been established, notification will be made to the JEOC, who will advise the local authorities and/or Emergency Operations Centers.

During disasters where a large geographical area is affected and/or multiple areas are involved, there may be a need to increase the number of personnel on an MST or increase the number of MSTs assigned to the disaster. The decision to deploy these additional resources will be made by the MST Commander in consultation with the REOC and JEOC.

When a Federal MST is deployed to the State, the California MST will transfer MST duties, responsibilities and expenses to the Federal MST. If more than one

MST is needed, the California MST will work in conjunction with the Federal MST.

The assignment of other medical teams and individuals will be determined by the Operational Area Emergency Operations Center (EOC) or the Regional EOC. The EOC will contact team members with information regarding the event, reporting time and location, contact names and numbers estimated deployment duration. This assignment will be coordinated through the MST Operations Section. The MST will coordinate logistics, including lodging, supplies and support through the area or regional EOC structure. The MST will integrate their supply and resource support needs into local incident support systems whenever possible.

The Incident Commander supervises both the command staff (Staff Officers) and general staff (Section Chiefs). Within the Sections, the Section Chiefs supervise the Branches and Divisions. These organizations supervise the Units. The MST Commander acts as the Incident Commander for the MST. The MST Commander reports to the Region EOC Medical Unit for direction and to the EMSA or JEOC Medical Unit for support and coordination. Individual team commanders have line supervision over the members of their team. Members of the MST work to support these field line supervisors.

It is important to keep your information in the ESAR-VEP system up-to-date. Assignment to the MST will be based on the experience, education and training, as noted in the ESAR-VEP system. In addition, it is important to keep your contact information up to date. When the MST is activated, those who can be reached will be the people asked to deploy as part of the MST.

UNIT THREE: Working In A Disaster

Every disaster deployment presents a different environment for an MST. In the best of conditions, the MST will be housed in an air-conditioned hotel with all the modern comforts as well as meals available at local restaurants. The MST work site might be in a large conference room with the necessary phones, equipment and air-conditioning.

However, since the MST must be within the disaster-affected area, the team may be required to operate in austere conditions. Housing may be a tent with portable toilets and showers, no air-conditioning, noisy, hot (or cold), dusty, follow-on earthquakes, insects and other less desirable conditions. The MST may also be located in a hanger or in other buildings that have limited utilities and human comforts. These types of conditions can and do add to the stress that comes with a disaster deployment. Individuals who are unable to function effectively in these conditions should talk to EMSA Disaster Medicine Division to determine if there are other opportunities for them to be part of the disaster response team.

Chain of Command

In disasters, knowing who is in charge is important. Disaster response in California is run using SEMS and Incident Command System (ICS). SEMS provides a structure where individual field incidents are managed by individual incident management organizations. (Information about SEMS is provided in California OES Course G611, which is the prerequisite for this course.)

ICS is both a management and command system that brings organization and efficiency to an event. ICS assumes a command structure because during a disaster time is critical. This means that decisions made at a higher level will be supported by the elements lower in the organization though input is always welcome.

For some health professionals this may be difficult and different from what they are used to in their daily practice where they rely on their independent judgment to make decisions rather than receiving directions from above. Because licensed health professionals are trained to trust their own judgment, it can be difficult to

act on decisions made by others. Nevertheless, decisions made by people higher up in the organization need to be supported and carried out if the mission in order for the mission to be successful.
The MST is a team of talented, competent professionals who are expected to work together in a professional, respectful manner to get the job done. It is expected that all team members will leave their egos at the door.

MST Leadership vs. Team Leadership

The relationship that the MST has with the deployed medical teams that they are supporting is one that needs to be understood by each member of the MST. Like the MST, these teams have been organized with complete internal organization. They are developed around an internal ICS structure. Each team comes with a Commander, Operations, Planning, Logistics and Administration and Finance Section Chiefs. The role of the MST is to support these teams and to interact with that team's management. In most cases, first contact will be with the Team Commander who can brief the MST Operations Section.

The MST Operations Section will be the point of liaison with the team, though each section within the MST may have a reason to interact with the teams. This interaction will be coordinated by the Operations Section or at least with the knowledge of the Operations Section. The goal of the MST is always to assist these teams in meeting their assignments. If for some reason the MST is not going to be able to meet the perceived needs of the teams (as seen by the team), the Operations Section Chief will make the MST Commander aware of the issue. If necessary, the MST Commander and the Team Commander will have an "off line" conversation to see if there is a satisfactory work around.

