RESPONSE OPERATING GUIDELINES

AMBULANCE UTILIZATION

2011

TABLE OF CONTENTS

RECORD OF CHANGES

RESPONSE OPERATING GUIDELINES

AMBULANCE UTILIZATION

Change #	Date Entered	Location/Description of Change	Page #	Initials
1	08/2011	Update to 2011	All	MW

Submit comments/changes to this document via email to
rrugroup@dshs.state.tx.us.
Please include the title of this document in the email subject line.

I. AUTHORITY

See Basic Plan, Section I, and Annex H – Health and Medical. Also, through assignment as primary agency for Health and Medical Emergency Support Function 8 & for the State of Texas in support of Annex C – Shelter & Mass Care, and Annex E – Evacuation.

II. PURPOSE & SCOPE

The Texas Department of State Health Services, in cooperation with the Texas Division of Emergency Management, has developed this guideline to provide direction in the utilization of ground ambulances and medical transportation assets during the evacuation of people with medical needs during catastrophic events. This guideline is not meant to supplant local activities, but to support and assist local emergency response professionals in prioritizing evacuations of people with medical needs during any large scale evacuation. This plan will outline the general concepts of priority evacuations, provide standardization regarding ambulance usage and outline the order of evacuation based on likelihood of impact. Although this guideline is tailored to hurricane events it is applicable to other large scale disasters.

III. ACRONYMS & DEFINITIONS

Air Hub	A point of embarkation at a designated airport
ARCC	Alamo Regional Command Center
ASM	Ambulance Staging Manager
ASTL	Ambulance Strike Team Leader
CMOC	Catastrophic Medical Operations Center – Houston
DDC	Disaster District Chairman
Division 1	Texas coastline north of Matagorda County (including Matagorda County)
Division 2	Texas coastline south of Matagorda County
DSHS	Department of State Health Services
DSHS SMOC	Department of State Health Services State Medical Operations Center, located in Austin, the DSHS SMOC is responsible for coordination of all health and medical (ESF-8) response activities.
ESF-9	Emergency Support Function 9 is for urban search and rescue. This function is managed by Texas Task Force 1 and Texas Task Force 2, the two primary urban search and rescue teams in Texas.
H-	Number of hours until tropical storm force winds strike a community (Note: this estimated time frame is updated constantly).
M-IST	Medical Incident Support Team – a liaison team that is pre-deployed to the DDCs and local EOCs to provide assistance for ESF-8 coordination. M-ISTs will be the primary conduit for the DDC to coordinate ambulance and other medical assets during evacuation procedures.
MOC	Medical Operations Center – A command node that brings together representatives from healthcare organizations, ground and air transport organizations and public health to coordinate and streamline the requests and activities of a region's healthcare system during a disaster. A MOC can be established in both affected and reception jurisdictions.
NDMS	National Disaster Medical System
RMOC	Regional Medical Operations Center – San Antonio

SOC	State Operations Center
Staging	Location where medical transportation assets are pre-positioned, checked in, provided mission assignments, provided rest and rehab, and demobilized. The initial staging area for hurricane deployment is the Alamo Regional Command Center - ARCC in San Antonio. Multiple staging areas can be established.
Surge Zone	Areas which will be impacted by the salt water tidal surge
TexasETN	Texas Emergency Tracking Network
TDEM	Texas Division of Emergency Management
TxMF	Texas Military Forces
USAR	Urban Search and Rescue
Wind Zone	Areas which will be impacted by hurricane force winds

IV. SITUATION & ASSUMPTIONS

A. SITUATION

1. During normal day-to-day emergency response periods most communities have the medical transportation assets available to be able to provide adequate medical transportation services to their community.

2. During a large scale disaster the medical transportation assets required to transport the population of individuals with medical needs can become overwhelming. A hurricane response can create the need for hundreds of ambulances and medical buses, and numerous air transportation assets.

3. Few communities can generate these resources without the assistance from their neighboring regions, the state and the federal government.

4. The hurricanes that have impacted the State of Texas over the years have provided significant experience in dealing with the complexities of procuring and managing finite medical transportation assets available during a large scale disaster. Local, State and Federal officials must work in unison to be able to effectively and efficiently utilize the limited medical transportation assets available to move the most people with medical needs possible out of harms way.

5. In order for all the support agencies to successfully accomplish any large scale evacuation effort there must be a well designed guidance policy that directs all response agencies on how these medical transportation assets will be requested and utilized.

B. ASSUMPTIONS

1. Health and medical operations will be coordinated by the MOC as an extension of the DDC in support of local jurisdictions.

2. During a Hurricane the DSHS SMOC will mission task CMOC and RMOC for the coordination of Division 1 and Division 2, respectively.

3. The ARCC staging staff will insure that all Texas and FEMA contract ambulances are formed into strike teams with an assigned Strike Team Leader.

4. All Texas and FEMA contract ambulances will be registered into WebEOC® once they have cleared staging check-in.

5. All medical transport units will be equipped with a GPS unit, provided by the Texas Division of Emergency Management.

6. Medical transport units will be utilized in the manner best suited for efficient and effective utilization.

7. State ambulance utilization criteria will be followed.

V. CONCEPT OF OPERATIONS

A. GENERAL AMBULANCE OVERSIGHT

1. All Texas and FEMA contract ambulances deployed into the disaster event will report to the designated Staging Area and be "checked in". (Note: for a hurricane response this will be the Alamo Regional Command in San Antonio.) Units will be assigned into Strike Teams with a Strike Team Leader.

2. All Texas and FEMA contract ambulances will be assigned a designated placard/call sign and formed into Strike Teams when "checked in" at the ARCC staging location

3. The Ambulance Strike Teams, Ambulance Strike Team Leaders (ASTL), and Ambulance Staging Managers (ASM) will all be entered into the designated WebEOC boards utilizing the standard state numbering conventions.

4. Prior to departing the Staging Area, all Texas and FEMA contract ambulances deployed into an evacuation region will be assigned to the appropriate coordination MOC for that designated geographic region. Deployed ambulance units will be provided the contact information and staging locations for the assigned coordination MOC. Once an ambulance has been assigned and deployed to a region they will report to the designated Ambulance Staging Manager and "check-in" to the regional staging location as designated by the appropriate DDC authority.

