

The background of the slide is a blue marbled pattern with intricate, swirling white and light blue veins. In the center, there is a horizontal yellow rectangle with a thin black border. Inside this rectangle, the text "CP/MIH USE IN DISASTER RESPONSE" is written in a bold, black, sans-serif font, centered both horizontally and vertically.

CP/MIH USE IN DISASTER RESPONSE

WHO IS THIS GUY?

Joseph Nelson

Emergency Program Coordinator
Palm Beach County Emergency Management

Joseph Nelson is a seasoned emergency services professional with 30+ years of experience spanning fire-rescue, military service, public health, and emergency management (EM). Before entering the fire service, he served in the U.S. Air Force Reserve, with deployments during Operation Desert Storm and Operation Enduring Freedom. Joseph spent 31 years as a firefighter/paramedic, also serving as a SWAT medic and helping to pioneer MIH. Following his retirement from field operations, Joseph joined the Florida Department of Health, where he provided statewide support and data analysis for MIH programs—shaping data-driven strategies to inform policy development. Today, Joseph leads planning efforts and fosters cross-agency coordination to strengthen public safety and preparedness. His multifaceted background across military service, frontline response, public health, and EM offers a uniquely informed perspective on the evolving landscape of MIH and community resilience.

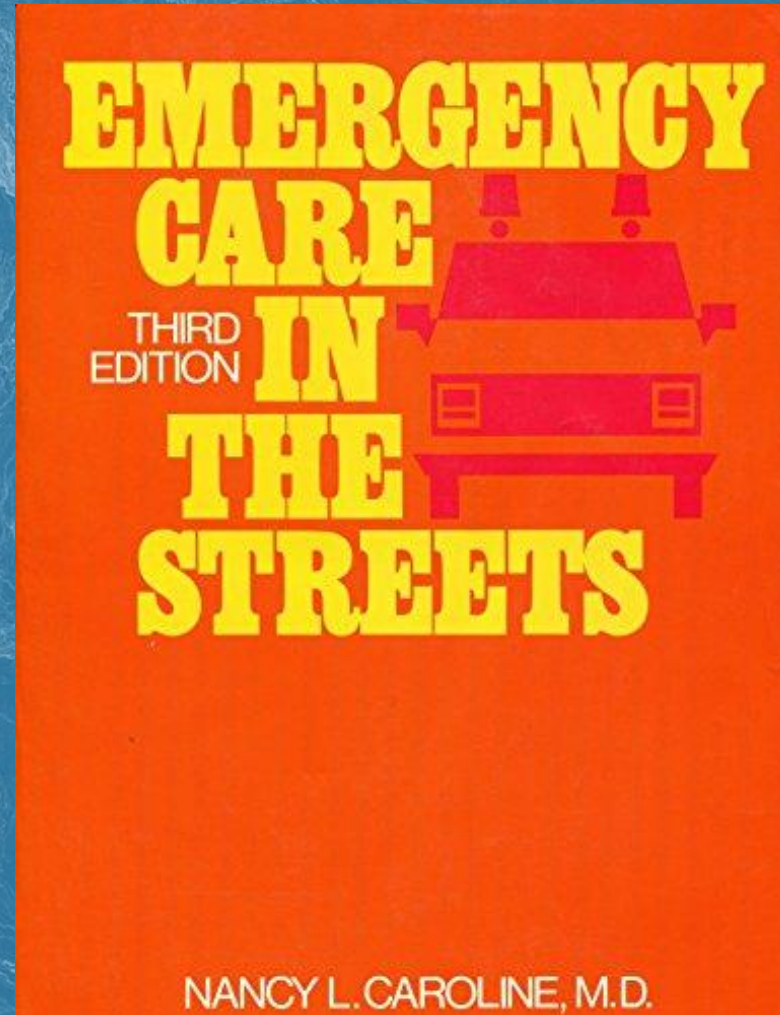




History of EMS

The assignment of EMS responsibility to the Department of Transportation, as opposed to the Department of Health, Education, and Welfare, reflected the view that EMS was primarily a transportation service and not a medical service. For example, during the Highway Safety Act deliberations, the need for EMS was framed as a need to “concentrate on improvement in methods of communication and transportation as well as the need for improved equipment and trained personnel.”^{9(p2755)} Medical equipment and staff were secondary to communications and transport. Additionally, in the 1969 Highway Safety Program manual from the Department of Transportation, the only emergency care described was first aid as taught in the American Red Cross program “First Aid on the Highways,”³³ despite the existence of more advanced prehospital treatments.

History of EMS



History of EMS

The EMS Services Development Act of 1973 designated the Department of Health, Education, and Welfare as the lead EMS agency within the federal government. It authorized grants to develop a comprehensive EMS system throughout the country, for feasibility studies and planning, for the establishment and initial operation of EMS systems, and for the expansion and improvement of current systems. This act specifically identified 15 components needing development, including manpower, training, communications, education, and data collection.

History of EMS

Quickly stabilize traumatic injuries for rapid transport to definitive care

Early initiation of CPR and advanced cardiac life support in the setting of cardiac arrest

Provide prehospital pain relief

Response Acuity

20% or less of EMS calls high acuity calls

COMMUNITY PARAMEDICINE

What are Community Paramedics and what is their role?

COMMUNITY PARAMEDICINE

Community Paramedics are paramedics with Primary Care certification. The Community Paramedic should be available to respond to a scene and arrange appointments and transportation to alternate destinations through established partnerships or direct field communication. Established alternative destinations should include walk-in clinics, mental health triage, social detox facilities, shelters and homeless services, and in-home assistance services, among others...

COMMUNITY PARAMEDICINE

These paramedics also schedule in-home evaluation of high-risk patients following hospital discharge. The paramedics can assess and report to the referring physicians using standard field tools including EKG, blood glucose, pulse oximetry, venous lactate, end-tidal carbon dioxide, along with the standard vital signs, optional blood draws, and other treatment if needed.

COMMUNITY PARAMEDICINE

Skill sets

Social Determinants of Health

Social Work

COMMUNITY PARAMEDICINE

Community Paramedicine is an area of practice for paramedics.

It can also be thought of as a method of care delivery

MOBILE INTEGRATED HEALTH

A collaborative system of care that coordinates patient resources across a broad spectrum of services and providers.

MOBILE INTEGRATED HEALTH

MIH is a system model. Several kinds of providers
May participate in this system of care. Nurses, Social
Workers, Therapists, Behavioral Health practitioners,
Community Health Workers, etc...

MOBILE INTEGRATED HEALTHCARE

M = Mobile



I = Integrated



H = Healthcare



THE STANDARDIZATION PROBLEM

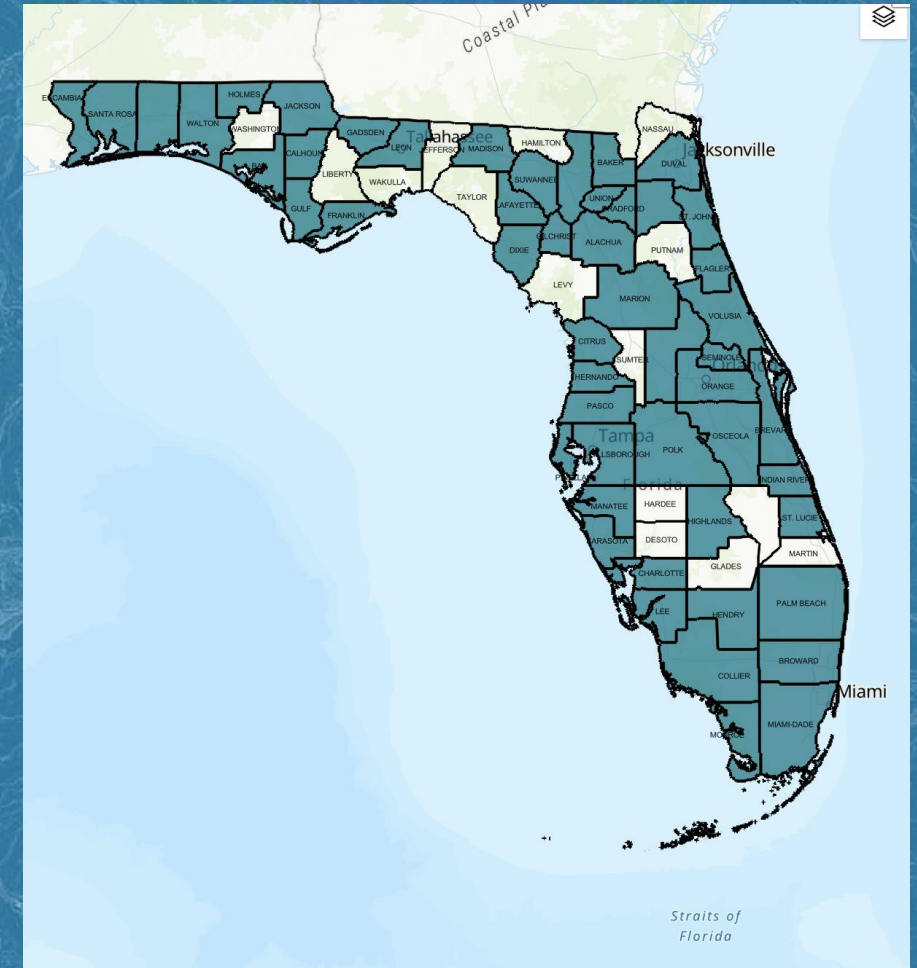
If you've seen one MIH program you've
Seen one MIH program....

~Jane Bedford

THE STANDARDIZATION PROBLEM

MAP:

<https://experience.arcgis.com/experience/c49610641c2b45a9a9327a0ec3f195a1/page/Page>



THE STANDARDIZATION PROBLEM

EMS faced the same growing pains. Although there are many system models and many individualized programs, there is enough commonality to type unit resources

THE SAME CAN BE SAID FOR CP/MIH PROGRAMS

DEMANDS ON EMS DURING A DISASTER

Depending on the nature of the hazard the number and proportion of high acuity calls may increase

The other 80% isn't going away

If healthcare infrastructure is not functioning the number of unmet needs will be even higher

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DEMANDS ON EMS DURING A DISASTER

Case studies:

Stanly County EMS in Stanly, NC – distribution of MAT after hurricane Helene impacted the area to prevent a surge of patients entering the emergency departments suffering from withdrawal symptoms

-Chief Michael Campbell serves as the Training Division Chief for Stanly County EMS (SCEMS) in North Carolina and oversees the SCEMS Community Paramedic Division.

DEMANDS ON EMS DURING A DISASTER

Case studies:

Dixie County, FL – MIH used extensively to create a makeshift hospital while the county was isolated and awaited DMAT team deployment

DEMANDS ON EMS DURING A DISASTER

Other Uses:

Post disaster traumatic stress

Shelter management

Special needs client reintegration and return to home

Community needs assessment

Family readiness (assisting responder families post disaster)

Community risk reduction

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NEXT STEPS

DEVELOP A COMMON DESCRIPTION OF A MIH
TEAM FOR THE PURPOSES OF POST DISASTER
DEPLOYMENT

DEVELOP A COMMON MISSION SET AND REFINE
APPROACHES TO COMMON PROBLEMS

RESOURCE TYPING

There is no current resource type that
Describes a CP/MIH team

RESOURCE TYPING

WHAT THERE IS:



FEMA

Resource Typing Definition for Public Health, Healthcare, and Emergency Medical Services
Emergency Medical Services

AMBULANCE GROUND TEAM - ADVANCED LIFE SUPPORT (ALS)

DESCRIPTION	The Ambulance Ground Team - Advanced Life Support (ALS) provides Emergency Medical Services (EMS) at a Paramedic level and deploys with personnel, ambulance, equipment and supplies to provide patient transport with emergency medical care
RESOURCE CATEGORY	Emergency Medical Services
RESOURCE KIND	Team
OVERALL FUNCTION	The Ambulance Ground Team - ALS: 1. Provides out-of-hospital emergency medical care, evacuation and transportation services at the Paramedic level as specified by the Authority Having Jurisdiction (AHJ) 2. Is deployable as a single resource, or as part of a task force or strike team
COMPOSITION AND ORDERING SPECIFICATIONS	1. Discuss logistics for deploying this team, such as working conditions, length of deployment, medical supplies and equipment, communications equipment, security, lodging, transportation, fuel and meals, prior to deployment 2. Discuss staffing for deploying this team, such as rotations, replacement crews, etc. 3. This team works up to 12 hours per shift and is deployable for up to 14 days 4. Discuss exceptions for or additions to EMS positions, such as EMS Vehicle Operator, Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) and Advanced EMT (AEMT)

Each type of resource builds on the qualifications of the type below it. For example, Type 1 qualifications include the qualifications in Type 2, plus an increase in capability. Type 1 is the highest qualification level.

COMPONENT	SINGLE TYPE	NOTES
MINIMUM PERSONNEL PER TEAM	2	AHJ should consider requesting additional staff to support 24-hour ambulance operations, as needed
MANAGEMENT AND OVERSIGHT PERSONNEL PER TEAM	Not Specified	Not Specified
LEVEL OF CARE CAPABILITY PER TEAM	ALS	AHJ determines level of care provided by the Ambulance Ground Team - ALS
SUPPORT PERSONNEL PER TEAM	1 - National Incident Management System (NIMS) Type 1 Paramedic 1 - NIMS Type 1 EMS Vehicle Operator, EMR, EMT, AEMT or Paramedic	AHJ determines support personnel authorized to operate the vehicle
PATIENT CAPACITY PER TEAM	Not Specified	Number of patients determined by design of vehicle
SUPPLIES AND EQUIPMENT PER TEAM	Ambulance supplies and equipment should meet applicable regulatory requirements	Not Specified

RESOURCE TYPING

WHAT THERE IS:



FEMA

Resource Typing Definition for Public Health, Healthcare, and Emergency Medical Services
Medical and Public Health

BEHAVIORAL HEALTH COMMUNITY SERVICES TEAM

DESCRIPTION	The Behavioral Health Community Services Team consists of behavioral health specialists capable of providing behavioral health interventions, psychological first aid (PFA), crisis intervention and referrals for survivors, responders and the public in the aftermath of a critical incident or disaster
RESOURCE CATEGORY	Medical and Public Health
RESOURCE KIND	Team
OVERALL FUNCTION	This team provides incident-related behavioral health services to survivors and families, responders and the public after a disaster, which may include: <ol style="list-style-type: none"> 1. Behavioral health needs assessment 2. PFA 3. Crisis intervention 4. Chaplaincy or 1st Chaplaincy/Spiritual Care 5. Community outreach 6. Public information, information dissemination and referral 7. Behavioral health consultation 8. Screening and referral, including referral for ongoing health needs or those outside of the scope of incident-related service
COMPOSITION AND ORDERING SPECIFICATIONS	<ol style="list-style-type: none"> 1. Discuss logistics for deploying this team, such as working conditions, length of deployment, security, lodging, transportation and meals, prior to deployment 2. Team members have training in disaster behavioral health interventions, such as PFA, and may have varied behavioral health background training 3. Requestor should specify the need for translation and age-specific services prior to deployment 4. Requestor should supply office space for coordination and communication activities, if necessary

Each type of resource builds on the qualifications of the type below it. For example, Type 1 qualifications include the qualifications in Type 2, plus an increase in capability. Type 1 is the highest qualification level.

COMPONENT	TYPE 1	TYPE 2	TYPE 3	NOTES
MINIMUM PERSONNEL PER TEAM	8	6	2	Not Specified
MANAGEMENT AND OVERSIGHT PERSONNEL PER TEAM	Same as Type 2	1 - NIMS Type 1 Behavioral Health Specialist Team Leader	1 - National Incident Management System (NIMS) Type 1 Behavioral Health Specialist	Not Specified
SUPPORT PERSONNEL PER TEAM	Same as Type 2, PLUS: 1 - NIMS Type 1 Social Worker 1 - NIMS Type 1 Behavioral Health Chaplaincy Specialist	Same as Type 3, PLUS: 1 - NIMS Type 1 Behavioral Health Specialist 3 - NIMS Type 2 Behavioral Health Specialist	1 - NIMS Type 2 Behavioral Health Specialist	Not Specified
PERSONAL PROTECTIVE EQUIPMENT (PPE) EQUIPMENT PER TEAM MEMBER	Same as Type 2	Same as Type 3	Not Specified	PPE is mission specific and may vary by working environment; it includes protective footwear, protective clothing for skin exposure, eye and ear protection, respirators, gloves and masks

RESOURCE TYPING

WHAT THERE IS:



Position Qualification for Public Health, Healthcare, and Emergency Medical Services Emergency Medical Services

PARAMEDIC

RESOURCE CATEGORY	Emergency Medical Services
RESOURCE KIND	Personnel
OVERALL FUNCTION	The Paramedic is a health professional whose primary focus is to respond to, assess and triage emergent, urgent and nonurgent requests for medical care; apply basic and advanced knowledge and skills necessary to determine patient physiological, psychological and psychosocial needs; administer medications; interpret and use diagnostic findings to implement treatment; provide complex patient care, and facilitate referrals or access to a higher level of care when the patient's needs exceed the capability level of the Paramedic. The Paramedic may also operate an ambulance when necessary.
COMPOSITION AND ORDERING SPECIFICATIONS	<ol style="list-style-type: none">1. This position can be ordered as a single resource or in conjunction with a National Incident Management System (NIMS)-typed team (Ambulance Ground Team - Advanced Life Support [ALS], Ambulance Ground Team - Basic Life Support [BLS], Ambulance Strike Team - ALS, Ambulance Strike Team - BLS or Emergency EMS Task Force)2. Discuss logistics for deploying this position, such as working conditions, length of deployment, security, lodging, transportation and meals, prior to deployment.3. The position typically works 12 hours per shift, is self-sustainable for 72 hours and is deployable up to 14 days.

Each type of resource builds on the qualifications of the type below it. For example, Type 1 qualifications include the qualifications in Type 2, plus an increase in capability. Type 1 is the highest qualification level.

COMPONENT	SINGLE TYPE	NOTES
DESCRIPTION	<p>The Paramedic:</p> <ol style="list-style-type: none">1. Functions as part of a comprehensive EMS response, community, health or public safety system with advanced clinical protocols and medical oversight2. Performs interventions with the basic and advanced equipment typically found on an ambulance, including agency medical director-approved diagnostic equipment3. Provides specialized interfacility care during transport4. Facilitates medical decisions at an emergency scene and during transport5. Provides an important link in the continuum of healthcare6. Provides an important link within the continuum of the emergency care system from an out-of-hospital response through the delivery of patients to definitive care7. Operates an assigned ambulance or emergency vehicle used for patient care and transport, commensurate with level of emergency vehicle training, as required by the Authority Having Jurisdiction (AHJ)	Not Specified
EDUCATION	Successful completion of a state, local, tribe or territory-approved Paramedic training program that meets or exceeds National EMS Education Standards	Not Specified

RESOURCE TYPING

IBSC Certification: CP-C

Should be a team: although many systems successfully field single person community paramedics it is preferable to have more than one person responding during a disaster