

# RESPONSE OPERATING GUIDELINES



## AMBULANCE UTILIZATION

**2012**

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## 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

### A. PURPOSE

1. 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.
2. This document outlines the various agencies, assets, and operational processes that may be involved in a large-scale evacuation of medical citizens during an emergency event. It describes the roles that local, state and federal partners play in the evacuation process and it describes the various components involved in the evacuation process. This guideline provides a framework in which various emergency response agencies will work together to operationalize the response activities associated with the utilization of ambulances and other medical transportation assets during a disaster.
3. The Response Operating Guideline, Ambulance Utilization 2012 will be utilized when local emergency management resources and assets are overwhelmed by the impact of a catastrophic event. It will be utilized to coordinate the needs of the evacuating region's healthcare facilities with efforts of all supporting local, State, and Federal agencies.

### B. SCOPE

This plan incorporates the steps necessary to provide support to evacuate hospitals, nursing homes and home bound health patients in a large-scale disaster. Although the primary focus of the Response Operating Guideline Ambulance Utilization 2012 is on evacuations of medical patients located in coastal communities threatened by a hurricane, this is an “All Hazards Events” document. Any large scale disaster that requires the support of regional, State or Federal ambulances can be more efficiently and effectively manage by utilizing the information found within this guideline. The Response Operating Guideline, Medical Evacuations 2012 also provides guidance to facilities that have taken steps to “shelter-in-place”.

## III. ACRONYMS & DEFINITIONS

**NOTE: These terms and definitions listed below are for descriptive purposes and may not match the terminology of local response professionals.**

### A. ACRONYMS

CMOC                      Catastrophic Medical Operations Center – Houston

DDC	Disaster District Chairman
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operations Response Team (Federal)
DSHS	Department of State Health Services
MOC	Medical Operations Center
NDMS	National Disaster Medical System
PHP	Public Health Preparedness Unit
PPE	Personal Protective Equipment
POC	Point of Contact
POD	Point of Distribution
RMOC	Regional Medical Operations Center – San Antonio
SMOC	State Medical Operations Center
SOC	State Operations Center
STRAC	South Texas Regional Advisory Council
TDEM	Texas Division of Emergency Management
TxDOT	Texas Department of Transportation
TxETN	Texas Emergency Tracking Network
VOAD	Volunteer Organization

## B. DEFINITIONS

**Action Request Form (ARF)** – An “*Action Request Form*” is the actual form that the state uses to make a request for support from the Federal Government. Requests for federal support will be processed through the State Operations Center (SOC) and submitted by either TDEM or DSHS through the designated person at the State Operation Center.

**Aeromedical Point of Embarkation (APOE)**-See Air Hub

**Air Hub** – A point of embarkation at a designated airport. An Air Hub refers to the airport that has been designated as a collection point for medical patients that will be evacuated out of a region that has been impacted or could be impacted by a pending disaster. An Air Hub can be established by Texas Military Forces or by NDMS or by both. The Air Hub will have numerous supporting agencies that work together to effectively and efficiently coordinate the movement of medical patients from transporting ambulances into the Aeromedical Marshaling Point (AMP) and eventually on to the transporting aircraft. The military term for an Air Hub is Aeromedical Point of Evacuation.

**Ambulance** – Medical transportation vehicle capable of transporting up to two patients in a recumbent position. An Ambulance will have either Advanced Life Support (ALS) or Basic Life Support (BLS) capability. (See Attachment 4: Air & Ground Ambulance Utilization Criteria for specific usage during a disaster.)

**Ambus** – A specialty ambulance built upon a bus platform that, depending on the configuration of the unit, has the capability to transport up to twenty (20) patients. These vehicles are staffed with medical personnel and equipment similar to a standard ambulance. They are used for mass casualty events and large scale patient transfers of hospital patients and nursing home patients. There are multiple units assigned to EMTF regions across Texas. (See Attachment 4: Air & Ground Ambulance Utilization Criteria for specific usage during a disaster.)

**Ambulance Staging Area** – 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.

**Ambulance Staging Manager(ASM)** – a team of medical professional capable of providing overall management of an Ambulance Staging Area for large scale deployments of medical transportation assets.

**Ambulance Strike Team** – a NIMS compliant configuration of five ambulances, assigned to a Strike Team Leader, with common communication capabilities. DSHS deploys ambulances as a Strike Team to assist in overall management of the EMS Units. These teams can be assembled at their dispatch point, at a Staging Area or by the local Incident Commander.

**Ambulance Strike Team Leader (ASTL)** – a suitably qualified EMS professional trained to effectively manage and direct an ambulance strike team responding to an event.

**ARCC** – Alamo Regional Command Center in San Antonio, Location of the RMOC.

**Department of State Health Services (DSHS)** – the lead agency in Texas responsible for public health and medical Emergency Support Function (ESF)-8 support activity.

**Disaster District Committee or Disaster District Coordinator (DDC)** – The DDC is a TDEM regional command and control facility that consists of state/regional response agencies in support of local EOCs. DSHS provides support to the District Medical Operation Center (MOC) that supports the DDC for all public health and medical activities. The DDC is usually the first point of contact for the DSHS Rapid Assessment Teams (RAT) and the Medical Incident Support Team (MIST).