5. Their status will be maintained by the Ambulance Staging Managers (ASM) in the regional MOC of the Division for which they are assigned regions. The ASM will will track the unit's assignments and status and enter same into the designated WebEOC boards. They may be assisted in updating information as needed by the Ambulance Strike Team leaders. This will provide visibility of ambulance status for the SOC, DSHS and the appropriate MOCs

6. Each ambulance will be provided a Global Positioning System (GPS) device prior to departing the Ambulance Staging Area at the Alamo Regional Command (or other designated staging location). The concurrent locations of these units will be displayed in the SMOC, SOC and the appropriate MOC.

7. Medical transport units will be staged and priority missions developed in cooperation with the DDC('s) and MOC('s). Once missions are complete, medical transport units, through their Strike Team Leaders, will contact their respective MOC for re-assignment, facilitating a consistent operational mechanism for effective and efficient utilization of medical transport resources. If no assignments are available they will return to their designated Staging location or be properly demobilized.

B. UTILIZATION CRITERIA

1. Ground Ambulance - Only patients who meet one (1) of following criteria should be considered for transport by ground ambulance:

   a. Medical oxygen being provided at greater than 4 liters per minute or oxygen delivery for pediatrics or neonates; OR

b. Continuous hemodynamic and cardiac monitoring is required; OR

c. Continuous intravenous (IV) medication drip that requires monitoring, such as an IV pump or similar method for delivering precise amounts ("to keep open" IVs, Peg tubes, and vitamin drips would not fall into this category); OR

d. Orthopedic injuries that require appliances or other acute medical conditions that would prohibit the patient from traveling on an alternate method of transport (e.g. active labor; cervical traction; unstable pelvic fracture)

Note: Point-to-point movements of patients from residences or facilities to embarkation points may be a justifiable use of ground ambulances even if patients do not meet the above criteria. These decisions will be made by on-site M-IST members in conjunction with the MOC, DDC and local EOC officials.

2. Air Ambulance - Only patients who meet one (1) of following criteria should be considered for transport by air ambulance:

   a. Transfers from one critical care area to another critical care area (e.g., intensive care unit ((ICU)); cardiac care unit ((CCU)); pediatric intensive care unit ((PICU)); burn unit); OR

   b. Continuous intravenous vasoactive medications or blood products (e.g., nipride; dopamine; neosynephrine; etc.); OR

   c. Mechanical ventilation; OR

   d. Emergent surgical interventions; OR

   e. Acute medical conditions requiring special interventions (e.g., active labor; evolving stroke; intra-aortic balloon pump [IABP]; left ventricular assist device [LVAD]; continuous veno-venous hemodialysis [CVVHD]; Isolette neonatal transports with advanced life support [ALS] interventions; etc.)

C. STAGING AREA PROCEDURES

The staging area procedures establish a process for Immediate or prearranged Staging for dispatching of ground transportation services in a disaster situation, including staging personnel to manage the incoming equipment, assignment and tracking of resources, and the compliance with these procedures. Incident Command at the appropriate level (i.e. DDC, regional MOC, EOCs) can modify these operating procedures to meet the operational needs of the event.

In the staging area, State and Federal responding vehicles providing transportation will be referred to as Ambulances (ALS/BLS) and Para-transit vehicles (Van single resource, Multi-patient bus, or Motor Coach).

1. **Resource Requests for State Missions**

   a. All medical transportation assets requested by the State will be coordinated through the SMOC and TDEM/SOC. The actual request for Texas ambulance support will be delivered to the Ambulance Providers through the DSHS Regulatory Department or through the State EMTF coordinator to the regional EMTF coordinators, following the designated procedures.

   b. Requests for Federal assets will be made by the SMOC and TDEM/SOC through and Action Request Form (ARF) into the Federal System.

   c. Medical transportation resources requested by the State of Texas will have completed the information packet and returned them prior to reporting to a designated staging area. The packet will include a placard displaying their designated Texas ID number.

   d. Medical Transportation Resources requested and provided by the Federal Government will have their contract completed, returned and approved prior to the arrival at number and information obtained for tracking of the vehicle, crew and the patients in WebEOC®. The Federal ID number displayed on a placard will be clearly posted in the upper right hand of the front windshield.

   e. In the staging area, the ID will be entered into WebEOC® for tracking of the vehicle, crew and the patients. Additional information including identification of the crew may be required at the time of check-in at the staging area. The placard must be clearly posted in the upper right hand of the front wind shield.

2. **Vehicle Processing**

   a. All vehicles arriving to the designated staging area will need to check in with the Ambulance Staging Manager. All vehicles and crews will be formed into strike teams and escorted to the designate parking area for their strike team. Upon returning to the staging area from a mission, units will return to their designated parking area.

   b. All vehicles checking into staging or returning from a mission should proceed to the fueling station prior to returning to their designated parking area. Personnel should inspect their units, including fluid levels and tire pressures while refueling. All vehicles should remain in a ready state while in the staging area.

   c. All vehicles arriving to the designated staging area will need to check in with the Ambulance Staging Manager prior to returning to their designated parking area. Once in staging, each vehicle shall check in with their Strike Team Leader. Units should not leave the staging area without approval from their Strike Team Leader and the Ambulance Staging Manager.

   d. All personnel will be properly identified at all times while deployed. This will include governmental issued ID, agency photo ID, uniform with name displayed or other appropriate means of identification (State ID Card, State Driver's

License, etc). This is critical for admission and security at staging, feeding, and base camp.

e. All vehicles will be escorted to their designated area and parked in such a manner to limit the parking area congestion and enable efficient deployment.

f. The use of audible warning devices should be avoided in the staging area. These devices may be used once the vehicle has left the staging area and on the public roadway. When used, Texas law dictates that audible and visual warning devices must be used in conjunction. The use of visual warning devices is acceptable during transport of strike teams or task forces to maintain a convoy

3. **Documentation**

a. Check-in:

1) State: DSHS will provide documentation to be used for data collection. Placard numbering should be assigned if not already issued during pre-deployment. Placards should be displayed in the upper right hand corner of the windshield upon departure from the home agency.

