



BEST PRACTICES AND LESSONS LEARNED IN DEPLOYING PRIVATE SECTOR AND VOLUNTEER RESOURCES THROUGH EMAC



ICU

DIALYSIS

SKIN IN BLOOD

THE OUTSIDE WORLD IS THE MOST INTERESTING PLACE TO VISIT. IT'S A GREAT PLACE TO GO TO. IT'S A GREAT PLACE TO GO TO. IT'S A GREAT PLACE TO GO TO.

The EMAC system has provided our nation with an unparalleled mutual aid system to respond and recover from large disasters. While most missions go well, almost all can find ways to improve the next deployment or receipt of assets. With each event, states are finding more ways to better respond and help others through EMAC. Throughout this study, evidence of innovative thinking, collaboration with private sector resources and personnel, or simply improving the process for the next event were identified in almost every state that agreed to discuss their experiences further. Below is a small portion of those state experiences, lessons learned and/or best practices that stood out from the initial survey. The areas identified below are categorized based on the five phases of EMAC. While some of the areas highlighted are based on state deployed resources, they are also good practices that can be utilized by states wanting to deploy private sector and/or volunteer resources.

Pre-Event/Preparation – Inventorying Regional Medical Assets

Summary

Quickly being overwhelmed by four major hurricanes during the 2004 Hurricane Season, the State of Florida seized the opportunity to improve the way the state identified medical assets and personnel inventory that are available throughout the region prior to future hurricane seasons.

Description

Receiving four major storms in one season quickly overwhelmed state resources. Receiving any asset to help back up or replace existing medical assets was critical for continued medical services and operations. Without EMAC, Florida would have found it very difficult to manage that particular hurricane season on their own with no outside assistance from other states.

The Florida Department of Health brought in over 200 medical personnel comprised of doctors, nurses, and specialists from Colorado, Alaska, Kentucky, and North Carolina. This was a massive undertaking for the state to manage under four different storms. Knowing what medical resources were needed storm after storm proved to be a challenge.

Following the 2004 season, the state saw the need for a better way to plan for the use of medical resources in the event of a multiple landfall hurricane season or other multiple disaster scenario. With this vision, the Region IV Unified Planning Coalition was formed. This coalition includes all states in FEMA Region IV, along with federal government agencies. This coalition has the ability to quickly research and provide states with annually updated resource inventory throughout the region.

Pre-Event/Preparation – Mission Ready Packages

Summary

Through experiences from multiple deployments providing assistance to other states, as well as receiving incoming EMAC support for their own disasters, the State of Colorado has established Mission Ready Packages to enable future support to other states.

Description

In 2007 the state of Colorado permanently adopted an EMAC process after determining their previously established MOU process was not effective because it did not encompass all hazards. Facilitated by the State of Colorado Division of Homeland Security and Emergency Management (COEM), Colorado has completed multiple EMAC deployments throughout the country including the Gulf Coast during hurricane season as well as other states during flooding and tornado events. Colorado is experienced in both sides of the EMAC process and has developed Mission Ready Packages (MRP) that are in place for defined events.

More recently the state of Colorado has deployed resources to California for wildfire fighting purposes, in which MRPs are utilized. The MRPs developed by the state of Colorado are used for deployments as well as receipt of resources from other states, specifically for fire-related events. Utilization of MRPs during a wildfire event speed up the process of selecting needed resources as well as providing a cost estimate up front. When Colorado is



responding to a fire resource deployment, as stated by Colorado’s State EMAC Coordinator, an MRP can be sent through EMAC stating exactly the resources available from the state to determine what can be sent out.

Establishing pre-determined MRPs, as demonstrated by COEM, is a best practice that should be incorporated into every state’s EMAC procedures. Both the public and private sector benefit from this capability which ensures coordination and cooperation for resource sharing implemented during emergencies. NEMA encourages states to develop internal capability for their own resource inventory. The better they develop and understand their own internal inventory, they better they will be able to serve as an Assisting State, and the better they will be positioned to know their needs as a Requesting State.

