

Services Access Teams

Description: The U.S. Public Health Service (USPHS) Services Access Teams (SAT) provide resources and assistance to local health authorities throughout the United States. They were created 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. Each SAT is comprised of 10 USPHS trained Commissioned Corps officer responders; enabling scalability and ability to provide only those resources needed. Each SAT is responsive; as a Tier 2 team the SAT can deploy within 36 hours of activation. Each SAT 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 SAT member is expected to participate in up to 2 weeks of response team training per year.

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

Average Time to Respond: 24 hours

Past Customers or Events when capability was deployed: 2014-2015 Ebola, 2014 Unaccompanied Children Support, 2013 Boston marathon Bombing, 2012 Hurricane Sandy, 2012 Sandy Hook school shooting

Contact Agency or Subject Matter Expert:

Readiness and Deployment Operations Group
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General Questions for RedDOG: RedDOG@hhs.gov

Additional Information:

Each SAT is capable of responding to the many immediate and midterm public health emergencies and urgent health needs arising from a major disaster or other event. The SAT assesses and monitors ongoing health and human services needs of affected populations and is particularly skilled at serving "at risk" individuals and populations, defined as people who are unable to plan, advocate/or obtain resources and/or services to meet basic health and safety needs.

The subgroup of individuals most likely to be impacted include: elderly, developmentally disabled, mentally ill and minors separated from guardians. The SAT can be divided into "blue" and "gold" teams, such that one team is primary and the other secondary for their on-call month.

As constituted, the SAT 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 SAT, the team can be augmented with appropriate officers from Tier 3. SAT utilize established communications and other equipment to operate effectively in disaster- affected locations and surrounding areas.

The primary areas of SAT activities and reporting include:

Needs Assessment;

Plan Development/Cultural Sensitivity;

Advocating/Connecting;

Clinical Care Coordination;

Continuity/Transition Management;

Psycho -Social Management;

Re-integration; and

Confidentiality assurance.

If a State, Tribal or local public health infrastructure suffers damage from a natural disaster or other event, the SAT can assist in response and/or recovery efforts. Assistance includes augmenting the local health work force, as well as liaising with and advising health decision-makers. Each SAT focuses on ensuring access to essential services to preserve the lives and the health of affected, displaced, returning and vulnerable individuals and populations. Further, each SAT is able to collect and analyze information for evaluating and for improving State, Tribal or local programs' effectiveness or service delivery. All SATs possess technical consultation skills and abilities to preserve and safeguard public health.

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