

Federal Medical Station

Description: A Federal Medical Station (FMS) consists of equipment and supplies to operate a temporary medical facility for from 50 to 250 patients within an appropriate “building of opportunity” (site assessments are required to ensure suitability of potential facilities). Supplies are adequate for three days of clinical care before resupply is required. FMSs provide surge clinical bed capacity to meet patients’ needs for low acuity or chronic medical and nursing care, and behavioral health care. FMSs require significant logistical wrap around services, as well as proper staffing (federal or State/Local) to support disaster-impacted health systems with triage, low acuity patient care and short term patient holding. Often an FMS supports a health system by temporarily meeting the needs of patients displaced from their usual local or home health care options and those evacuated from skilled nursing facilities.

Accessing the Capability: State, Local, Tribal, and Territorial authorities may request the FMS cache alone, the FMS cache with federal staffing, or federal staffing alone for an existing State-operated facility.

Contact Agency or Subject Matter Expert: The State, Local, Tribal, or Territorial (SLTT) official point of contact for additional information about the FMS capability, or to coordinate potential FMS site assessments, is the ASPR Regional Emergency Coordinator.

<http://www.phe.gov/Preparedness/responders/rec/Pages/contacts.aspx>

Additional Information:

Federal Medical Stations (FMS) are intended to provide surge bed capacity with capability to meet needs for low acuity, chronic health and medical care near disaster affected areas in which health system or long-term nursing care facilities have been damaged or evacuated. The FMS is a federal partnership between the Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) and Centers for Disease Control and Prevention's Division of Strategic National Stockpile (DSNS). ASPR provides the operational program support and supplemental logistical support, and coordinates federal staffing, while DSNS procures and maintains the FMS caches of equipment and supplies.

The FMS supplies and material are packaged in caches to care for 50 patients (one 53’ tractor trailer and one refrigerated box truck), or up to 250 patients (four 53’ tractor trailers and one refrigerated box truck), for up to three days before resupply. Material arrives packed in durable “triwall” shipping containers that must be unloaded, moved into the facility, unpacked and set up. Before an FMS is shipped to the requestor, the “building of opportunity” and facility point of contact must have been identified, and the facility assessed for suitability (based on building space and layout, accessibility (both interior and exterior), utilities, hygiene facilities, safety, and other attributes). The logistical wrap around services must also have been planned and coordinated. These include, but are not limited to security, material handling equipment, housekeeping and hazardous waste removal, patient feeding, laundry services, medical oxygen, availability of EMS, and mortuary support.

Caches are met at delivery addresses by a FMS Strike Team of 2-4 personnel from the DSNS, who provide technical guidance to local volunteers (a labor pool of approximately 12 personnel is one element of the required wrap around services) who lay out and set up the FMS. Upon reaching operational status, FMSs are logistically resupplied through prime vendors.

Federal FMS staffing is typically a Rapid Deployment Force of U.S. Public Health Service Commissioned Corps Officers, augmented by a small National Disaster Medical System (NDMS) task force from a Disaster Medical Assistance Team (DMAT). Federal staffing may also be provided by the Veterans Health Administration or Department of Defense.

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