Activation – Making Medical Personnel Agents of the State

Summary

The State of New Jersey has acquired a Mobile Satellite Emergency Department that is staffed with a combination of private hospital staff and state agency personnel. Despite being involved in responding to the effects of Hurricane Sandy in New Jersey, the state provided New York with a quick solution, leading to a successful deployment to a neighbor in need.

Description

During Hurricane Sandy in 2012, New Jersey was primarily a receiving state of EMAC resources; however, with a unique resource on hand and the capability for deployment quickly across borders, the state offered its full support in getting the asset on the ground and operational in a timely manner to the state of New York.



The New Jersey – Mobile Satellite Emergency Department (NJ-MSED) vehicles are one of only a few mobile medical assets in the country, funded through the U.S. Department of Defense and the Urban Areas Security Initiative (UASI). The core of the NJ-MSED complex exists in the form of two 43-foot trailers and a 48-foot trailer with expandable sides. Each mobile unit is staffed by Hackensack UMC emergency physicians, nurses and operations personnel, and includes the following capabilities²:

- Seven critical care beds with monitor-defibrillator capability
- Digital X-ray and sonography systems
- Telemedicine capabilities
 - Portable field laboratory
 - A pharmaceutical cache
 - Overhead medical procedure lighting
 - Oxygen generators and
 - Technology to seamlessly connect the operations of the two units

The NJ-MSED also has multiple support vehicles designed and constructed to provide on-scene advanced communications to link back to Hackensack University Medical Center as well as the New Jersey Health Command

Center, Office of Emergency Management and the Medical Coordination Centers. Supplies and equipment are transported with additional support vehicles.

Following Sandy, New Jersey deployed this unique asset to Long Beach Hospital in Nassau County, NY where the local hospital was completely devastated by the storm. The deployment team was made up of personnel from Hackensack University Medical Center, the New Jersey Emergency Medical Services Task Force (EMS TF), and the New Jersey State Department of Health. Both the Hackensack and EMS TF personnel were private sector personnel, which immediately needed to be addressed in order for the package to deploy without issues.

Facing their own response and recovery efforts, New Jersey scrambled to deploy the asset and its staff. The resource had not yet been fully “resource typed” or made ready as a mission ready package; therefore, staff needed to quickly determine exactly who was going to deploy. Since all EMAC deployed personnel must be “agents of the state” from the state they deploy, the Hackensack and EMS TF personnel would not be eligible or legally covered to deploy. The staff identified from the Health Department were not problematic because they were already state employees. New Jersey employees worked with the State Attorney Generals’ Office to come up with a solution on how to designate the Hackensack Hospital and EMS TF personnel as agents of the state for this situation as well as future EMAC deployments. During a conference call with the Attorney Generals’ Office, it was determined that all private sector personnel deploying in support of the NJ-MSED would be registered in the New Jersey Medical Reserve Corps database, a state sponsored database and program, which would sufficiently designate them as agents of New Jersey³.

The state knew what needed to be addressed in order to deploy the asset to support New York, and understood what needed to be addressed in order to facilitate a complete and without issue deployment. Collaborating with the appropriate agencies immediately upon recognition of the issue led to no real delay in the mobilization or deployment. The asset and its support staff were mobilized and deployed in a timely manner.

Reimbursement – Ineligible Expenses

Summary

Public/Private sector medical asset deployment from North Carolina resulted in the receiving state being unable to reimburse private hospital fees.

Description

In response to a request, North Carolina deployed a smaller version of their mobile field hospital and staff to support an incapacitated hospital in the affected area. The hospital was anticipated to be closed for some time. The cost estimate, reviews and approvals were maintained while the medical asset and personnel deployed and returned successfully.