**District Medical Operation Center (DMOC)** – The ESF-8 Public Health and Medical “command, control and communication” component that supports a region’s Disaster District Coordinator. The DMOC provides the regional support for integration of state medical assets into the local response environment, support to the Health Service Region and local health departments, coordination of medical evacuation (ground and air), and other public health and medical support as directed by the DDC or State SMOC.

**Division 1** – Texas coastline from Matagorda County north (including Matagorda County).

**Division 2** – Texas coastline south of Matagorda County.

**Embarkation Point** – A designated site set up by local officials and the DDC, used as a loading point for people requiring transportation out of a disaster area. The embarkation point should have a medical triage capability and be supported by medical ground transportation assets.

**Emergency Medical Task Force (EMTF)** – an emergency response capability built by DSHS and supported by local emergency response teams and assets. Each EMTF team is managed by a regional EMTF Coordinator. These eight (8) regional Emergency Medical Task Force teams have four response capabilities:

- Ambulance Strike Teams
- Ambus (Up to two per region)
- Mobile Medical Units (MMU)
- Nurse Strike Teams

**Emergency Operations Center (EOC)** – Local emergency command and control facility that provides coordination of response efforts during significant incidents and events.

**ESF-8 Public Health and Medical** – Emergency Support Function 8 is one of seventeen categories established by the federal government that align categories of resources and

provide strategic objectives for their use. The ESF's designate which agencies have the responsibility to perform the specific tasks during a disaster. The Texas Department of State Health Services is the lead agency in Texas for ESF-8 Public Health and Medical support.

**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.

**Federal Coordinating Center (FCC)** – A reception point at a designated airport that has been established as a receiving location for NDMS patients and civilians with medical needs that are moved utilizing federal medical transportation assets as the result of a large-scale disaster. Texas has four (4) and utilized Dallas/Ft. Worth and El Paso during hurricane evacuations.

**FEMA Ambulance Contract** – When activated a FEMA ambulance contract brings in Ground Ambulances (300), Air Ambulances (fixed and rotor wing), and Para-transit vehicles (3500 seats) per zone. There are four (4) zones and up to two zones can be activated at any one time.

**H-Hour** – the time at which tropical storm force winds touch the Texas coast. Most activities are expressed in terms of how long before H-Hour they occur. (Note: this estimated time frame is updated constantly and is displayed in WebEOC in the SOC Clock).

**Litter Bus** – A school bus that has been specifically “converted” to provide transportation of medical patients who cannot tolerate sitting for long periods of time. This vehicle is staffed with a combination of EMTs, paramedics, and nurses and is equipped with assorted medical equipment to provide care and support to patients during transportation. These assets are “last resort” transportation assets that are utilized when other transportation choices such as Ambulance, Ambus, and Air assets may not be an option.

**Medical Bus** – A “coach-style” bus utilized by the Texas Division of Emergency Management (TDEM) and the Department of State Health Services (DSHS) to provide ground transportation to medical patients who have been medically triaged and determined to be able to tolerate transportation in a sitting, semi-reclined position for long periods of time. This medical transportation asset is staffed with medical personnel and medical equipment to provide supportive care to patients during evacuation.

**Medical Incident Support Team (MIST)** – The Medical Incident Support Team is a trained liaison team of emergency response professionals with medical expertise that are pre-deployed to DDCs and local EOCs to coordinate the integration of state and federal medical assets into an area impacted by a disaster. The MIST personnel are some of the first representatives of the public health and medical (ESF-8) response efforts that DSHS deploys to an emergency incident.

**Medical Patient** – A person with some type of medical condition that requires a prescribed level of medical care, support or assistance.

**Medical Triage** – A term used during a disaster that refers to the process of applying the prioritizing of medical patients for during an evacuation. The medical triage has two applications, first – for determining which type of medical transportation is appropriate, second – to determining what type of medical facility is most appropriate.

**MOC** – Medical Operations Center – A command node that brings together representatives from local health systems, and supporting State and federal supporting agencies to

coordinate and streamline the a region's healthcare response during a disaster. A MOC can be established in both affected and reception jurisdictions.

**CMOC** – Catastrophic Medical Operation Center.in Houston Texas. This MOC is utilized by DSHS as an additional, command, communications and coordination element in Division 1.

**RMOC** – Regional Medical Operation Center in San Antonio Texas. This MOC is utilized by DSHS as an additional, command, communications and coordination element in Division 2.

**Multi Agency Coordination Center/System (MACC)** – a multi-agency coordination system responds to requests for resources and support from a local jurisdiction. The Multi-Agency Coordination Center supports response activities that across regions by centralizing and coordinating resource requests and identifying resources that can be obtained from surrounding jurisdictions. It does not have command and control responsibility. The MACC provides a formalized process for mutual aid from county to county.

**National Disaster Medical System (NDMS)** – provides additional support to State and local medical agencies responding to the health effects of peacetime disasters, terrorism, and weapons of mass destruction. NMDS provides medical response, patient movement, and definitive care capabilities.