2) Federal: The agency receiving the contract for the disaster event should provide the responding units with a placard displaying the identifying number. This should be displayed in the upper right hand corner of the windshield to assist in the identification of the arriving units. DSHS will provide the documentation that will be used in the collection of the data for the purpose of tracking the Crew, Unit and the patients.

b. Check-out:

1) State: No unit shall demobilize without proper notification through the established chain of command. DSHS must be notified of the state assets that are being demobilized and will provide documentation for demobilization of these assets.
   a. If units are returning to their respective departments from a remote location they should call the staging area and DSHS and provide the information of the crew, current location and the approximated time of arrival to their respective department. They will be provided a phone number to call upon arrival at their destination to notify staging that they have arrived safely. If the crew fails to call the agency will receive a call within 24 hours to confirm the safe arrival of the crew.
   b. All State Ambulance assets shall follow the designated procedures as outlined in their MOA (See attached copies of the documents) and deployment letter.

2) Federal: The Federal assets will be demobilized by their contractor. Documentation will be provided by the contractor. The returning crews will check in when they get to their respective departments and contact the contract holder that the crews have returned safely.

4. **Return of GPS units.** All state ambulances assigned a GPS tracking device must return the GPS unit upon demobilization. These units can be returned as follows:

    a. If demobilizing from Staging in the Division 1-CMOC, or Division 2-RMOC/ARCC, the unit shall be returned to the Ambulance Staging Manager.

    b. If demobilized from a remote location the GPS device shall be turned over to the Ambulance Strike Team Leader, who will return the unit(s) to the appropriate Division Staging Area.

5. **Staffing**

    All staging area personnel will check in upon arrival for their shift at the assigned location using the appropriate documentation. A briefing will be provided at the beginning of each shift. Personnel will maintain a professional decorum in their dress, manners, and execution of assigned duties both during a mission assignment as well as during rest periods.

6. **Safety**

    a. All personnel have a responsibility to identify, report and when possible correct unsafe situations. Personnel should notify the Ambulance Staging Manager of any such unsafe situation, practice, equipment, or area that cannot immediately be corrected.

    b. All personnel will monitor their coworkers or guests to the possibility of dehydration, heat exhaustion or any other medical conditions caused by the elements. Any individual that becomes sick or injured should be reported to the Ambulance Staging Manager for documentation and appropriate care. The Strike team leader and the home agency of the patient will be informed of the situation, to determine if the individual will be backfilled or a replacement put in their place.

    c. All personnel working in the staging area should wear safety vests when available. In addition, personnel directing traffic should use an illuminated safety wand for heightened visibility during the dusk to dawn hours when available.

7. **Movement**

    During all phases of a disaster response the number one priority is LIFE SAFETY! General “Mission Specific” Priorities:

    a. Pre storm evacuation of people with medical needs from the impact zones
    b. Post storm evacuation of victims from the impact zones

1) Urban Search and Rescue Support (USAR)
    2) 9-1-1 Support

c. Additional missions include:

1) Hospital Support
2) MSN Shelter Support
3) Re-entry transports

Note: These missions will be continually re-evaluated during the ESF-8 conference calls with the CMOC, RMOC, and DSHS SMOC, with the final decision authority resting with the DSHS SMOC Incident Director.

D. PRE-STORM EVACUATION FOR HURRICANES

Evacuations will be conducted in a manner that is in the best interest of all evacuees with the understanding that medical transportation assets are limited and available in limited quantities. Every effort should be made to utilize para-transit and multi-passenger vehicles when available. Transportation to inland destinations that have appropriate facilities/structure with shorter distances should be attempted to increase utilization of transportation assets. Evacuation will focus on those areas impacted by salt water surge and manufactured homes in wind zones. Evacuations will be conducted within the H-72 to H-0 time period to enable a more precise and executable evacuation area of operation. Evacuation of those potentially impacted by salt water surge shall take priority over those in the wind zone regardless of physical location, including, but not limited to: home, nursing home; hospital, etc.

The time frames presented are for the facilitation and coordination of the overall mission objectives:

1. Greater than H-72 hours. Focus will be directed to the movement of individuals using local plans and resources. State supported resources will focus on staging, supply management, staffing plans, and management team assignment.

2. H-72 to H-48 hours. Evacuation priorities during this time period will be directed to individuals in the surge zones. Evacuations will be prioritized moving inland from coastal evacuation zones. (Zone A; Zone B; and finally Zone C if applicable). Evacuation from these designated zones will be determined by the storm size, strength, and projected impact. Based on the priority evacuation zones, individuals will be moved in the following priorities:

   a. **Priority Mission: Home bound individuals**

   b. Secondary Mission(s):
      1) Nursing Home (ground evacuation)
      2) Embarkation Points

   Following the completion of the above priorities, individuals will be moved from the wind zone following the same mission prioritization.

3. H-48 to H-36 hours. Evacuation priorities during this time period will be directed to individuals in the surge zones. Evacuations will be prioritized moving inland from coastal evacuation zones. (Zone A; Zone B; and finally Zone C (if applicable). Evacuation from these designated zones will be determined by the storm size, strength, and projected impact. Based on the priority evacuation zones, individuals will be moved from the surge zones in the following priorities:

   a. Priority Mission: Homebound Individuals

   b. Secondary Mission(s):
      1) Hospitals (air and ground evacuation)
      2) Nursing Homes (air and ground evacuation)
      3) Embarkation Points

   Note: NDMS and TxMF Air Operations begin.

Following the completion of the above priorities, individuals will be moved from the wind zone following the same mission prioritization.

4. H-36 to H-18 hours. Evacuation priorities during this time period will be directed to individuals in the surge zones. Evacuations will be prioritized moving inland from coastal evacuation zones. (Zone A; Zone B; and finally Zone C if applicable) Evacuation from these designated zones will be determined by the storm size, strength, and projected impact. Based on the priority evacuation zones, individuals will be moved in the following priorities:

   a. Priority Mission(s):
      1) **Hospitals (air and ground evacuation)**
      2) **Nursing Homes (air and ground evacuation)**

   b. Secondary Mission(s):
      1) Homebound Individuals
      2) Embarkation Points

   Note: NDMS and TMF Air Operations End at H-18.

5. H-18 to H-6 hours. H-18 is a critical decision point with regards to the evacuation/movement of individuals with medical needs. Individuals with medical needs located within the surge zone must be evacuated out of the impact zone or moved to a hardened facility. Individuals with medical needs located within the wind zone, and occupying a structure which cannot withstand the wind, must also be evacuated.