Following the deployment, it was revealed during the reimbursement process that there was a hospital administrative fee included in the cost estimate. The reimbursement request was processed, and because the fee was approved in the cost estimate, it was an officially approved expense. Months later when the North Carolina submitted its reimbursement request to the receiving state, upon review by the fiscal staff the issue of the administrative fee was raised. Conference calls and e-mails were exchanged by senior management and legal counsel of both states before a resolution was made. This issue was a game-changer in deploying this asset and staff in the future, and resulted in increased scrutiny when reviewing the cost-estimate for inappropriate charges prior to future deployments.

Reimbursement – Establishing Fixed Labor Rates

Summary

In response to Hurricane Katrina, the state of New Jersey deployed a multi-jurisdictional law enforcement task force to assist in providing security to the City of New Orleans. The outcome of the Katrina deployment led to changes in the thought process in which New Jersey deploys these types of assets/support for future disasters, resulting in the simplification of the reimbursement process.

Description

In 2005 many states, including New Jersey, offered their support in countless ways to the Gulf Coast Region in the aftermath of Hurricane Katrina. In response to an overwhelmed region in need of assistance, New Jersey State Police sent help by way of staffing, equipment, and logistical and technical assets. These assets were deployed with a systematic approach grounded in complete self-sufficiency.

The law enforcement task force consisted of approximately 600 state troopers and local and county police officers from over 110 New Jersey law enforcement agencies, accompanied by fire service and emergency medical technicians. Hundreds of troopers and local police officers mobilized and deployed to New Orleans as part of the task force and spent weeks in the city. The Task Force was responsible for searching residences, rescuing stranded residents, recovering bodies, rescuing animal, and delivering food and water to thousands of residents who did not evacuate for the storm. They also assisted with decontamination operations of emergency workers and vehicles. The thousands of hours spent on these missions could potentially have turned into major reimbursement challenges upon their return without action by New Jersey to mitigate the issue.

With over 100 different agencies involved, each responder fell under different agency policies, including labor contracts or other legal doctrines in place for extra benefits to which their personnel would be entitled for unusual assignments. Some of these contracts or policies provided extra money for meals, expenses, or “Hazardous Duty Pay” as defined by the military. Additional fringe benefits were also a challenge. Seeing the enormous problem occurring with the reimbursement of dozens of different unauthorized expenses, the state notified everyone in advance that they were setting parameters for deploying as an agents of the state. All deployed personnel had advanced knowledge of and agreed to the terms of the deployment established - fixed rates which were the same for everyone. Had this agreement not been in place, the state would be dealing with paperwork issues for years to come. New Jersey mitigated the large, recurring EMAC issue of reimbursement of allowable expenses, by setting firm parameters and giving those deploying the information prior to deployment, resulting in no additional expectations.

Reimbursement – Pre-deployment Briefs and Reimbursement Tracking Software

Summary

Tennessee integrated lessons learned following a deployment of medical personnel in 2004 to provide support during multiple hurricanes making landfall in Florida. A significant improvement was a direct result of this deployment and included the creation of a new reimbursement tracking system and training package to streamline future deployment.

Description

After a 2004 nurse deployment to the hurricane-struck area in Orlando, FL, Tennessee developed a customized package to quickly train responders preparing for deployment. A reimbursement tracking system for the budget officers was also improved as a result of this particular deployment.

Following After Action challenges after the 2004 deployment, the Tennessee Emergency Management Agency Budget Officer took the initiative to develop the training package. With each corrective action in mind, a training course was developed to eliminate the same issues from transpiring during future deployments. Now the new EMAC software package will be integrated into briefings which will help streamline the process. The training consists of an eight hour session held at the State Emergency Operations Center just prior to deployment departure. Availability of this training provided the Tennessee Emergency Management staff the opportunity to work closely with those deploying as well as to better define the process and expectations of each deployment. With better communication and collaboration on expectations throughout the process from the beginning, issues during and after each deployment can be mitigated. The agency also assigned and trained ten new personnel to be able to operate the EMAC software. The personnel recently tested the software as an A-team to an EMAC exercise in Georgia for a Hurricane TTX this summer.

“

New Jersey received *invaluable assistance* from partner states thru the EMAC system during our **Superstorm Sandy** response and **recovery** efforts.

Equally important was the *support received* from the **private sector** thru **various companies** providing *commodities* and supplies **essential** to our **emergency operations**. We remain *grateful* to the nation and *numerous individuals* who responded to **NJ** in our *time of need*.

”

– *Howard Butt,*
EMAC Coordinator,
New Jersey State Police,
New Jersey Office of Emergency Management

Reimbursement – Requesting State Paying Cost for Deployed Volunteers Directly

Summary

Following the 2004 Hurricane season, the state of Florida initiated a policy in which the state will directly pay the travel costs for deploying volunteers, saving both time and money for the deploying state as well as for Florida.

Description

After multiple Hurricanes in the 2004 season, Florida relied on and appreciated the massive volunteer efforts. As a state that has been on both the receiving and deploying end of resource sharing Florida has learned it is critical, when requesting volunteer resources, to list out all details and facts needed for deployment of that resource. Providing a complete description of all the areas for possible assignments and stipulating the assignment with the job that best fits specific abilities should continue to be a best practice.

When dealing with volunteer resources, Florida has found that negotiating the requesting state to pay directly for lodging and direct travel costs (airfare, car rental, etc.) can save time and money for both states. This also eliminates the burden on the requesting state to have to wait through the lengthy reimbursement process.

Additionally, it is critical there are no misunderstandings for the traveler in regards to their state's policy as it relates to Per-diem, to ensure a smooth deployment and timely reimbursement process. Lodging costs range greatly across different areas of the country which results in the need for higher per-diem amounts than other states normally

allow. This discrepancy causes numerous problems with travel costs associated with deployments. Unfortunately when most communities are impacted by a disaster, money is one of the first things exhausted and funds are often not available until receipt of FEMA reimbursements.

Reimbursement – Volunteers Denied Payment for Services

Summary

Following a multi-department deployment of volunteer and paid firefighters, New Jersey now assesses deployment of volunteer units and manages expectations of these personnel prior to deploying.

Description

Volunteers contribute so much to the response and recovery process when disaster strikes. Their use within EMAC; however, can be challenging if states are not aware of what issues may come up or do not have sufficient policies and procedures in place to deal with volunteers.

New Jersey provided extensive support to the Gulf Coast region in many ways following Katrina, one of which was sending multiple decontamination (DECON) teams, consisting of both salaried fire department personnel and volunteer fire department personnel. When deployed through EMAC, all volunteers may be reimbursed for travel, meals and accommodations. Issues developed for one particular DECON team coming from a volunteer fire company - their township administrator refused to pay a fair wage for their hours deployed and therefore New Jersey / EMAC could not reimburse these personnel for any salary type costs. Members of the other DECON teams (salaried fire department personnel) on the deployment were paid - except the volunteer fire personnel, because of this decision. This proved to be an unfortunate experience for volunteer firefighters who anticipated being paid for hours worked, but in the end it was not the state's issue. Following this experience, New Jersey determined the state would be more diligent in the future on who gets deployed, especially volunteers who expect paychecks.



MADE IN THE U.S.A.

A-PACK Ready Meal
SELF-HEATING EMERGENCY MEAL

A-PACK Ready Meal
SELF-HEATING EMERGENCY MEAL

12 Meals in 6 Varieties

Southwestern Style Chicken with Black Beans & Rice
Pasta with Garden Vegetables in Tomato Sauce
Homestyle Chicken Noodles with Vegetables
Spaghetti with Italian Style Meat Sauce
Creamy Chicken Tetrazzini
Hearty Beef Stew

NET WEIGHT 11.85 LB (5.38 KG)