**Para-transit vehicle** – vehicle capable of transporting mobility impaired persons.

**State Medical Operations Center (SMOC)** – The SMOC is managed by DSHS and functions as the State Operation Center (SOC) interagency public health and medical operations center. The SMOC's purpose is to coordinate public health and medical care response activities above the field level, and to prioritize incident demands for critical or competing resources. The SMOC facilitates communications between the necessary local, regional, state and federal entities to assemble the assets required to respond to and resolve requests for state public health and medical care assistance. The SMOC includes representatives from DADS, DARS, and DFPS.

**SOC** – State Operations Center

**Surge Zone** – Areas which will be impacted by the salt water tidal surge.

**Texas Division of Emergency Management (TDEM)** – TDEM is the lead agency in Texas for all aspects of emergency response. The Chief of TDEM coordinates all response activity and directs ESF agencies that support any statewide emergency response.

**Texas Military Forces (TxMF)** – a combination of Army National Guard, Air National Guard and Texas State Guard whose mission is to provide assistance and security to Texas in times of need.

**Texas Emergency Tracking Network (TexasETN)** – the Texas Emergency Tracking Network is a web based, internet accessible system that provides emergency responders a way to record and document the people that they are assisting (be it by sheltering or providing transportation) during a disaster. The TexasETN integrates the Radiant Tracking System and other internet information systems like EMSsystems and WebEOC together so that they can share data entered into one with the other systems. All people provided state transportation or sheltered within Texas are recorded into TexasETN.

**USAR** – Urban Search and Rescue; Emergency Support Function 9.

**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. As an example: 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 harm's way.
5. In order for all the support agencies to successfully accomplish any large scale emergency medical response 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. Public Health and medical operations will be coordinated by the D-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 a disaster event as part of a disaster response should adhere to the guidance set out in this guideline.
2. 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.) This provides Unit locations to all response partners utilizing WebEOC.

- a. Texas EMTF medical assets will utilize the EMTF identification conventions.
- b. Federal FEMA medical assets will utilize the standard state numbering conventions and will be assigned a designated placard/call sign and formed into Strike Teams when “checked in” at the ARCC staging location
3. Units will be assigned into Strike Teams with a Strike Team Leader.
4. 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.
5. Prior to departing the Staging Area, all Texas and FEMA contract ambulances deployed into an evacuation region will be assigned to the appropriate D-MOC for that designated geographic region.
  - a. Deployed ambulance units will be provided the contact information and staging locations for the assigned D-MOC.
  - b. 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.
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 SOC, SMOC, and the appropriate D-MOC.
7. Medical transport units will be staged and priority missions developed in cooperation with the D-MOC. Once missions are complete, medical transport units, through their Strike Team Leaders, will contact their respective D-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 Area location or be properly demobilized.
8. Their status will be maintained by the Ambulance Staging Managers (ASM) and the Medical Incident Support Team (M-IST) in the D-MOC that they are assigned. The ASM 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.

**B. UTILIZATION CRITERIA**

The “Ambulance Utilization Criteria” follows the recommendations for ambulance usage during a disaster as set for by Governor’s EMS & Trauma Advisory Committee (GETAC).

1. Ground Ambulance: Only patients who meet one (1) of the 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 D-MOC and local EOC officials.

2. Air Ambulance: Only patients who meet one (1) of the 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 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. D-MOC, EOC-MOC) can modify these Staging Area operating procedures to meet the operational needs of the event.

1. State and Federal Medical Transportation Vehicle are referred to as:
  - a. Ambulance (ALS/BLS)
  - b. Ambus (Multi-patient Ambulance, ALS/BLS capability)
  - c. Medical Bus – a “Coach Bus” with medical supplies and medical staffing
  - d. Litter Bus- School Bus that has recumbent transportation capability, medical supplies and medical staffing
  - e. Para-transit vehicles  
(See “Definitions” for greater detail)
2. Resource Requests for Medical Transportation for “State Mission Assignments”
  - a. All DDC request for medical transportation assets shall follow the State of Texas request process. The regional request can be made through the DDC utilizing
    - 1) The State of Texas Assistance Request (STAR) request board found in WebEOC; OR

- 2) Utilizing the appropriate hard copy (STAR) forms submitted to the D-MOC and processed through to the SOC and SMOC. All medical transportation assets requested by the State will be coordinated through the SMOC and TDEM/SOC.
  - b. Once a “STAR” for medical transportation support has been received, the SMOC will:
    - 1) contact the EMTF Coordinator to identify and activate the necessary EMTF medical teams and transportation assets, or (if State assets are inadequate)
    - 2) process an EMAC through the SOC to our adjoining States
    - 3) process an ARF request through the SOC to FEMA and/or NDMS for additional support.
  - c. Medical transportation resources provided by the State of Texas will have completed their “information packet” and returned them *prior* to reporting to a designated State Staging Area. The packet will include a placard displaying their designated Texas ID number.
  - d. Medical transportation resources provided by FEMA will have their contract completed, returned and approved prior to the arrival at the designated State Staging Area. The Federal ID number displayed on a placard will be clearly posted in the upper right hand of the front windshield.
  - e. Upon arrival in the State Staging Area; the Unit 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.
3. 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 for response and transport, Texas law dictates that audible and visual warning devices must be used in conjunction. The use of visual warning devices is acceptable during travel of Strike Teams or Task Forces to maintain a convoy.