   Evacuation priorities during this time period will be directed to individuals in the surge zones. Evacuations will be prioritized moving inland from coastal evacuation zones. (Zone A; Zone B; and finally Zone C if applicable) Evacuation from these designated zones will be determined by the storm size, strength, and projected impact. Based on the priority evacuation zones, individuals will be moved in the following priorities:

   a. Priority Mission: Embarkation Points

   b. Secondary Mission(s):
      1) Homebound Individuals
      2) Hospitals (ground evacuation only)
      3) Nursing Homes (ground evacuation only)

6. H-6 to H-0 hours. All transportation assets will focus on evacuation of individuals at the embarkation points. Upon completion of this mission, assets may be reallocated to support evacuation of other potentially affected individuals. Evacuation priorities during this period continue to be directed to individuals in the surge zones.

   a. Priority Mission: Embarkation Points

   b. Secondary Mission: None

7. All transportation assets will be relocated out of the impact zone prior to the arrival of tropical storm force winds. If assets cannot be relocated then they will be stowed in a hardened facility until tropical storm force winds have subsided. NO assets can be at risk. Certain assets may require greater lead time for movement to landfall staging.

E. TRACKING OF PATIENTS

Tracking of all individuals is an essential component to ensuring the safety and identity of all evacuees. All individuals transported should be tracked in a tracking application associated to the state-wide tracking interoperability project; including: TexasETN, WebEOC®, EMTrack™, et al.

F. POST-STORM OPERATIONS

The SOC will establish the overall concept of operations for post storm re-entry operations as each event dictates. The following concepts of operations for ground and air ambulances should be included in all ambulance operations during re-entry operations regardless of their scope.

1. ESF-9 USAR Support

    a. Prior to H-0, ambulance strike teams should be assigned to and housed with forward deployed in conjunction with ESF-9 search and rescue resources to accompany these teams as they immediately deploy post landfall. The number of teams needed will be made by ESF-9 command staff, local DDC, local EOC and MOC staff.

    b. Factors in this decision should include the number of ESF-9 teams and locations, expected numbers of immediate rescues, and secure hardened space to house the strike teams. These strike teams will travel with ESF-9 teams as far as possible into devastated areas and establish evacuation and casualty collection points for accepting those recovered by search and rescue operations.

2. 911/EMS Relief

    Local affected jurisdictions will need relief for their on-duty crews as soon as possible after the storm has passed. This will serve to allow local personnel to attend to family and personal needs as soon as possible after the storm and allow for proper rest so that the local resources will be available along with assigned ambulance strike teams for the increased call volume associated with re-entry and recovery operations.

3. Hospital Support

    Hospitals in affected jurisdictions will need air and ground ambulance support to provide rapid ambulance transport for patients. Assistance with transportation may be conducted through the assigned MOC

4. Medical Shelter Support

   Support for Medical Shelters in impacted regions and in receiving communities. Depending on the size and magnitude of a disaster event Medical Shelters that have been opened may be operating for an extended period of time. Additional ambulances may be assigned to support medical transportation requirements for these Medical shelters.

5. Re-Population

   The return of medical patients during re-population will not involve NDMS or Texas Military large air assets. Patients will be returned to their home jurisdiction utilizing ground ambulance and/or small air ambulance assets. The State Medical Operation will work with sheltering jurisdictions to coordinate this activity.

VI. MAINTENANCE & UPDATE

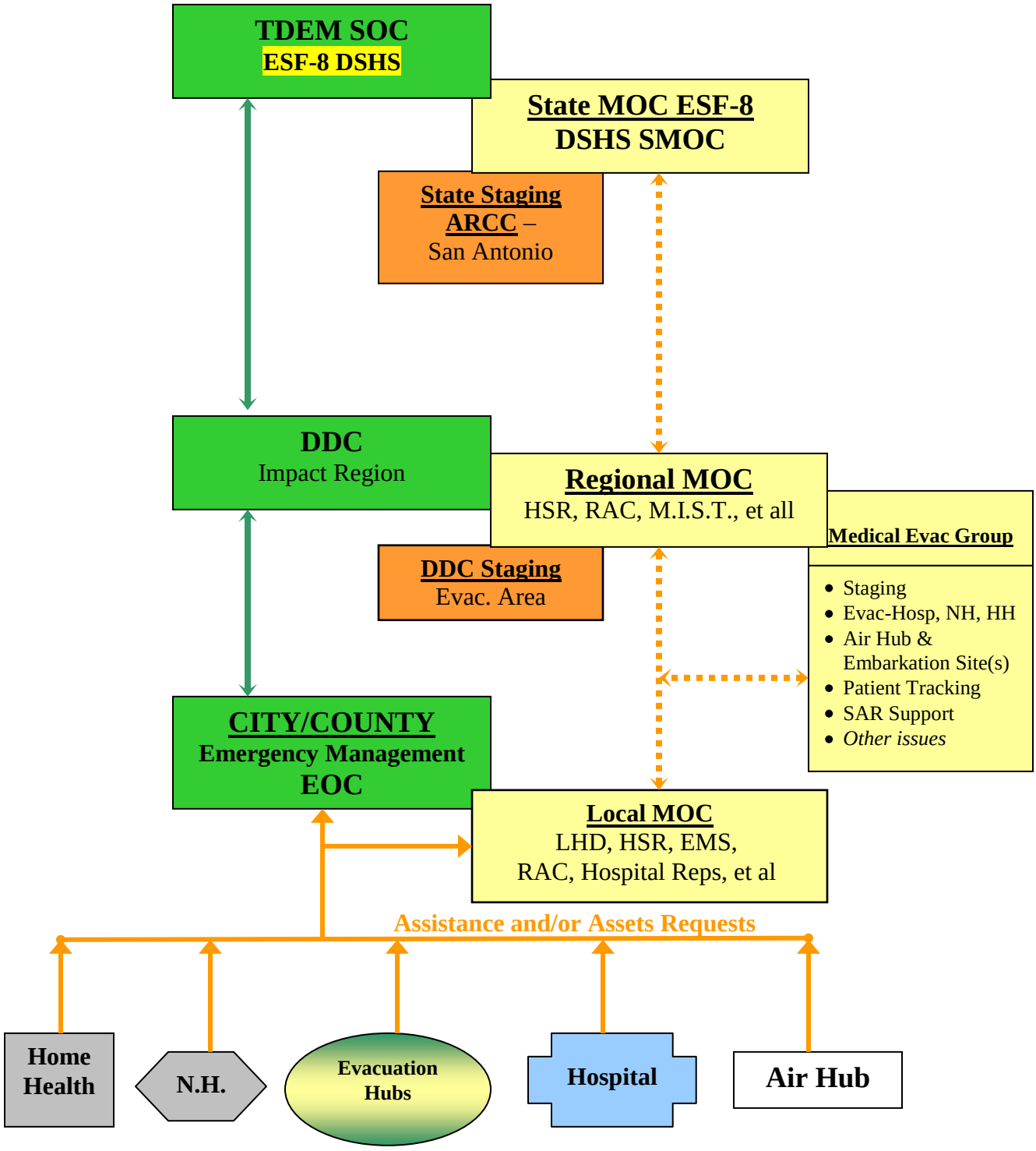
The Response and Recovery Unit is responsible for maintaining and updating the DSHS Response Operating Guidelines. These are living documents and will be reviewed, updated, and approved on an annual basis or more frequently in response to department policy or procedure changes. Revisions/changes made to the ROG after the Effective Date (May 1) are recorded in the Record of Changes form found on Page 3. Below is the review and update schedule that will be followed:

March – April	Review and Comment
May 1	Effective Date

ATTACHMENTS

1. Organizational Chart
2. Job Description: Ambulance Staging Manager
3. Ambulance Typing (To Be Determined)
4. Air & Ground Ambulance Utilization Criteria
5. NDMS: Absolute Contraindications for Flight
6. TXMF: Aero-Medical Evacuation of Inpatients in a Disaster
7. Ambulance MOA

ATTACHMENT 1 – ORGANIZATIONAL CHART



ATTACHMENT 2-1 – AMBULANCE STAGING MANAGER

Position Specific Requirements:

The Ambulance Staging Manager is primary responsible for providing management and oversight of the Ambulance Staging Area, both in the pre-deployment / marshalling area, as well as in forward deployed locations during any incident. He/she is responsible for the care and maintenance of the facilities which are being utilized for staging, to include all contractual, environmental and legal considerations between the landowner and the operation. The Ambulance Staging Manger will maintain an operational base camp (if necessary), and provide for all logistical needs of EMS units and support personnel assigned. This includes, but is not limited to: fuel, medical supplies, medical gas, food, water, hygiene, communications and maintenance. He/she is also responsible for accountability of all units in staging, assigned personnel and logistical resources assigned to his/her area.

The Ambulance Staging Manager reports to the Staging Area Manager, the Medical Branch Director or the Operations Section Chief, depending on the organizational chart.

Description of Duties:

The Ambulance Staging Manager is responsible for:

- Establish Staging Area layout.
- Determine any support needs for equipment, feeding, sanitation and security.
- Establish check-in function as appropriate
- Post areas for identification and traffic control.
- Request maintenance service for equipment at Staging as appropriate.
- Respond to requests for resource assignment.
- Obtain and issue receipts for radios, equipment and supplies distributed and received.
- Determine required resource levels for personnel and equipment at staging.
- Advise operations when reserve levels reach minimums.
- Maintain and provide status to Resource Unit of all resources in Staging Area.
- Maintain Staging Area in orderly condition (to include environmental condition).
- Demobilize Staging Area in accordance with the Incident Demobilization Plan.
- Maintain Unit/Activity Log (ICS Form 214).
- Perform additional tasks or duties as assigned.

ATTACHMENT 2-2 – AMBULANCE STAGING MANAGER

Position Requirements and Criteria:

Individuals who meet the following requirements and criteria will be eligible to serve in the role of Ambulance Staging Manager. The intent of these requirements is to provide uniformity in the assignment of this role, and to ensure that only qualified personnel are selected for this position. In addition, personnel must have a signed MOU on file with STRAC/DSHS prior to assuming the position to ensure compliance with compensation and liability requirements.

Required Training:

The Ambulance Staging Manger shall:

1. Meet all Administrative and General Training Requirements for Emergency Operations.
2. Hold current certification as an Emergency Medical Technician or higher.
3. Complete Incident Command System training listed below:
    - Introduction to Incident Command Systems (ICS-100)
    - Basic Incident Command Systems (ICS-200)
    - National Incident Management Systems (ICS-700)
4. Complete Ambulance Strike Team Leader Course.

Recommended Training:

The Ambulance Staging Manager should:

1. Complete Incident Command System training listed below:
    - Intermediate Incident Command Systems (ICS-300)
    - Advanced Incident Command Systems (ICS-400)
2. Complete Incident Management Team credentialing as Staging Area Manager.
3. Have working knowledge of statewide incident management in Texas.

Recommended Equipment:

- Laptop Computer
- Two-way Radio (Interoperable)
- Cellular Phone / Nextel
- Satellite Radio / Phone
- Global Positioning System (GPS Unit)

ATTACHMENT 2-3 – AMBULANCE STAGING MANAGER

Job Action Sheet:

CRITICAL ACTIONS (Operational Period 0-2 hrs)			
X	**Task**	**Time**	**Initial**
	Receive appointment and briefing from Staging Area Manager / Operations		
	Identify Ambulance Staging Location and Establish Layout		
	Meet with Landowner or Authority having Jurisdiction over the Site		
	Coordinate the arrival and placement of assigned equipment and personnel		
	Conduct briefing with assigned personnel about setup and staging operations		
	Establish Check-In and Accountability Procedures to include WebEOC Status		
	Coordinate immediate logistics needs for fuel, food, water, ice, rest and rehab		
	Establish dispatch, accountability and mission tasking procedures		

SIGNIFICANT ACTIONS (Operational Period 2-12 hrs)			
X	**Task**	**Time**	**Initial**
	Begin to capture all activities, decisions and issues on Unit Log (ICS-214)		
	Coordinate for shower and sleeping facilities for all responders and personnel		
	Manage personnel scheduling to ensure proper rest for staging personnel		
	Finalize Ambulance Staging Area map (Sketch or Graphical) for Operations		
	Construct / Establish traffic control and directional signage for staging area		
	Establish Medical Supply and Maintenance areas, if applicable		
	Maintain Accountability and Status Display/Board for all units in Staging		
	Establish redundant systems for power, connectivity and communication		

ROUTINE ACTIONS (Operational Period 24+ hrs)			
X	**Task**	**Time**	**Initial**
	Continue to report activities, decisions and issues on Unit Log (ICS-214)		
	Conduct shift briefings for personnel during work rotation		
	Ensure proper lighting and safety measures for all personnel and equipment		
	Coordinate for trash / biohazard removal and general cleanliness of site		
	Conduct inspection of the area to check for damage and document as needed		
	Maintain records for all arrivals, departures, mission tasking and ICS forms		
	Prepare for demobilization process for staged units as well as assigned units		
	Provide general incident information and safety messages in Staging Area		

ATTACHMENT 3 – AMBULANCE TYPING

(To be determined)

ATTACHMENT 4 – AIR & GROUND AMBULANCE UTILIZATION CRITERIA

Ground Ambulance Utilization Criteria:

Only patients who meet one of following criteria should be considered for transport by ground ambulance:

1. Medical oxygen being provided at greater than 4 liters per minute,

2. Continuous hemodynamic and cardiac monitoring is required,

3. Continuous intravenous (IV) medication drip that requires monitoring, such as an IV pump or similar method for delivering precise amounts ("to keep open" IVs, Peg tubes, and vitamin drips would not fall into this category), or

4. Orthopedic injuries that require appliances or other acute medical conditions that would prohibit the patient from traveling on an alternate method of transport (e.g. active labor; cervical traction; unstable pelvic fracture).

Air Ambulance Utilization Criteria:

Only patients who meet one of following criteria should be considered for transport by air ambulance:

1. Transfers from one critical care area to another critical care area (e.g., intensive care unit ((ICU)); cardiac care unit ((CCU)); pediatric intensive care unit ((PICU)); burn unit);

2. Continuous intravenous vasoactive medications or blood products (e.g., nipride; dopamine; neosynephrine; etc.);

3. Emergent surgical interventions; or

4. Acute medical conditions requiring special interventions (e.g., active labor; evolving stroke; intra-aortic balloon pump ((IABP)); left ventricular assist device ((LVAD)); continuous veno-venous hemodialysis ((CVVHD)); Isolette neonatal transports with advanced life support ((ALS)) interventions; etc.).

*** Note: these criteria DO NOT apply to Texas National Guard and\or US Department of Defense (NDMS) aircraft used in a region-wide evacuation.**

ATTACHMENT 5 – NDMS: ABSOLUTE CONTRAINDICATIONS FOR FLIGHT

(These conditions can be relative contraindications when there is no safe alternative and Shelter in Place is not an option. Risk of alternatives must clearly outweigh the risk of moving fragile patient by air. Regardless, contraindications require advanced sub-specialist and flight medicine consultation and coordination with specialty Aeromedical Evacuation Crew).

1. Any medical condition not stabilized.
2. Pregnancy > 34 weeks.
3. Post-op < 72 hours.
4. Acute Coronary Syndrome (unstable angina, non-STEMI, STEMI).
5. Any open-heart surgery, craniotomy, spinal cord surgery < 7 days.
6. Untreated Pneumothorax (vented needle or tube).
7. Pneumo-cephalus.
8. Detached retina or pneumoglobus.
9. Seizure within 2 weeks.
10. Heart dysrhythmia within 1 week.
11. Orthopedic casts.
12. Any communicable condition.
13. Respiratory isolation including possible TB.
14. Agitation or other behavior distracting in flight.
15. Any condition or circumstance in the opinion of the Aircraft Commander.
16. (ACC) that would endanger the flight.

ATTACHMENT 6-1 – TXMF: AERO-MEDICAL EVACUATION OF INPATIENTS IN A DISASTER

Under any conditions one has to believe the level of care will be improved by transferring the patient from one medical facility to another, and be willing to accept the risk associated with the transfer. The **obvious medical risks associated with air transport are hypoxia and altitude changes**. Other considerations will be the mechanical, logistic, and personnel issues required to transport a seriously ill patient on an airplane of opportunity. Texas Air National Guard/Flight Medicine provides the following information for providers:

TRANSIT CONSIDERATIONS

- AIRCRAFT- The transport options are likely to be military aircraft or "aircraft of opportunity."

- ADDITIONAL SUPPORT FOR PATIENT - if the patient is dependent on continuous treatment of some kind e.g. drips, ventricular assist pumps or a ventilator, the transferring facility should anticipate that they need to send supplies, equipment, or even an attendant, with the patient.

- TRANSIT TIME - The transferring physician should consider that it may be anywhere from a couple hours to 12 hours before the patient is back in a hospital comparable to the one the patient left.

PATIENT PREPARATION

- Careful fixation and stabilization of any and all lines and tubes.

- Cuffs and balloons e.g. endotracheal tubes and foleys, should have their air removed and they should be "inflated" with normal saline.

- A cast should be "bi-valved" well before the flight, there should be no hanging weights for traction, and other traction devices should be used if required.

MEDICAL CONTRAINDICATIONS (hypoxia and barotraumas)

- A patient w/ a hemoglobin less than 8.5 (unless known to be chronic and stable) probably should not be transported by air.

- Almost any seriously ill patient will need supplemental oxygen, pulse ox, and to be monitored.

- A pt. less than a week out from a MI or CABG should not be transported by air unless well known to be exceptionally stable.

- Post-surgical or post trauma- if all bleeding is known to be stopped, and there are **no trapped gases**, intra- abdominal, intra-cranial, intra-thoracic, w/in the sinuses or ears or eyes, they may be safe to transport.

ATTACHMENT 6-2 – TXMF: AERO-MEDICAL EVACUATION OF INPATIENTS IN A DISASTER

CONSIDERATIONS

- Stability of surgical repair.
- Joint replacements could be dislocated.
- Fascial closures could dehisce.
- Sutures/staples in the bowel could give way when intraluminal gas expands.
- Drains, tubes and lines could get dislodged.
- MOTION SICKNESS – especially for cases of head and neck surgery, so additional precautions should be considered, (antiemetics, wire cutters if needed).

CONTAGIOUS DISEASE

- Isolation is not available.

PSYCHIATRIC PATIENTS

Unstable Psychiatric patients will need attendants. The patient must not be disruptive and they must be able to follow directions, they must be premedicated with orders for continuing medication during flight should patient condition dictate this. Restraints may be required.

ATTACHMENT 7 – AMBULANCE MOA INFORMATION

Memorandum of Agreement
Contact Information 2010

Provider's Name _____

Doing Business as (DBA) _____

DSHS Provider License Number _____ **RAC** _____

Medical Director's Name_____ **Phone Number**_____

Provider Primary Contact: (these persons will be contacted if we deploy**)**

Name/Title_____

Office Number _____

Mobile Number _____

E-mail Address _____

Dispatcher Number _____

Fax Number _____

Secondary Contact:

Name/Title _____

Office Number _____

Mobile Number _____

E-mail Address _____

Fax Number _____

Additional Information _____

_____

_____

Memorandum of Agreement Provider
Deployment Assets

2010 Hurricane/Disaster _____

Date _____

Provider's Name _____

DSHS Provider License Number _____ **RAC** _____

Number Available Staffed Ambulances MICU_____ ALS_____ BLS _____

Number of Additional EMS Personnel Available for deployment _____

M-IST Members Available for Deployment _____

Strike Team Leaders Available for Deployment _____

Other DSHS requested Personnel _____

Provider Primary Contact: (these persons will be contacted if we deploy**)**

Name/Title _____

Office Number _____Mobile Number _____

E-mail Address _____

Dispatcher Number _____Fax Number _____

Provider Secondary Contact:

Name/Title _____

Office Number _____Mobile Number_____

E-mail Address _____

Additional Information: **_____**

DSHS Representative_____

PROCEDURE FOR DEPLOYMENT UNDER MOA

As a part of the Memorandum of Agreement, your service will be required to complete specific forms and paperwork for reimbursement. These forms must be sent to the department within sixty (60) days after demobilization of your units and or personnel. The department is providing the forms to you prior to a pending or actual disaster in order to assist you with training your crews and staff with completing these forms.

PRE-DEPLOYMENT NOTIFICATION:

- DSHS will attempt to give you as much notice as possible prior to the actual deployment (pre-notification).
- DSHS will accomplish this by sending an email and/or calling you and all providers with a valid Department MOA to notify you that there is a possible State Mission and/or State Facility Evacuation being planned. At this time you can let us know if you have personnel and/or ambulances available for a deployment.
    - At the time of the pre-notification, DSHS will verify the number of ambulance/personnel your service can commit to a State Facility Evacuation and/or State Mission. If you have any additional units and /or personnel available we will document what you have for a possible deployment. DSHS has the ability to authorize the deployment of additional units as long as we have a signed MOA with your department on file.

OFFICIAL DEPLOYMENT NOTIFICATION:

- DSHS will officially notify your service of a State Mission and/or State Facility Evacuation via a telephone call we will verify the number and level of ambulances (ALS, BSL, MICU) and the personnel (their level of certification) you have available for this deployment. It is at this time you can accept or refuse the mission**. Providers signed up for a State Facility Evacuation are expected to respond to the call for the evacuation of a state facility.**
- The department will send an "Official Deployment Letter" via fax or email.
    - Please ensure that DSHS Office of EMS/Trauma Systems Coordination has the contact name, contact's telephone number, contact's fax number and contact's email address that will be available 24 hours a day 7 days a week.
- The DSHS "Official Deployment Letter" will contain important information that you will need to read **prior to sending your crews and units** to the State Mission and/or State Facility Evacuation. Information will include, but not limited to:
    - The Official State Mission and/or State Facility Evacuation;
    - Your Provider Name;
    - Your Provider License Number;
    - A unique DSHS Mission Unit # for each unit you have committed through the MOA;
    - Where to report (Staging/Reporting area);
    - Person to report to (if applicable); and
    - Contact telephone numbers for the Staging/Reporting
    - Level of your unit (for each unit you send);
- The date and time your unit(s) leaves your home area. (It will be the responsibility of your service to provide this information to DSHS).
- Along with the DSHS "Official Deployment Letter" DSHS will provide you with a unique DSHS Placard for each unit that your service has committed for this deployment.
    - Upon Official Deployment you should place the DSHS Placard in a sheet protector and tape it to the windshield or side window of your unit to be prominently seen from

the outside.

- **DO NOT OBSTRUCT THE DRIVER'S VIEW WHEN PLACING THE PLACARD IN THE UNIT.**

REQUIRED FORMS TO BE COMPLETED:

- Included in this packet are the forms that your service will be required to complete throughout the State Mission and/or State Facility Evacuation.
- It is your responsibility to make enough copies for each unit for the duration of the deployment under the MOA with DSHS.
- **Department of State Health Services "State Mission" Time Log Record**
  - This is to be completed for ***both*** State Missions and State Facility Evacuations.
  - This form is to be completed by the crew of the unit(s) deployed.
    - Your service is responsible for training/explaining to your crew about the completeness, correctness and importance of filling out this form.
  - This form should account for ALL time hours from the deployment (left home area) time until the unit arrives back in your home area.

- **Department of State Health Services "State Mission" Patient Tracking Record**
  - This is to be completed for ***both*** State Missions and State Facility Evacuations.
  - This form is to be completed by the crew of the unit(s) deployed.
  - The last four (4) columns; Insurance Billed, Payment Received; Copy of PCR to DSHS and Proof of Payment or Denial to DSHS, should be completed by the Firm Administrator after the mission is completed and the primary sources of reimbursement (Medicare, Medicaid and/or Private Insurance) is billed and whether or not payment was received as well as proof of payment or denial.
  - A copy of the Patient Care Report (PCR) that was completed for each patient transported during the actual transport must be attached to this form.
  - A copy of payment from primary sources of reimbursement (Medicare, Medicaid or Private Insurance) if received must be attached to this form.
  - A copy of denial from primary sources of reimbursement (Medicare, Medicaid or Private Insurance) must be attached to this form.

- **Department of State Health Services "State Mission" Equipment Record**
  - This is to be completed for ***both*** State Missions and State Facility Evacuations.
  - This is to be completed by the Firm Administrator.
  - It should list each unit officially deployed under the MOA.
  - The hours should match the Department of State Health Services "State Mission" Time Log Record excluding:
    - Mandatory or non-mandatory sleep/rest periods;

- **Department of State Health Services "State Mission" Employee Labor Record**
  - This is to be completed for ***both*** State Missions and State Facility Evacuations.
  - This is to be completed by the Firm Administrator.
  - It should list each employee officially deployed under the MOA.
    - **There will be a limit of 2 staff members per unit, unless authorized by DSHS prior to the official deployment**
  - It should list the hours worked for regular time according to the employee's regular schedule prior to the MOA deployment.
  - It should list the hours worked for overtime once the employee enters overtime

according to the EMS Providers Overtime policy.
    - A copy of the EMS Providers Overtime policy should be attached to the form when submitted to DSHS for reimbursement.
- Attachments that must accompany this form when submitted to DSHS:
    - A copy of the employee's regular schedule that was in effect prior to the official deployment;
    - Time cards/sheets for each employee listed on the Employee Labor Record; and
    - Payroll records,
        - The attachments listed above should substantiate the hours of the employees listed on the Employee Labor Record

POST DISASTER:

- Following the completion of the State Mission and/or State Facility Evacuation, the EMS Provider is responsible for providing DSHS with an invoice and all of the required documentation (completely filled out) forms within sixty (60) days after demobilization. Providers not submitting this invoice and documentation within sixty (60) is subject to a delay or nonpayment of the invoice.
    - You do not have to wait to receive a denial letter from Medicaid, Medicare and/or Private Insurance in order to file for reimbursement from the state. You must however, send any reimbursements from Medicaid, Medicare and/or Private Insurance back to the department.
        - NOTE: You should start billing primary sources of reimbursement (Medicare, Medicaid or Private Insurance) as soon as possible following the end of the State Mission and/or State Facility Evacuation.
- The following documents must be submitted to DSHS by the deadline date:
    - An invoice (see Invoice form) based on the following criteria:
        - Proof of Provider Type (Private-Not-for-Profit (Volunteer); Private-Not-for-Profit with paid staff; Private-For-Profit or Municipality/Government) as defined in section V. Funding of the MOA.
        - Fuel Receipts
        - Per Diem costs (costs for food) with receipts attached; and
        - Medical Supplies cost with proof of use and proof of costs.
    - Department of State Health Services "State Mission" Time Log Record;
    - Department of State Health Services "State Mission" Patient Tracking Record, with the following attachments:
        - Copy of Patient Care Record; and
        - Proof of Payment or Denial from Primary Sources of Reimbursement (Medicaid/Medicare, private insurance)
    - Department of State Health Services "State Mission" Equipment Record, along with the following attachments:
        - All crew members listed schedule prior to State Mission or

State Facility Evacuation;
    - Time Cards or Time sheets for all employees listed; and
    - Pay stubs or payroll records showing employees were paid for the time listed.

- Once all the information is submitted to DSHS,
    - DSHS will evaluate the information for completeness.
    - DSHS will then evaluate that the invoice submitted meet the rates stated in the MOA.
    - Once all paperwork is deemed to be complete and accurate, DSHS will process the invoice for reimbursement.

I hope this letter gives you an idea of what will be expected of your organization if we have to deploy your assets. I ask that you prepare your employee and train them for these types of deployments. Thanks in advance for willingness to participate in our deployments and helping the department to carry out our mission(s).

Maxie Bishop, RN, LP
State EMS Director
maxie.bishop@dshs.state.tx.us
Office: (512) 834-6734
Mobile (512) 484-5470

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

DAVID L. LAKEY, M.D.
COMMISSIONER

To be displayed in the vehicle's front window (Do NOT obstruct driver's view)

DSHS Deployed Strike Team Leader

UNIT

This unit is on an official state mission ordered by the State Operations Center. Do NOT divert this unit from its mission without authorization from DSHS and/or the State Operations Center.

The crew must call (512) 834-6700 in the event of someone attempting to divert this unit.

Maxie Bishop, RN, LP
State EMS Director Date: 2010

DSHS STATE MISSION PATIENT TRACKING RECORD - 2010								
Provider Name:			Provider Number:		Mission:			
Location/Site:			Period Start Date:		Period End Date:			
This form must be completed listing EACH Patient Transported. A Patient Care Report MUST be completed for Each patient transported and a copy must be submitted to DSHS.								
Patient Name	Address, City, State and Zip Code	BLS or ALS	Insurance Type	Insurance #	Reason for Transport	Insurance Billed?	Payment Received?	Copy of PCR to DSHS
I, _____ and _____, (crewmembers) certify that the above information is correct and accurate.								
					Date:			
Signature Crew Member 1:			Signature Crew Member 2:					

DSHS-STL-_____

_____
AGENCY NAME:

_____
AGENCY CONTACT NAME

_____
AGENCY CONTACT TELEPHONE NUMBER

_____
DEPARTURE CITY:

_____
TX EMS PROVIDER LICENSE NUMBER

STRIKE TEAM LEADER

_____
CREW NAME MEMBER 1

_____
CREW NAME MEMBER 2

_____
CREW NAME MEMBER 3

_____
DESTINATION

_____
CREW NAME MEMBER 4

_____
DEPLOYED TIME/DATE

_____
CREW CONTACT TELEPHONE NUMBER

_____
AGENCY UNIT NUMBER AND/OR CALL SIGN:

_____
DEMOBILIZED TIME/DATE:

NOTES AND COMMENTS - SEE BACK

Provider Name:	**Provider Number:**	**Mission:**
Location/Site:	**Period Start Date:**	**Period End Date:**
Description of Work Performed:		

Employee Information to Include DSHS Certification Number		**Dates & Hours Worked Each Week**							**Costs**				
		Date	Date	Date	Date	Date	Date	Date	Total Hours	Hourly Rate	Benefit Rate	Total Hourly	Total Cost
Name	Reg												
Job Title	OT												
Name	Reg												
Job Title	OT												
Name	Reg												
Job Title	OT												
Name	Reg												
Job Title	OT												
Name	Reg												
Job Title	OT												
Name	Reg												
Job Title	OT												

I _____, certify that the above information was obtained from payroll records, invoices or other documentation and copies are attached behind this record.

Reg Time Hours Total:

OT Hours Total:

Reg Time Subtotal:

OT Subtotal:

Reg Time Grand Total:

OT Grand Total:

Certified By (Printed): Title: Date:

Certified By (Signature): Date: