**Federal Medical Station**

Federal Medical Stations (FMSs) provide equipment and supplies to operate temporary medical facilities for from 50 to 250 patients within appropriate “buildings 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 and 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 the 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.

Federal Medical Stations (FMS) are intended to provide surge bed capacity with low acuity and chronic health and medical capabilities 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 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. 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.

The FMS is packaged in material caches to care for 50 patients (approximately one 53’ tractor trailer and one refrigerated box truck) and up to 250 patients (four 53’ tractor trailers and one refrigerated box truck) for up to three days. 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. Wrap around services 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 emergency care element. This emergency care element is a tailored task force from a National Disaster Medical System (NDMS) Disaster Medical Assistance Team (DMAT). Federal staffing may also be provided by the Veterans Health Administration or Department of Defense.

The State, Local, Tribal, or Territorial (SLTT) offical point of contact for additional information about the FMS capability, or to coordinate potential FMS site assessments, is the ASPR Regional Emergency Coordinator.