4. Documentation

a. Check-in:

- 1) State: DSHS will provide documentation to be used for data collection.
  - a) The designated EMTF Unit numbering should be utilized by EMTF units.
  - b) Other State deployed Units will be issued an appropriate Unit Number or, during pre-deployment.
  - c) 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.
  - a) This should be displayed in the upper right hand corner of the windshield to assist in the identification of the arriving units.
  - b) 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 for State Assets:

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.

- 1) If units are returning to their respective departments from a remote location they should call the Staging Area and DSHS SMOC and provide the information of the crew, current location and the approximated time of arrival to their respective department.
- 2) They will be provided a phone number to call upon arrival at their destination to notify staging that they have arrived safely.
- 3) If the crew fails to call the unit's home agency will receive a call within 24 hours to confirm the safe arrival of the crew.

**NOTE:** All State Ambulance assets shall follow the designated procedures as outlined in their MOA (See attached copies of the documents) and deployment letter.

c. Check-out for Federal Assets:

No unit shall demobilize without proper notification through the established chain of command.

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

5. 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.

#### 6. 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.

#### 7. 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.

#### 8. 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. Support of Air Hubs and FCC locations.
- c. Post storm evacuation of victims from the impact zones
- d. Urban Search and Rescue Support (USAR)
- e. 9-1-1 Support
- f. 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**

1. 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.

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

- a. 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.

- b. 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:

- 1) Priority Mission:

Home bound individuals

- 2) Secondary Mission(s):

- a) NURSING HOME (GROUND EVACUATION)

- b) EMBARKATION POINTS

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

- c. 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:

- 1) PRIORITY MISSION:

Homebound Individuals

2) SECONDARY MISSION(S):

- a) HOSPITALS (AIR AND GROUND EVACUATION)
- b) NURSING HOMES (AIR AND GROUND EVACUATION)
- c) EMBARKATION POINTS

**Note:** NDMS and TxMF Air Operations must begin prior to this point in the timeline.

3) FOLLOWING THE COMPLETION OF THE ABOVE PRIORITIES, INDIVIDUALS WILL BE MOVED FROM THE WIND ZONE FOLLOWING THE SAME MISSION PRIORITIZATION.

d. 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:

1) PRIORITY MISSION(S):

- a) HOSPITALS (AIR AND GROUND EVACUATION)
- b) NURSING HOMES (AIR AND GROUND EVACUATION)

2) SECONDARY MISSION(S):

- a) Homebound Individuals
- b) Embarkation Points

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

e. 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:

1) PRIORITY MISSION:

Embarkation Points

2) SECONDARY MISSION(S):

- a) Homebound Individuals
- b) Hospitals (ground evacuation only)
- c) Nursing Homes (ground evacuation only)

f. 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.

1) PRIORITY MISSION:

Embarkation Points

2) SECONDARY MISSION:

None

- g. 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 forward deployed and assigned to and housed with ESF-9 search and rescue resources. These Units will respond with the USAR Teams as they immediately deploy post landfall. The number of teams needed will be determined 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.
- c. Texas Military Forces Texas Air National Guard 111th Ambulance Wing “High Water Ambulances” and HUMVEE platform assets can be brought in to augment the State EMS Units USAR support.

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 the large military air assets of NDMS or Texas Military Forces. Patients will be returned to their home jurisdiction utilizing ground ambulance and/or small air ambulance assets. The State Medical Operation Center (SMOC) 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

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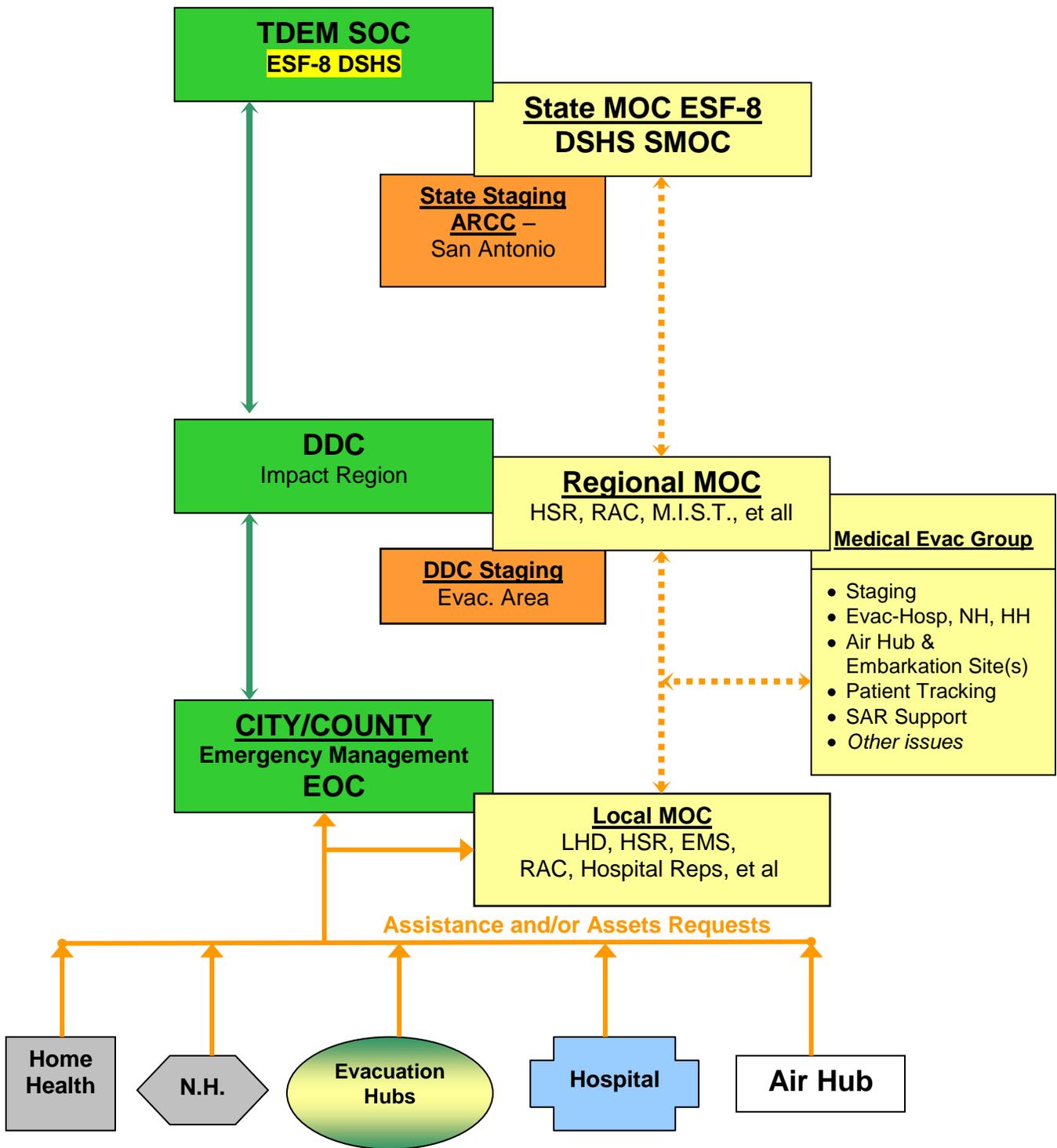
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**ATTACHMENT 1 – ORGANIZATIONAL CHART**



## **ATTACHMENT 2 – AMBULANCE STAGING MANAGER**

### **A. 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.

### **B. Description of Duties:**

The Ambulance Staging Manager is responsible for:

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

### **C. 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.

### **D. 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:
  - a. Introduction to Incident Command Systems (ICS-100)
  - b. Basic Incident Command Systems (ICS-200)
  - c. National Incident Management Systems (ICS-700)
4. Complete Ambulance Strike Team Leader Course.

**E. Recommended Training:**

The Ambulance Staging Manager should:

1. Complete Incident Command System training listed below:
  - a. INTERMEDIATE INCIDENT COMMAND SYSTEMS (ICS-300)
  - b. 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.

**F. Recommended Equipment:**

1. Laptop Computer
2. Two-way Radio (Interoperable)
3. Cellular Phone / Nextel
4. Satellite Radio / Phone
5. Global Positioning System (GPS Unit)

**G. Job Action Sheet:** See next page

<b>CRITICAL ACTIONS (Operational Period 0-2 hrs)</b>			
<b>X</b>	<b>Task</b>	<b>Time</b>	<b>Initial</b>
	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		

<b>SIGNIFICANT ACTIONS (Operational Period 2-12 hrs)</b>			
<b>X</b>	<b>Task</b>	<b>Time</b>	<b>Initial</b>
	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		

<b>ROUTINE ACTIONS (Operational Period 24+ hrs)</b>			
<b>X</b>	<b>Task</b>	<b>Time</b>	<b>Initial</b>
	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 & MMU TYPING**

**Ambulance Typing : To be Determined...**

**MMU Typing:**

<b>RESOURCE: Mobile Medical Unit - Sustained Operations (&gt; 24 hours)</b>					
<b>CATEGORY:</b>		<b>Emergency Medical Services (ESF #8); Command and Control</b>			
<b>MINIMUM CAPABILITIES:</b>		<b>Type I</b>	<b>Type II</b>	<b>Type III</b>	<b>Type IV</b>
<b>Component</b>	<b>Metric</b>	(16-32+ Beds)	(8-16 Beds)	(8-12 Beds)	(6-8 Beds)
Patient	Admittance Time	< 23 Hours	< 12 Hours	< 8 Hours	< 2-4 Hours
Operational Usage		Replacement of ER that is Off-Line Anticipated Significant Patient Surge Large Scale Community Disaster	Medical Operations for Rural Communities with No Hospital Support Rural Facility Support Following Significant Event	Alternate Care Center Special Events Medical Operations	Inoculation Clinic Minor Care Clinic First Responder Force Protection
	Example	<i>Joplin Tornado</i>	Floods	<i>Planned Community Events -</i>	<i>Bastrop Wild Fire</i>
Personnel	Number of Personnel	33-person response (24-hour Operations)	26-person response (24-hour Operations)	16-person response (24-hour Operations)	10-person response (24-hour Operations)
	Sustained Operations	(2) Operations Manager (1) Group Supervisor (2) MD (2) Mid-Level Provider (10) Registered Nurse (6) Paramedics (4) Tech (2) Admin/Clerk (1) Logistic Section Chief (3) Logistical Support	(2) Operations Manager (1) Group Supervisor (2) MD (8) Registered Nurse (4) Paramedics (4) Tech (2) Admin/Clerk (3) Logistical Support	(2) Operations Manager (2) MD (4) Registered Nurse (4) Paramedics (2) Tech (2) Admin/Clerk	(2) Operations Manager (2) Mid-Level Provider (2) Registered Nurse (4) Paramedics
Operational Area	Parking and Support	40,000 sq. ft. Operations Area ( 200' x 200' )	30,625 sq. ft. Operations Area ( 175' x 175' )	22,500 sq. ft. Operations Area ( 150' x 150' )	15,625+ sq. ft. Operations Area ( 125' x 125' )
	Sleeping Area	850 sq. ft.	750 sq. ft.	500 sq. ft.	250 sq. ft.

Equipment	Support Trailer/Command Vehicles	(1) 53' MMU Trailer with Power, Internal Command Center and Climate Controlled with: (2) Awning(s) (2) 36' MMU Trailer with Power and Climate Control with: (2) 860 (2) Quad or Awning	(1) 53' MMU Trailer with Power, Internal Command Center and Climate Controlled with: (2) Awning(s) (1) 36' MMU Trailer with Power and Climate Control with: (1) 860 (1) Quad or Awning	(1) Type II or Type III "Mobile EOC" (2) 36' MMU Trailer with Power and Climate Control with: (2) 860s (1) Quad (1) Awning	(1) 36' MMU Trailer with Power and climate Control with: (1) 860 (1) Quad or Awning
	Tow Vehicles	(1) Semi/Tractor (4) 1-Ton Truck (2) 3/4 Ton Crew Cab Truck/Suburban (2) Supply Truck	(1) Semi/Tractor (3) 1-Ton Truck (2) 3/4 Ton Crew Cab Truck/Suburban (2) Supply Truck	(3) 1-ton Truck (2) 3/4 Ton Crew Cab Trucks / Suburban's (1-2) Supply Trucks	(1) 1-Ton Truck (1) 3/4 Ton Crew Cab Truck/Suburban (1) Supply Truck
	Power Generation	(1) 125kw Generator (Type VI) (1) 60kw Generator (4) 6.5 kw Generator Capability to Provide Shoreline Power	(1) 60 kw Generator (4) 6.5 kw Generator	(1) 60kw Generator (4) 6.5 kw Generator	60kw Generator (2) 6.5 kw Generator
	All Terrain Mobility	(1) All Terrain Utility Vehicle	(1) All-Terrain Vehicle	None	None
	Area Lighting	(2) to (3) Generator powered Light Towers - trailer mounted (Terex AL 8000 HT)	(1) to (2) Generator powered Light Towers - trailer mounted (Terex AL 8000 HT)	(1) to (2) Generator powered Light Towers - trailer mounted (Terex AL 8000 HT)	(1) Generator powered Light Tower - trailer mounted (Terex AL 8000 HT)

**RESOURCE: Mobile Medical Unit - Sustained Operations (> 24 hours) - continued**

<b>CATEGORY:</b> Emergency Medical Services (ESF #8); Command and Control					
<b>MINIMUM CAPABILITIES:</b>		<b>Type I</b>	<b>Type II</b>	<b>Type III</b>	<b>Type IV</b>
<b>Component</b>	<b>Metric</b>	(16-32+ Beds)	(8-16 Beds)	(8-12 Beds)	(6-8 Beds)
Equipment	Computer Equipment	(15) Laptop Computers (4) Printers (networked) (1) Scanner	(8) Laptop Computers (2) Printers (networked) (1) Scanner	(5) Laptop Computers (1) Printer (1) Scanner	(2) Laptop Computers (1) Printer
	Communications Equipment	(2) VSAT Internet System (10) EVDO / Cellular Internet Cards (16) Cellular Telephones / NEXTEL (16) Radios, Interoperable (1) Speaker Phone System	(2) VSAT Internet System (8) EVDO / Cellular Internet Cards (12) Cellular Telephones / NEXTEL (13) Radios, Interoperable (1) Speaker Phone System	(1) VSAT Internet System (4) EVDO / Cellular Internet Cards (8) Cellular Telephones / NEXTEL (8) Radios, Interoperable	(1) VSAT Internet System (2) EVDO / Cellular Internet Cards (4) Cellular Telephones / NEXTEL (6) Radios, Interoperable
	Administrative Supplies	(1) MMU Admin Kit (1) Staging - Admin Kit (1) Staging - Parking Kit (1) Tool Kit	(1)MMU Admin Kit (1) Tool Kit	(1) MMU Admin Kit	(1) MMU Admin Kit

	Power Supply	Power Strip and Extension Cord Phone and Device Chargers, Uninterrupted Power Supply, Spare batteries & DC Transformer	Power Strip and Extension Cord Phone and Device Chargers, Uninterrupted Power Supply, Spare batteries & DC Transformer	Power Strip and Extension Cord Phone and Device Chargers, Spare batteries & DC Transformer	Power Strip and Extension Cord Phone and Device Chargers, Spare batteries & DC Transformer
Services	Food Service	MRE: 8 cases / day  Catering: (2 & 1)32 meals daily and 6 cases of MREs / day  Catering (3 hot meals) 96 / day	MRE: 7 cases / day  Catering: (2 & 1)26 meals daily and 5 cases of MREs / day  Catering (3 hot meals) 78 / day	MRE: 4 cases / day  Catering: (2 & 1) 16 meals daily and 3 cases of MREs / day  Catering (3 hot meals) 48 / day	MRE: 3 cases / day  Catering: (2 & 1) 10 meals daily and 2 cases of MREs / day  Catering (3 hot meals) 30 / day
	Potable Water (daily)  Ice (daily)	32 gallons (1 gal/person/day) 16 cases(1 case / 2 ind)  32 small bag (8 lbs.) / day 16 large bags (15-20 lbs.) / day	26 gallons (1 gal/person/day) 12 cases (1 case / 2 ind)  26 small bag (8 lbs.) / day 13 large bags (15-20 lbs.) / day	16 gallons (1 gal/person/day) Water: 8 cases (1 case / 2 ind)  16 small bag (8 lbs.) / day 8 large bags (15-20 lbs.) / day	10 gallons (1 gal/person/day) Water: 5 cases (1 case / 2 ind)  10 Small Bag (8 lbs.) / Day 5 Large Bags (15-20 lbs.) / Day
	Fresh Water	400 - 500 Gallons	300 - 400 Gallons	200 -300 Gallons	100 - 200 Gallons/per Day
	Trash Service	(1) 8 cu yd. Dumpsters Emptied Daily Bio-Hazards Waste (Red Bag) Daily Removal	(1) 8 cu yd. Dumpster Emptied Daily Bio-Hazards Waste (Red Bag) Daily Removal	(1) 4 cu yd. Dumpster Emptied every other day Bio-Hazards Waste (Red Bag) Daily Removal	(1) 2 cu yd. Dumpster Emptied every other day Bio-Hazards Waste (Red Bag) Removal every other day
	Restrooms	Access to 4-5 toilets and 4 sinks/hand washing stations Serviced Daily	Access to 3-4 toilets and 3 sinks/hand washing stations Serviced Daily	Access to 2-3 toilets and 2 sinks/hand washing stations Serviced Daily	Access to 2-3 toilets and 1 sink/hand washing stations Serviced Daily
	Hygiene Facilities	Access to (4) Showers Access to (6) Hygiene Sinks (1) Mobile DECON System	Access to (4) Showers Access to (6) Hygiene Sinks (1) Mobile DECON System	Access to (2) Showers Access to (4) Hygiene Sinks	Access to (1) Showers Access to (2) Hygiene Sinks
	Non-Potable Water (Bladders)	1500 - 1600 Gallons	1100 - 1200 Gallons	800 - 900 Gallons	400 - 500 Gallons

RESOURCE: Mobile Medical Unit - Sustained Operations (> 24 hours) - continued					
CATEGORY:		Emergency Medical Services (ESF #8); Command and Control			
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV
Component	Metric	(16-32+ Beds)	(8-16 Beds)	(8-12 Beds)	(6-8 Beds)

Equipment	Traffic Management	(2) Traffic Barricades (25) 28" Traffic Cones (1) Measuring Wheel / Pace Count (3) Rolls of Caution Tape (13) Flashlights with Cones (4) Cans of Orange Road Paint	(2) Traffic Barricades (25) 28" Traffic Cones (1) Measuring Wheel / Pace Count (3) Rolls of Caution Tape (13) Flashlights with Cones (4) Cans of Orange Road Paint	(2) Traffic Barricades (16) 28" Traffic Cones (1) Measuring Wheel / Pace Count (2) Rolls of Caution Tape (4) Flashlights with Cones	(12) 28" Traffic Cones (1) Rolls of Caution Tape (2) Flashlights with Cones
	Safety Management	(16) Vests (32) Hearing Protection (32) Work Gloves (32) Eye Protection	(13) Vests (26) Hearing Protection (26) Work Gloves (24) Eye Protection	(4) Vests (16) Hearing Protection (16) Work Gloves (16) Eye Protection	(2) Vests (10) Hearing Protection (10) Work Gloves (10) Eye Protection
<b>RESOURCE: Mobile Medical Team - Sustained Operations (&gt; 72 hours)</b>					
<b>CATEGORY:</b>	<b>Emergency Medical Services (ESF #8); Command and Control</b>				
<b>MINIMUM CAPABILITIES:</b>		<b>Type I</b>	<b>Type II</b>	<b>Type III</b>	<b>Type IV</b>
<b>Component</b>	<b>Metric</b>	Team	Team	Team	Team
Personnel	Number of Personnel	<b>33-person response</b> (24-hour Operations)	26-person response (24-hour Operations)	16-person response (24-hour Operations)	10-person response (24-hour Operations)
	Sustained Operations Team	(2) Operations Manager (1) Group Supervisor (2) MD (2) Mid-Level Provider (10) Registered Nurse (6) Paramedics (4) Tech (2) Admin/Clerk (1) Logistic Section Chief (3) Logistical Support	(2) Operations Manager (1) Group Supervisor (2) MD (8) Registered Nurse (4) Paramedics (4) Tech (2) Admin/Clerk (3) Logistical Support	(2) Operations Manager (2) MD (4) Registered Nurse (4) Paramedics (2) Tech (2) Admin/Clerk	(2) Operations Manager (2) Mid-Level Provider (2) Registered Nurse (4) Paramedics
Transport	Vehicles	(7) Suburban or <i>or most effective means of transportation of staff and supplies</i>	(6) Suburban <i>or most effective means of transportation of staff and supplies</i>	(4) Suburban <i>or most effective means of transportation of staff and supplies</i>	(2) Suburban <i>or most effective means of transportation of staff and supplies</i>
	Travel Package	Minimum of: (3) Credit Card (7) GPS Units and area maps (7) Radio (7) D/C - A/C Power Invertor (7) Cases of Water (3) Case of MREs	Minimum of: (3) Credit Card (6) GPS Units and area maps (6) Radio (6) D/C - A/C Power Invertor (6) Cases of Water (3) Case of MREs	Minimum of: (2) Credit Card (4) GPS Units and area maps (4) Radio (4) D/C - A/C Power Invertor (4) Cases of Water (2) Case of MREs	Minimum of: (1) Credit Card (2) GPS Units and area maps (2) Radio (2) D/C - A/C Power Invertor (2) Cases of Water (1) Case of MREs
Equipment	Supplies	Those that are deemed necessary for the given mission profile	Those that are deemed necessary for the given mission profile	Those that are deemed necessary for the given mission profile	Those that are deemed necessary for the given mission profile