Getting Work Accomplished In The MST

Using the principles of ICS, the MST is organized in five elements. These elements are Leadership/Command, Operations Section, Planning Section, Logistics Section and Administration/ Finance Section. The following is a description of these elements and the functions they are responsible for accomplishing. Even if the Section, Branch or Unit is not activated, the function still needs to be considered. One of the principles of ICS is that until delegated, the function remains with the supervisor. Since the MST can be made up of just a few people or many people, each function may be

accomplished by one or more people or many functions can be assigned to one person.

MST Leadership Function

a. Commander/Deputy Commander

The MST Commander/Deputy Commander provides overall coordination and direction of the MST and response teams (i.e. CalMAT & other Special Teams or groups). The Command Staff, consisting of the Safety Officer, Medical Director, Public Information Officer, and Agency Liaison Officers advises the MST Commander/Deputy and General Staff in areas of tactical planning, accomplishment of the Action Plan, coordination with assisting and cooperating agencies, and identifying and correcting unsafe conditions and related medical issues. The Command Staff also participates in the development and approval of strategic goals and operational objectives to meet the overall disaster goals established by the lead agency.

a. MST Medical Director

The Medical Director is the senior medical person on the MST and must review and prepare, as necessary, all medical plans prior to submission to the MST Commander/Deputy for approval and implementation. The Medical Director is responsible for ensuring that quality medical care is provided by the response resources to the disaster population, and medical care is provided to the MST and response teams' personnel. The Medical Director is also responsible for coordinating health-related issues such as public health, data collection, mental health, and biohazard protection within the MST and the field medical response teams.

b. MST Safety Officer

The MST Commander is responsible for protection of the health and safety of deployed personnel. The MST Safety Officer (SO) represents the MST Commander on all safety issues. The SO will coordinate overall occupational safety and health-related activities for the MST and response resources.

c. Public Information Officer

The Public information Officer (PIO) will coordinate with the AOEOC/REOC and JEOC Joint Information Center (JIC) to ensure that accurate and timely information is provided to the public on the activities of the MST and field response teams under the MST coordination. The PIO is an advisor to the MST Commander on public information and media issues. If the media wishes to visit the MST, the PIO will act as the host and guide for the media team.

d. Liaison Officer

The Liaison Officer coordinates with assisting and cooperating agencies working on medical issues in the disaster area, as directed by the MST Commander. The Liaison Officer conducts briefings and assists agency representatives visiting the disaster site through coordination with the Operations Section Chief.

e. Operations Section

The Operations Section manages all MST ground activities to meet operational period objectives. The Operations Section coordinates the support to all teams and individuals being supported by the MST. Depending on the number of teams and individuals assigned, the Operations Section may have a Group Supervisor and several Team Coordinators who work closely with Team Commanders to provide specific coordination and assistance, as needed.

f. Planning Section

The Planning Section is responsible to coordinate the planning activities of the MST. While each section in the MST contributes to the planning process, it is the Planning Section that ensures that the process is completed. In addition to the Incident Action Plan and Situation Status Report, the Planning Section works with other sections on other routine and special plans, keeps the official MST historical records, tracks resources and supports the MST by doing advance planning.

Planning Section Chief:

Coordinates preparation of the Incident Action Plan, establishes planning cycle for the MST Commander, conducts the planning meeting, obtains estimate of response resources available from JEOC/OAEOC/REOC for use in planning for next operational period, obtains necessary agency policy and legal or fiscal constraints for use in planning meeting.

Situation Unit
Provides up-to-date situation assessments, strategic/operational planning.

Resource Unit Leader:
Maintains the status of medical response resources assigned to the MST and in the field. Coordinates the development of the Incident Action Plan and other routine plans.

Demobilization Unit Leader
Coordinates the development of the Demobilization Plan for all state deployed medical resources, implements and monitors the plan.

Documentation Unit
Maintains official historical records for the MST which includes all plans and section logs created by each section.

g. MST Logistics Section

This section provides the facility and maintenance of communications support, arranges for and coordinates lodging, and meets arriving and departing resources and logs them in. The following a part of the Logistics Section.

Support Branch

Transportation Unit
The Transportation Unit is responsible for all ground transportation for personnel, materials, and equipment. A motor pool may be established to provide vehicles with drivers for MST personnel traveling to the incident ground and other locations. The Transportation Unit also develops a

Transportation Plan which covers designated safe travel routes. Transportation Plans are developed to anticipate future needs and changes in the disaster situation. Daily vehicle records are maintained and given to the Administrative/Finance Section for all vehicles under contract.

Supply Unit
The Supply Unit is responsible to ensure that the MST and deployed medical assets have the supplies and equipment that they need to conduct their business. Food, water and pharmacy items are managed by other Units within the Logistics Section.

Pharmacy Unit
The Pharmacy Unit is responsible to ensure that the pharmacy needs of the deployed teams are anticipated and ordered in a timely way. If at all possible purchases will go from vender to team directly. If required by the situation, the Pharmacy Unit may have to warehouse certain pharmaceuticals and medical supplies to ensure that the supply change is not broken.

Facility/Security Unit
The Facility/Security Unit provides and maintains work areas, shelter, tables, chairs, utilities, and other related needs. The Facility/Security Unit also arranges for security for personnel and the facilities. The Unit coordinates arrangements for the use of commercial lodging with other responding agencies using these facilities. When commercial lodging is not available, the Facility/Security Unit will develop a staging area where unassigned teams can be lodged. The staging area is the facility where personnel arriving or leaving are staged. If commercial facilities are used, the Facilities Branch works closely with the Procurement/Contract Unit Leader to assure vendor and MST needs are met.

The Facility/Security Unit is responsible for providing security for the MST including the MST proper, and Staging Area. It works with local law enforcement agencies and National Guard, as necessary.

Service Branch

Communications Unit

The Communications Branch is responsible for the computer, telephonic, and radio communications of the MST and the teams in the field. The major responsibility of the branch is to arrange for needed communications systems, operators, and maintenance. The Branch is responsible for the preparation of the Communications Plan that assigns operating frequencies and channels, provides backup systems in case of failures, and assures a secure system free of interference.

Food Unit

Food and water for the MST and the assigned teams and individuals are arranged by this unit and contact is maintained with local health officials to assure the safety of the food and water.

Medical Unit

The Medical Unit is responsible for the health of the MST personnel and the field teams and individuals in the staging area. The Unit is establishes a medical unit at the MST.

Rehabilitation Unit

The Unit is responsible to establish a Rehabilitation Center to support the personnel in the MST and the field teams. It is the policy of the MST that all personnel will be given the opportunity to defuse during the response and debrief at the end of the deployment prior to returning to their home base.

h. Administrative/Finance Section

The Administrative/Finance Section provides accountability in accordance with state regulations in the procurement of material, supplies and services, maintains time records for personnel and equipment, budgeting and accounting as well as supervising the procurement function of the MST.

If the event is declared a federal disaster, it is important that all expenses are accounted for so the cost of the MST can be submitted as state disaster expenses.

Time Unit
Time records for personnel are recorded and kept current by the Time Unit and are derived from documentation provided by Section Chiefs and Team Commanders. The Time Unit also assists in the preparation, review, and processing of travel claim forms for MST members.

Cost Unit
The Cost Unit collects financial information from all sections of the MST to provide current cost records for Situation Reports (SITREPs) and other documents. This Unit is responsible for maintaining financial records in sufficient detail to submit all the MST expenses for reimbursement.

Procurement Unit
The Procurement Unit is responsible for the procurement of local supplies for the MST. This Unit also works closely with the Medical Unit at the OAEOC/REOC to procure routine MST and team needs such as food, water, medical supplies, and pharmaceuticals.

Administrative Specialist
Administrative Specialists are received in the Administration and Finance Section of the MST and are assigned, as needed, to other sections and units to meet clerical related needs.

UNIT FOUR: Self-Care in a Disaster

Working Under Pressure

Working in the MST means working in a high stress environment. Working in the immediate aftermath of a disaster, means working long hours, working in cramped space with inadequate equipment, no breaks, new people, and a state of confusion. This is the definition of working under pressure. Not everyone is able to thrive in this environment. The following summaries about working in the disaster environment offer important information to help explain human reactions and needs when working in a disaster environment. MST members are encouraged to explore this topic more through either the American Red Cross or other organizations with expertise in disaster mental health issues.

Key Concepts of Disaster Mental Health

- No one who sees a disaster is untouched by it.
- Most people pull together and function during and after a disaster, but their effectiveness is diminished.
- Disaster stress and grief reactions are normal responses to an abnormal situation.
- Many emotional reactions of disaster survivors stem from problems brought about by the disaster.
- Disaster relief assistance may be confusing to survivors causing anger and frustration.
- Survivors may reject disaster assistance of all types.
- Most people do not see themselves as needing mental health services following a disaster and will not seek services on their own.
- Disaster mental health assistance needs to be more practical and genuine rather than psychological in nature. (listen to them, offer phone or coffee)

STRESSORS ASSOCIATED WITH DISASTER WORK

Occupational Hazards

* Exposure to unpredictable physical danger
* Encounter with mass death and human remains
* Encounter with suffering of others
* Long hours, erratic work schedules, extreme fatigue
* Cross cultural differences between workers and community
* Inter-agency/intra-organizational struggles over authority
* Equipment failure and perception of low-control
* Lack of adequate housing
* Encounter with death of children
* Role ambiguity, lack of teamwork, poor leadership
* Difficult choices, lack of accurate/current information
* Communication breakdowns, changing priorities
* Lack of adequate of resources
* Negative perception by community
* Weather/work conditions
* Over-identification with victims
* Human errors, unqualified staff
* Too much work & not enough staff/time
* Perceived mission failure

Signs of Stress

* Irritability, frustration, confusion, memory loss
* Inability to concentrate, clumsiness, forgetful
* Loss of appetite, inability to sleep through the night
* Self isolation, argumentative, defensiveness
* Frequent headaches, upset stomach, tense muscles
* Increased use of stimulants: alcohol, coffee, drugs
* Increased anxiety, fear, guilt, self-doubt
* Feelings of helplessness, despair, sadness, depression
* Restlessness, nightmares, re-experiencing the event

What Emergency Medical Staff Need To Know

Each person reacts differently to a disaster event. This is due to several factors including:

- The seriousness of the event
- Life experiences prior to the event
- The person's natural ability to cope with stress
- The person's personal support system
- One's ability to know when to ask for help
- One's willingness to ask for help

It is important to seek assistance whenever any one symptom affects your ability to function normally during either your work or personal time. If you find yourself unable to concentrate at work or are unable to sleep soundly on a regular basis, it could be due to stress. These could be signs that you may benefit from peer support or professional assistance.

There are also many things you can do to help reduce/manage stress resulting from a disaster deployment. Some suggested self-care techniques include:

- Management of Workload
  - Set task priority levels and create a realistic work plan
  - Delegate existing workload so workers not doing usual job too
- Lifestyle
  - Exercise and stretch muscles when possible
  - Eat nutritionally, avoid junk food, caffeine, alcohol, tobacco
  - Obtain adequate sleep and rest, especially on longer assignments
  - Maintain contact and connection with family & friends
- Stress Reduction Strategies
  - Reduce physical tension by deep breathing, meditating, walking
  - Use time off for exercise, reading, listening to music, taking a bath
  - Talk about emotions & reactions with coworkers or family members whenever possible
- Self-Awareness
  - Recognize and heed early warning signs for stress reactions
  - Accept that one may not be able to self-assess problematic reactions

- Be careful not to identify too much with survivors/victims' grief and trauma
- Be vigilant not to develop vicarious traumatization or compassion fatigue
- Recognize when your own disaster experience interferes you're your effectiveness

While it can be very difficult to take good care of yourself when working long, arduous hours on a disaster, it is recommended that you make a commitment to yourself to find time each day to do something special for yourself. For example, be sure you get at least one fifteen minute break each day. Use this time to go outside and breathe some fresh air or take a walk around the parking lot. Another thing you can do is to be sure to have at least one substantial meal each day. Do you best to get to bed early enough so you can have a minimum of six to seven hours of sleep each night. No, you won't be able to do all the good things you may do at home for yourself, but each person can and should make every effort to some little things each day in an effort to keep their personal stress under control.

It is easy to get so involved with what is going on around you that sometimes you forget to take care of yourself. If possible, after several hours of working, take time for yourself, leave the area, take a five-minute walk, drink some water and remove yourself from the environment. Make sure you keep hydrated, eat as regularly as you can and try to get good sleep.

If you find yourself being impatient with those around you, give yourself some time away from the stress. Stand up and move around a little, take a couple of deep breathes, close your eyes for a few minutes. If you share a responsibility with someone else, ask them to pick up a bit more of the tasks for an hour. Find a way that works for you to allow yourself to de-stress and then continue with your responsibilities.

Because the MST works in such stressful environments, EMSA has limited deployment of the MST to 21 days.

<u>Remember you can't help others if you don't take care of yourself.</u>

Take Care Of Your Teammates

Working in the MST is a team activity. Some people think of the team as an extended family. No one person can accomplish the mission and all members are important to the success of the team. Looking out for your colleagues is important. Make sure that people around you take care of themselves. If team members are not taking care of themselves, express your concern and suggest they take a break, get some food or sleep. If you can help them get away for a few minutes do it. If you can't convince them to take care of themselves, let your supervisor know.

One of the best ways to de-stress is to talk to someone about what you are facing. If another person needs a sympathetic ear, be a friend and offer to listen. Worrying, being concerned and caring for each other is part of what will make the MST a strong and successful team.