

Rapid Deployment Forces

Description: The U.S. Public Health Service (USPHS) Rapid Deployment Forces (RDF) provides resources and assistance to State, Tribal and local health authorities throughout the United States. They were created in 2006 as part of the National Response Framework's ESF-8 public health and medical asset provisions. Like all Commissioned Corps response teams, they may be deployed in response to an ESF-8 or non- ESF-8 public health emergency.

Accessing the Capability: The HHS Secretary and Assistant Secretary for Health have the authority to activate an RDF and do so in response to requests made through the Surgeon General.

Average Time to Respond: 24

Past Customers or Events when capability was deployed: 2014 Unaccompanied Children Support, 57th Presidential Inauguration, 2012 Hurricane Sandy

Contact Agency or Subject Matter Expert:

Readiness and Deployment Operations Group
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Additional Information:

There are currently five RDF, each of which is a workforce comprising 125+ trained USPHS Commissioned Corps officer responders. Each RDF is scalable, and can provide only those resources needed. The RDF is also responsive; as a Tier 1 team the RDF can deploy within 12 hours of activation. Each RDF is on-call one out of every 5 months and typically deploys only during the on-call month. Deployments typically do not exceed 2 weeks. Each RDF member is expected to participate in up to 2 weeks of response team training per year.

Each RDF is capable of responding to the many public health emergencies and urgent health needs arising from a major disaster or other event. RDF teams can be divided into "blue" and "gold" teams, such that one team will be primary and the other secondary for their on-call month. As constituted, the RDF can be divided in half for smaller responses, or for two separate mission assignments in the same theater of operations. If the response needs exceed the capacity of the on-call RDF, the team can be augmented with appropriate officers from Tier 3.

RDF teams utilize established communications and other equipment to operate effectively in disaster affected locations and surrounding areas.

The primary areas of RDF activities and reporting include:

Mass care (primary care, mental health, and public health services for sheltered populations);

Point of distribution operation (mass prophylaxis and vaccination);

Medical surge;

Isolation and quarantine

Pre-hospital triage and treatment;

Community outreach and assessment;

Humanitarian assistance;

On-site incident management;

Medical supplies management and distribution;

Public health needs assessment and epidemiological investigations;

Worker health and safety, and;

Animal health emergency support.

If a State, Tribal or local health infrastructure suffers damage from a natural disaster or other event, RDF teams can assist officials in response and/or recovery efforts. Assistance can include augmenting the local health work force to speed up response or recovery, or, with especially difficult matters, assisting or advising health decision-makers. Each RDF can also provide essential services to preserve the lives and the health of affected and returning populations. RDF members assigned to clinical responsibilities are clinically current as defined in their deployment role.

LAST UPDATED: May 21, 2015