**ATTACHMENT 4 – AIR & GROUND AMBULANCE UTILIZATION CRITERIA FOR STATEWIDE  
DISASTER AND HURRICANE EVACUATIONS**

**A. Ground Ambulance Utilization Criteria:**

Only patients who meet one of following criteria should be considered for transport by ground ambulance (this includes Ambus utilization):

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).

**B. 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 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.

- A. Any medical condition not stabilized.
- B. Pregnancy > 34 weeks.
- C. Post-op < 72 hours.
- D. Acute Coronary Syndrome (unstable angina, non-STEMI, STEMI).
- E. Any open-heart surgery, craniotomy, spinal cord surgery < 7 days.
- F. Untreated Pneumothorax (vented needle or tube).
- G. Pneumo-cephalus.
- H. Detached retina or pneumoglobus.
- I. Seizure within 2 weeks.
- J. Heart dysrhythmia within 1 week.
- K. Orthopedic casts.
- L. Any communicable condition.
- M. Respiratory isolation including possible TB.
- N. Agitation or other behavior distracting in flight.
- O. Any condition or circumstance in the opinion of the Aircraft Commander.
- P. (ACC) that would endanger the flight.

## **ATTACHMENT 6 – TxMF: AEROMEDICAL 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, other traction devices should be used if required.

### **MEDICAL CONTRAINDICATIONS (HYPOXIA AND BAROTRAUMAS)**

- A pt. 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

### **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 – esp. 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 pre-medicated 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**

**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**

**20?? 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:** \_\_\_\_\_

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DSHS Representative \_\_\_\_\_

## **ATTACHMENT 8 – PROCEDURES 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 email or fax.
  - 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

DAVID L. LAKEY, M.D.  
COMMISSIONER

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

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.

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Maxie Bishop, RN, LP  
State EMS Director

Date: #-#-2012

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# DSHS-STL-

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\_\_\_\_\_  
AGENCY NAME:

\_\_\_\_\_  
AGENCY CONTACT NAME

\_\_\_\_\_  
DEPARTURE CITY:

\_\_\_\_\_  
CREW NAME

\_\_\_\_\_  
MEMBER 1

\_\_\_\_\_  
CREW NAME

\_\_\_\_\_  
MEMBER 2

\_\_\_\_\_  
CREW NAME

\_\_\_\_\_  
MEMBER 3

\_\_\_\_\_  
CREW NAME

\_\_\_\_\_  
MEMBER 4

\_\_\_\_\_  
CREW CONTACT TELEPHONE NUMBER

\_\_\_\_\_  
AGENCY UNIT NUMBER AND/OR CALL SIGN:

\_\_\_\_\_  
AGENCY CONTACT TELEPHONE NUMBER

\_\_\_\_\_  
TX EMS PROVIDER LICENSE NUMBER

**STRIKE TEAM LEADER**

\_\_\_\_\_  
DESTINATION

\_\_\_\_\_  
DEPLOYED TIME/DATE

\_\_\_\_\_  
DEMOBILIZED TIME/DATE:

**NOTES AND COMMENTS - SEE BACK**

<b>Provider Name:</b>	<b>Provider Number:</b>	<b>Mission:</b>
<b>Location/Site:</b>	<b>Period Start Date:</b>	<b>Period End Date:</b>
<b>Description of Work Performed:</b>		
<b>Employee Information to Include DSHS Certification Number</b>	<b>Dates &amp; Hours Worked Each Week</b>	<b>Costs</b>
	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	
<p>I _____, certify that the above information was obtained from payroll records, invoices or other documentation and copies are attached behind this record.</p>		<p>Reg Time Hours Total: OT Hours Total:</p>
		<p>Reg Time Subtotal: OT Subtotal: Reg Time Grand Total: OT Grand Total:</p>
Certified By (Printed):	Title:	Date:
Certified By (Signature):		Date: