RESPONSE OPERATING GUIDELINES

DEPLOYABLE TEAMS

2012

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RECORD OF CHANGES

RESPONSE OPERATING GUIDELINES

DEPLOYABLE TEAMS

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Submit comments/changes to this document via email to rrugroup@dshs.state.tx.us.
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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

The Texas Department of State Health Services has developed this guideline to provide information and direction in the utilization of personnel and deployable team assets during catastrophic events. This guideline is not meant to supplant local activities, but to support and assist local emergency response professionals during any large scale event. This plan will outline the general concepts of deployable team assets, provide standardization regarding team usage and outline the deployment, support and demobilization of the teams. Although this guideline is tailored to hurricane events it is applicable to other large scale disasters.

III. ACRONYMS & DEFINITIONS

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
LHD	Local Health Department
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

Medical Operations Center (MOC): 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. The MOC can be in both affected and reception jurisdictions.

Commissioner: Refers to the Commissioner of Health for DSHS.

Diversified Occupational Group (DOG): Diversified Occupation Group teams are strike teams based on a specialty field, such as a team of epidemiologists, sanitarians, nurses, etc. These teams may also be a strike team organized for a specific purpose, such as a logistic team to support field operations or a MMT team to support a medical shelter operation. Some of these DOG teams will be pre-identified to ensure a prompt and adequate response. Staffing may come from HSR's, Central Office programs, or private contractors depending on need and staff availability.

State Medical Operations Center (SMOC): Department of State Health Services State Medical Operations Center, located in Austin, the SMOC is responsible for coordination of all health and medical (ESF-8) response activities. (Formerly known as the DSHS MACC)

Strategic National Stockpile (SNS): A national repository of antibiotics, chemical antidotes, antitoxins, anti-virals, life support medications, intravenous administration, and airway maintenance supplies, and medical or surgical material for use in a biological or terrorism incident or other major public health emergency.

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. There can be multiple staging areas in forward areas.

WebEOC: A web-based Crisis Information Management System that provides real-time information sharing to emergency response personnel to facilitate decision making before, during, and after a crisis or disaster.

IV. SITUATION & ASSUMPTIONS

A. SITUATION:

1. Health and medical operations will be coordinated by the local MOC or multi-jurisdictional MOC as an extension of the DDC in support of local jurisdictions.
2. During a Hurricane, the SMOC will mission task appropriate multi-jurisdictional MOCs for the coordination of their areas of responsibility.

B. ASSUMPTIONS

1. During normal day-to-day emergency response periods most communities have the assets available to be able to provide services to their community.
2. During a large scale disaster the medical and transportation assets required to evacuate, transport, and shelter the population can become overwhelming. During a hurricane response it can create a need for hundreds of ambulances, medical buses, numerous air transportation assets and multiple general population and medical shelters.
3. Few communities can generate or manage these resources without the assistance from their neighboring regions, the state and the federal government.
4. 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 and transportation assets will be requested and utilized.

V. CONCEPT OF OPERATIONS

A. AMBULANCE STAGING MANAGER/TEAM (ASM)

The Ambulance Staging Manager is responsible for providing management and oversight of the Ambulance Staging Area, both in the pre-deployment / marshaling 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.

1. MISSION
    a. The Ambulance Staging Team will maintain an operational base camp (if necessary), and provide for all logistical needs of Medical Transportation assets 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.
    b. The Ambulance Staging Manager reports to the Staging Area Manager, the Medical Branch Director or the Operations Section Chief, depending on the organizational chart.
2. STAFFING
    a. DSHS in coordination with the South Texas Regional Advisory Council (STRAC) will maintain a roster of personnel who have completed the ASM course.
    b. From the roster of personnel, DSHS and STRAC will determine the appropriate staff and number of staff to be activated for ambulance staging activities.
        1) Sufficient Ambulance Staging Managers will be assigned to manage and maintain 24 hour operations.
        2) Team will have three to five members to support mission assignments.
    c. Team will have at least one M-IST member to coordinate with local and DDC jurisdictions for ambulance assignments.
3. QUALIFICATIONS/TRAINING
    a. Meet all Administrative and General Training Requirements for Emergency Operations.
    b. Hold current certification as an Emergency Medical Technician or higher.
        1) Complete Incident Command System training listed below:
        2) Introduction to Incident Command Systems (ICS-100)
        3) Basic Incident Command Systems (ICS-200)
        4) National Incident Management Systems (ICS-700) (ICS 800)
    c. Complete Ambulance Strike Team Leader Course.
    d. Complete Ambulance Staging Manager Course.
4. DEPLOYMENT
    a. A local jurisdiction or DDC will request a team for ambulance staging.

b. SMOC will request the RMOC in San Antonio to identify appropriate staff from entities that have signed the EMS Personnel MOA and have completed the training.

c. SMOC will issue a mobilization order to sponsoring entities and activate personnel. Detailed procedures are contained in the SMOC Operating Manual.

d. Ambulance Staging Manager and team will check in at the AARC and begin ambulance staging for the ARCC or await orders for further deployment.

5. DEMOBILIZATION

a. The SMOC in coordination with the appropriate DDC will determine when ambulance staging can be demobilized.

b. SMOC will issue demobilization order to the DDC and ASM and team.

c. ASM will check out with the DDC and report to San Antonio.

d. ASM will perform an AAR with the team and provide results to the SMOC.

e. ASM and team will return home and report safe arrival to the SMOC.

B. BEHAVIORAL HEALTH ASSISTANCE TEAM (BHAT)

The BHAT is a specialized team coordinated by DSHS Disaster Behavioral Health Services. BHAT services includes individual and/or group stress management, psychological first aid, Critical Incident Stress Management (CISM), and other support, information, and referrals to disaster recovery resources. The team interacts closely with Local Mental Health Authorities (LMHAs), Substance Abuse (SA) providers, State of Texas agencies and other stakeholders.

1. MISSION

The mission of the Disaster Behavioral Health Assistance Team is to lessen the adverse behavioral health effects of trauma. The mission is accomplished through proactive behavioral health responses to critical incidents, state and/or presidentially declared disasters by providing Early Psychological Intervention (EPI), crisis counseling services, and referrals to additional resources. The team is scalable and tailored to the local needs identified by the requesting authority.

2. STAFFING

a. The BHAT is trained and certified across a broad spectrum to include: (1) licensed behavioral health professionals such as psychologists, social workers, Licensed Professional Counselors, and substance abuse counselors (2) trained para-professionals such as first responders, chaplains, Qualified Mental Health Professionals, and public health workers.

b. The BHAT Response Coordinator functions as part of the DBH Coordinator. The BHAT Response Coordinator functions as part of the DSHS deployable team to coordinate DBH services as a member of a RMOC, DDC, or Incident Command Post (ICP). BHAT Coordinator works closely with the DSHS SMOC, the Texas Division of Emergency Management's (TDEM) Mass Care Coordinator, and the Department of Public Safety Regional Liaison Officers.

c. The Team Leader provides oversight to field staff and acts as point of contact to BHAT Response Coordinator.

d. Team members provide direct disaster behavioral health services to individuals in the impacted areas.

3. QUALIFICATIONS/TRAINING

   a. MHMR/SA/VOAD deployment preferred or specialized experience.

   b. Training and certification in the Incident Command System (ICS) including ICS 100, 200, 700, and 800.

   c. Training and certification in Psychological First Aid, Crisis Intervention, Pastoral Counseling, CISM, or other Early Psychological Interventions.

   d. Specialized training such as working with children or adolescents, cultural diversity, geriatric populations, special needs populations, victims of crimes, grief and loss, death notifications, suicide assessment and intervention, and substance abuse.

   e. Experience working with survivors of disasters and/or critical incidents.

   f. Meets minimum requirement set forth by the Division of Mental Health and Substance Abuse.

4. DEPLOYMENT

   The BHAT works at settings frequented by disaster workers, first responders, and survivors. These locations include, but are not limited to, shelters, points of distribution, family assistance centers, morgues, disaster recovery centers, incident command posts, and other sites as requested.

   a. BHAT deployment process

      1) DSHS State DBH Coordinator receives notification.

      2) DBHS Response and CISM Coordinators contact respective provider networks for deployable assets.

      3) Provider networks provide DBHS with staffing rosters.

      4) Identified assets deploy to duty station(s) and report to BHAT Coordinator.

   b. BHAT deployment requirements

      The BHAT is expected to work in the impacted region for up to six days, including two travel days and four days of direct service and for extended hours.

5. DEMOBILIZATION

   The SMOC will issue demobilization orders to team members once the team is no longer required.

C. COMMAND ASSISTANCE TEAM (CAT)

A Command Assistance Team is a deployable public health trained Incident Management Team (IMT) that can respond anywhere in the state to assist or supplement the regional or local response during a man-made or natural emergency situation.

1. MISSION

   a. A CAT will be deployed to a region to assist or supplement the regional response at the request of the impacted region's Regional Medical Director, local health department director, the regional IC, the SMOC Director, or the Commissioner.

b. A CAT may be deployed in advance of a hurricane if requested by the appropriate authority.

c. Once deployed to assist a Regional Operations Center (ROC), a DDC, MOC, or a local health department, the CAT will report to the appropriate Incident Commander and will provide assistance as directed.

d. A CAT member may be deployed as a single resource to provide logistical and administrative support to another deployed team.

2. STAFFING

DSHS will maintain three teams of 22 members comprised of staff from DSHS HSR's and the Central Office-Austin. One team will be on call each month and the on-call team must be able to respond to an event within 24 hours of notification. Each CAT will be able to field a team to fill the command and general staff roles within the Regional Operations Center or the operations center of a LHD.

3. QUALIFICATIONS/TRAINING

a. Successfully completion of ICS 100, 200, 300, 400, 700 and 800.

b. Successful completion of All Hazards O-305 course preferred.

c. Experienced in working emergency responses in an EOC, ROC or the SMOC.

d. Basic knowledge of ESF 8 responsibilities including the DSHS structure and reporting relationships.

4. DEPLOYMENT

a. The SMOC will make all notifications to place CATs on alert for possible deployment or to activate them for deployment. Team selection will be done by the SMOC Regional Liaison in conjunction with the CAT team leads. The number of team members deployed will be determined based on the event, but usually 8-12 per team.

b. All travel arrangements will be made by the SMOC logistics travel office and will be direct billed when possible.

5. DEMOBILIZATION

The SMOC will issue demobilization orders to team members once the team is no longer required.

D. COMMUNITY HEALTH ASSESSMENT FOR PUBLIC HEALTH RESPONSE (CASPER) TEAM

Community Health Assessment for Public Health Response Teams deploy after an event to assist and partner with local and regional health departments to conduct a community assessment. The objective of a community assessment is to document population-based needs and public health and basic needs following a natural disaster.

1. MISSION

a. A CASPER team is flexible and scalable, and its organization depends on the incident or event.

b. Teams conduct assessments to help local officials:

1) Identify health and service needs and hazards that might not be immediately obvious, or that develop as the disaster progresses.

2) Target relief efforts at the people who need them most (e.g., assessing medical needs and providing services to high risk groups).

3) Provide real-time information about whether people returning to their homes have access to:

a) safe food and water supplies

b) sources of power (e.g., gas, electricity)

c) communication services (e.g., telephone, radio)

d) medical and public health care for both acute and chronic conditions, including access to prescription drugs

2. STAFFING

a. Strike Team Leader

b. Assistant Strike Team Leader

c. Team GIS Specialist

d. Team Epidemiology Specialist

e. Lead, Interview Team A

f. Lead, Interview Team B

g. Interview Teams (5 person)

3. DEPLOYMENT

a. Teams are not deployed until conditions are safe, usually 3 – 7 days after the disaster occurs.

b. All logistical support for CASPER personnel will be provided through the Texas Department of State Health Services' (DSHS) SMOC Logistics Section, regional assets, local assets, or through the Incident Response Coordination Team (IRCT) at the U.S. Health and Human Services (HHS) (Region 6).

c. CASPER teams will integrate into the Incident Command System (ICS) of the requesting jurisdiction, and may do so in a number of ways. In the unlikely event that a CASPER team must operate in an area without a functioning local ICS structure, it will be integrated into the incident Area Command or the SMOC. The CASPER lead will report to the Area Commander or SMOC.

4. DEMOBILIZATION

The SMOC will issue demobilization orders to team members once the team is no longer required.

E. DISASTER MORTALITY STRIKE TEAM (DMS)

Disaster Mortality Strike Team is composed of mortuary services and Mortuary personnel that provide mortuary and victim identification services following major or catastrophic disasters. They assist local authorities in evaluating and characterizing a mass fatality incident, provide situational awareness to the Texas Department of State Health Services (DSHS), and assist local jurisdictions with the initial stages of response.

1. MISSION

a. Evaluate mass fatality incident characteristics to determine appropriate response resources.

b. Assist in determining what local resources are available to size the gap of resources.

c. If additional resources are needed, assist with submitting requests for state or federal assistance and advocating for necessary resources and multi-agency involvement.

d. Assist local jurisdictions with body recovery, transport and establishment of a holding morgue.

e. Assist with the recovery and transport with disinterred caskets (when needed).

f. This is intended to be an initial effort to support local jurisdictions. This strike team is not intended to replicate the scope and capacity of a federal disaster mortuary operations response team (DMORT).

2. STAFFING

a. Minimum of 4 individuals: Team Lead and 3 Team Members; maximum of 10 Teams (depending on number of locations). Two of the people are licensed and two are non-licensed.

b. Disaster Mortality Strike Team members will operate under the direction of the local medico-legal authority (e medical examiner or justice of the peace) using the protocol of the requesting jurisdiction in coordination with local emergency management.

c. Arrive on scene 12-24 hours post incident; phase-out when local jurisdiction is able to manage independently and/or federal DMORT resources have arrived and an orderly transition has occurred.

3. QUALIFICATIONS/TRAINING

a. Team members must be credentialed through current practices.

b. Training requirements include:

Successful completion of ICS 100, 200, 700 and 800 online courses.

c. DMS team members are expected to have knowledge of:

1) Local, state and federal laws pertaining to mortality management.

2) Basic concepts and standard operations of mass fatality management including the authorities of medical examiners and/or Justice of the Peace and the resource requirements for victim identification and determination of cause and manner of death.

3) Federal mortality resources available to local communities during emergencies and disasters and how to request these resources.

4) Death investigation protocol and procedure.

4. DEPLOYMENT

a. Local requests for surge equipment, supplies, and personnel may be made according to established protocols for emergency assistance requests as outlined in the State of Texas Emergency Management Basic Plan. This should be done in coordination with the Local Health Department (LHD) and/or Health Service Region (HSR) office (in counties without local health departments) and the local medico-

legal authority. State fatality surge resources will be placed under the responsibility of the local medico-legal authority.

b. SMOC will task TFDA for mobilization of strike teams and resources. TFDA determines appropriate staff from the rosters and reports staffing list back to the SMOC. SMOC notifies DDC/local jurisdiction of staff and resources being deployed to the area.

5. DEMOBILIZATION

a. SMOC will notify TFDA to demobilize the staff and resources.

b. TFDA will demobilize the staff and resources and report completion to the SMOC.

F. TEXAS EMERGENCY MEDICAL TASK FORCE (EMTF)

1. AMBULANCE STRIKE TEAM (AST) AND LEADERS (ASTL)

The Ambulance Strike Team is one of the four components of the Emergency Medical Task Force (EMTF). There are eight EMTFs which are geographically located to match the DSHS Health Service Regions. Each Ambulance Strike Team consists of 5 ambulances with crew (AST) and an Ambulance Strike Team Leader (ASTL). The ASTL travels in a separate command vehicle to allow flexibility and serves as the primary point of contact for the team.

a. Mission

1) The Ambulance Strike Teams may be deployed locally, regionally or for state missions.

2) Mission types can vary widely from local incidents to large scale evacuations.

b. Activation

1) For a local response to an incident an EMS Supervisor or local emergency management coordinator will make the request to the regional EMTF 24 hour contact number.

2) For a state level request (a request outside of the local jurisdiction) the request MUST follow the established state process and be made through the DDC up to the SOC. TDEM and DSHS will review the State of Texas Assistance Request (STAR).

a) The SMOC will consult with EMTF Program Management to determine the most appropriate region and component to respond to the pending request.

b) The SMOC may request that an availability check be done by one or more of the EMTF Regions to assist in determining the most appropriate region to respond.

c) Once taskings are determined, the appropriate EMTF Coordinator(s) will be notified and will initiate the Incident Notification Procedure.

d) DSHS will provide the necessary Deployment documentation for the mission.

c. Deployment

1) The Ambulance Strike Team Leader (ASTL) reports to the Ambulance Group Supervisor (AGS) who reports to the EMTF Task Force Leader (TFL).

2) Each ambulance and crew may be given individual assignments but will function as a member of their team for the duration of the deployment.

3) The ASTL is responsible for accountability and leadership of the team during training sessions and from portal to portal during an incident.

d. Demobilization

1) The ASTL for each AST will ensure that all units in his care have a comprehensive demobilization briefing and ensure that all incident specific paperwork and forms have been completed appropriately.

2) Travel from the deployment region during demobilization will be convoy style, along routes prescribed by the Ambulance Group Supervisor.

3) The AGS shall receive reports of safe arrival from each ASTL, team by team, until all AST units have arrived at the destination.

4) The AGS will communicate each of these updates to the EMTF coordinator who will update WebEOC until all units from that EMTF Region have arrived at their destination.

2. AMBULANCE BUS (AMBUS)

The AMBUS Strike Team is one of the four components of the Emergency Medical Task Force (EMTF). There are eight EMTFs which are geographically located to match the DSHS Health Service Regions.

Each AMBUS Strike Team consists of at least one AMBUS and an Ambulance Strike Team Leader (ASTL). The ASTL travels in a separate command vehicle to allow flexibility and serves as the primary point of contact for the team.

a. Mission

1) The AMBUS Strike Teams may be deployed locally, regionally or for state missions.

2) Mission types can vary widely from local incidents to large scale evacuations.

b. Activation

1) For a local response to an incident an EMS Supervisor or local emergency management coordinator will make the request to the regional EMTF 24 hour contact number.

2) For a state level request (a request outside of the local jurisdiction) the request MUST follow the established state process and be made through the DDC up to the SOC. TDEM and DSHS will review the State of Texas Assistance Request (STAR).

a) The SMOC will consult with EMTF Program Management to determine the most appropriate region and component to respond to the pending request.

b) The SMOC may request that an availability check be done by one or more of the EMTF Regions to assist in determining the most appropriate region to respond.

c) Once taskings are determined, the appropriate EMTF Coordinator(s) will be notified and will initiate the Incident Notification Procedure.

d) DSHS will provide the necessary Deployment documentation for the mission.

c. Deployment

1) The AMBUS Crew Chief reports to the Ambulance Strike Team Leader (ASTL). During multi-unit responses the ASTL will report to an Ambulance Group Supervisor (AGS) who reports to the EMTF Task Force Leader (TFL).

2) Each AMBUS and crew may be given individual assignments but will function as a member of their team during a multi-unit response, for the duration of the deployment.

3) The ASTL is responsible for accountability and leadership of the team during training sessions and from portal to portal during an incident.

d. Demobilization

1) The ASTL for each AST will ensure that all units in his care have a comprehensive demobilization briefing and ensure that all incident specific paperwork and forms have been completed appropriately.

2) Travel from the deployment region during demobilization will be convoy style, along routes prescribed by the Ambulance Group Supervisor.

3) The AGS shall receive reports of safe arrival from each ASTL, team by team, until all units have arrived at their destination.

4) The AGS will communicate each of these updates to the EMTF coordinator who will update WebEOC until all units from that EMTF Region have arrived at their destination.

3. MOBILE MEDICAL UNIT (MMU)

The MMU is the most complex of the four components of the Emergency Medical Task Force (EMTF). There are eight EMTFs which are geographically located to match the DSHS Health Service Regions.

Each MMU is a two part unit (personnel team & physical assets) designed to provide 16+ bed capacity which can be deployed into austere environments to be self-sustaining for a period of at least 72 hours. These teams may deploy ahead of/or without the physical assets in some scenarios.

a. Mission

1) The MMU may be deployed locally, regionally or for state missions.

2) The mission of the MMU is to augment and support the needs of an impacted community with temporary healthcare infrastructure configured to the incident occurring.

b. Activation

1) For a local response to an incident the local emergency management will make the request to the regional EMTF 24 hour contact number.

2) For a state level request (a request outside of the local jurisdiction) the request MUST follow the established state process and be made through the DDC up to the SOC. TDEM and DSHS will review the State of Texas Assistance Request (STAR).

a) The SMOC will consult with EMTF Program Management to determine the most appropriate region and component to respond to the pending request.

b) The SMOC may request that an availability check be done by one or more of the EMTF Regions to assist in determining the most appropriate region to respond.

c) Once taskings are determined, the appropriate EMTF Coordinator(s) will be notified and will initiate the Incident Notification Procedure.

d) DSHS will provide the necessary Deployment documentation for the mission.

c. Deployment

1) The MMU Group Supervisor (MMUGS) will serve as the primary point of contact for their team. An EMTF Operations Section Chief (OSC) may be deployed during large scale incidents who will report to the EMTF Task Force Leader (TFL).

2) Personnel with different skill sets and specific tasks will be deployed during a MMU deployment but will collectively function as a single team for the duration of the deployment.

3) The MMUGS is responsible for leadership and accountability of the team members during training sessions and from portal to portal during an incident.

d. Demobilization

1) The MMUGS will ensure that personnel in his/her care have a comprehensive demobilization briefing and ensure that all incident specific paperwork and forms have been completed appropriately.

2) Travel from the deployment region to the deployment staging area during demobilization should be done as a team or teams to allow efficient but safe travel.

3) The MMUGS shall receive reports of safe arrival from each team member until all have arrived at the destination.

4) The MMUGS will communicate with the EMTF coordinator when all have arrived at their destination so WebEOC may be updated.

4. NURSE STRIKE TEAM (NST)

a. Under development.

G. MEDICAL INCIDENT SUPPORT TEAM (M-IST)

The Medical Incident Support Team is made up of emergency response professionals with extensive acute care medical experience and emergency response expertise that are deployed by the Department of State Health Services local EOC's or the DDC to provide assistance and support to a community impacted by a disaster.

1. MISSION

a. Communicate critical medical information to medical supporting response partners at the local, regional, state and federal levels.

b. Assist in the efforts to coordinate the assimilation of state and federally deployed medical transportation assets into a communities EMS response system thus

assuring the efficient and effective utilization of the limited medical transportation assets.

c. Coordinate acute care medical support and assist in communication of evacuation information to receiving jurisdictions.

d. Integration into the EOC, MOC or DDC medical support branch with primary emphasis on the acute care medical response.

e. Provide onsite support to designated evacuating: hospital, nursing home, embarkation point.

2. STAFFING

a. M-IST staffing ranges from 4 to 7 people. Multiple teams of personnel can be brought in depending on the incident.

b. Staffing components to include but not limited to:

1) Experienced EMS leaders/supervisors - multiple

2) Experienced Nursing Staff personnel - multiple

3) Experienced EMS Trauma personnel –multiple

4) Experienced SME in communication systems – usually single resource

3. QUALIFICATIONS/TRAINING

a. M-IST members possess experience and expertise in EMS systems, hospital systems, and local and state communication processes and systems.

b. Successfully completed, at a minimum ICS 100, 200, 300, 700, 800.

c. Prior experience in disaster or emergency response as fire, EMS, military, or law enforcement a plus willingness to deploy anywhere in the state within 12 hours of notification for up to a 7 day deployment with the possibility of multiple deployments.

d. Experienced in working emergency responses in either an Emergency Operations Center (EOC), Regional Operations Center (ROC), or in field environments.

e. Good understanding of internal and external resources available for disaster relief, location of resource, and owner/availability.

4. DEPLOYMENT

a. SMOC will request the RMOC in San Antonio to identify appropriate staff from entities that have signed the EMS Personnel MOA and have completed the training.

b. SMOC will issue a mobilization order to sponsoring entities and activate personnel. Detailed procedures are contained in the SMOC Operating Manual.

c. M-IST will check in at the AARC and await orders for further deployment.

1) M-IST personnel that respond to an incident initially deploy to San Antonio for team assignment and mission briefing.

2) Team members respond with the necessary equipment needs or they are assigned appropriate assets in San Antonio. This equipment includes but is not limited to:

a) Communication equipment

b) Laptops and WebEOC access

c) Vehicles

d) Personal Protective equipment (PPE)

e) Food (MRE) and water for deployment into an austere environment

3) Additional requests for equipment and support are accomplished through the appropriate Medical Operations Center (RMOC or CMOC), or up to the S-MOC as necessary. The DSHS Response and Recovery Unit Operations Group Manager located within the SMOC will provide final oversight and support of deployed M-IST personnel.

4) Direct support M-IST teams will be coordinated within the assigned DDC.

5) SMOC Operations Section has the responsibility to communicate all state mission objectives to the M-IST through the established communication chain of command.

a) The SMOC and DSHS Regulatory will initiate proper paperwork for notifications and mission tasking to the M-IST personnel.

b) DSHS will provide detailed deployment documents to agency.

c) M-IST members will report to designated rally point.

d) RMOC (and/or CMOC) will report to DSHS when team has been formulated and has deployed.

5. DE-MOBILIZATION

a. M-IST team is notified through current command structure of de-mobilization.

b. DSHS will provide detailed de-mobilization instructions to M-IST:

1) Equipment turn-in location / inventory procedure if necessary.

2) DSHS, Agency, and Logistical POC information.

3) Mission Debrief / Disaster Mental Health Assessment.

c. All M-IST members will be demobilized after proper release from the assigned DDC.

d. Team will report to designated equipment turn-in point.

e. Team will process through debrief / disaster mental health if necessary.

f. Team will return to original rally point (if applicable).

g. Team will have a Mission debrief as necessary.

H. MEDICAL BUS TRANSPORT TEAM (MBT)

1. MISSION

Coordinate the personnel and equipment being used in support of medical buses during an evacuation.

2. STAFFING

a. 10 personnel deployed in two teams of five (5).

b. Equipped with ARK and Vehicle kit and specialized supplies on site for arrival.

3. QUALIFICATIONS/TRAINING

    a. Medical Bus Team members will be expected to:

    b. Provide 24/7 contact information to include home phone, work phone, personal cell phone and/or work cell phone or pager number to the S-MOC Support Branch Manager.

    c. Respond to call-down drills.

    d. Training requirements include:

        1) Successful completion of ICS 100, 200, 700 and 800 online training.

        2) Complete MBT training and/or exercises, as scheduled.

4. DEPLOYMENT

    Multiple Calls—List generated from standing roster. Call Down same as SMOC staffing, i.e. from generated list. Roster will depend on availability and selection by Support Branch Manager or Deputy Logistics Chief. Team will need transportation, accommodations and DART travel cards.

5. DEMOBILIZATION

    a. Notified by supervisor at deployment location that they are being demobilized.

    b. Supervisor will inform SMOC Support Branch Manager the team is being demobilized.

    c. SMOC Support Branch Manager will inform personnel to return to Austin and report in to the SMOC upon arrival to home base.

    d. Team will return rent vehicle to SMOC Travel and Accommodations unit.

    e. Team will return any assigned kits to Asset Management (ARK, vehicle, etc.).

I. MOBILE MEDICAL TEAM (MMT)

The Mobile Medical Team is a strike team of medical professionals with emergency response expertise that respond to an event and provide appropriate medical assessments and triage, treatment for acute illness and minor injury, treatment and stabilization of underlying chronic medical, mental health, force protection of responders, substance abuse conditions, and patient stabilization for transport during emergency response operations.

1. MISSIONS

    a. MMT's will augment local/regional capability in providing appropriate medical assessments and triage, treatment for acute illness and minor injury, treatment and stabilization of underlying chronic medical, mental health, substance abuse conditions, and patient stabilization for transport during emergency response operations with the ability to operate independently for a minimum of 72 hours.

    b. MMT's may be co-located with an existing shelter.

    c. Roving care to provide medical needs to several general population shelters.

    d. Support a medical evacuation hub or an air evacuation hub.

    e. Integrated into a State Task Force (TF) as part of the Medical Operations Branch to provide care for TF members, local emergency personnel/volunteers, and affected civilians.

f. Assist in triage of evacuating citizens.

g. Deploy as the medical staffing for an MMU.

2. STAFFING

   a. DSHS will contract for up to ten (10) teams with similar capabilities deployed either independently or in combination. Each team can be divided into two smaller teams for split operations, or for 24 hour operations.

   b. Components will be mission dependent and may include but are not limited to:

      1) One (1) Physician

      2) One (1) Physician Extender (Physician's Assistant or Nurse Practitioner)

      3) Two (2) to three (3) Registered Nurses

      4) Two (2) to three (3) Paramedics

      5) One (1) Respiratory Specialist or Paramedic (mission dependent).

   c. MMT's Team Leader will be assigned by the contractor but will not be the physician.

   d. MMT's will work under the medical direction of the assigned licensed Physician.

   e. DSHS Staff medical doctor and contractor medical director(s) will provide professional guidance for medical protocols, clinical equipment, and medical supplies.

   f. Field Support Element / Team

      1) MMT's will be supported by one or more members of a DSHS Command Assistance Team (CAT) or staff from DSHS Regional Office for assistance in daily logistical, administrative, and planning support.

      2) Act as a liaison to the local incident command system.

      3) This function is accomplished by the Medical Branch if acting as part of a State Task Force.

3. QUALIFICATIONS/TRAINING

   a. MMT Strike Team training will not be clinical in nature. Team members are medical professionals and are adequately trained to handle anticipated clinical needs.

   b. MMT members will be required to complete:

      1) Basic Disaster Life Support (BDLS).

      2) Advanced Disaster Life Support (ADLS).

      3) ICS 100, 200, 700, 800. ICS 300/400 is highly desired.

      4) MMT Strike Team Leaders will be required to complete ICS 300 and 400.

4. DEPLOYMENT

   a. DSHS will notify the appropriate contractor agency to activate a MMT Strike Team.

   b. DSHS will provide detailed deployment documents to agency.

   c. Team will report to designated rally point.

d. Contractor will provide transportation assets for team from rally point to logistical storage area to sign out equipment.

e. Contractor will report to DSHS when team has deployed.

f. MMT Team Leader will report arrival at destination / staging area to agency.

g. Contractor will report arrival to DSHS.

5. DE-MOBILIZATION

a. Team is notified through current command structure of de-mobilization.

b. DSHS will provide detailed de-mobilization instructions to strike team:

1) Equipment turn-in location / inventory procedure.

2) DSHS, Contractor, and Logistical POC information.

3) Mission debrief / disaster mental health assessment.

c. Strike Team members will report to contractor of their arrival at their final destination. Contractor will notify the SMOC of their team's safe arrival.

J. RADIOLOGICAL INCIDENT RESPONSE TEAM

DSHS will maintain an incident response team to respond anywhere in the state in the event of a radiological accident or incident. (See Radiological Incident Response Operating Guidelines)

K. RAPID ASSESSMENT TEAM (RAT)

A Rapid Assessment Team is a DSHS rapid response team that provides an extensive but quick assessment of the incident situation and the capabilities of health and medical resources to fully respond to the event. The team also evaluates evacuation progress and sheltering issues in the affected area. When deployed the team reports to the Commissioner of Health and the DSHS SMOC.

1. MISSION

a. Able to respond within 4 hours to any unusual event anywhere in Texas at the direction of the Commissioner for the duration of the event. The team may be deployed in advance of an impending disaster, such as a hurricane. When deployed the RAT is a state asset and reports to the Commissioner with operational control from the SMOC.

b. Can remain on site and respond in various roles to supplement regional or local response early in the emergency, including ICS or medical support, as deemed necessary with approval of the SMOC IC. All members will be able to fulfill the command and general staff roles within the incident command structure.

c. Coordinates with local emergency officials, regional health departments, local health departments (LHD), local hospital and medical community, Regional Liaison Officers (RLO's), and Trauma Regional Advisory Councils to determine possible needs.

d. May act as a liaison for private contractors working for DSHS.

e. Can be used for any public health response regardless of size of the event.

2. STAFFING

a. A two to four person deployable team that may include a medical component. All members must be able to assume the team lead role as needed. Whenever possible, a RAT will have at least one public health physician on the team.

b. Experienced and trained to evaluate diverse public health events including health and medical responsibilities of ESF-8 and comprised of staff from DSHS regions and Central Office.

3. QUALIFICATIONS/TRAINING

a. Successfully completed as a minimum ICS 100, 200, 300, 400, 700 and 800.

b. Successful completion of All Hazards O-305 course for non-medical members.

c. Experienced in working emergency responses in either a Regional Operations Center (ROC) or the DSHS Incident Command Center (MACC), or in field environments.

d. Good understanding of internal and external resources available for disaster relief, location of resource, and owner/availability.

4. DEPLOYMENT

a. A RAT will be deployed by the Commissioner at his discretion. An Assistant Commissioner, Regional Medical Director, local health department (LHD) director, or the SMOC Incident Commander may request a RAT deployment.

b. Once onsite, the RAT will coordinate with the appropriate DDC leadership, the regional leadership and/or local health department director as appropriate but will be acting at the discretion of the Commissioner, with the SMOC providing operational control.

c. The RAT may be incorporated into the regional command structure or a local health department (LHD) command structure if deemed advisable by the RAT team leader with concurrence of the appropriate IC after the initial assessment is completed.

d. All travel arrangements will be made by the SMOC logistics team (if activated) or by the travel office and will be direct billed when possible.

5. DEMOBILIZATION

The SMOC will issue demobilization orders to team members once the team is no longer required.

L. RECEIVING, STAGING AND STORING TEAM (RSS)

Given the size, diversity, and complexity of the state, the Department of State Health Services (DSHS) has developed a RSS strategy that will result in the most efficient and effective method for receiving, staging, and storing the life-saving drugs, medical equipment, and supplies from the Strategic National Stockpile (SNS) in the event of a biological or chemical terrorism event or a man-made or natural disaster.

RSS Teams provide management and inventory control for assets being received and shipped out of the SNS stockpile.

1. MISSION

a. Distribute SNS or other assets to pre-designated POD's or distribution nodes.

b. Traditional dispensing operations are supported by emergency sites that rely upon "pulling" general populations to centralized locations in order to receive prophylaxis. These sites are generally designed to support ambulatory populations, but do not reach special segments of the public that may not report to a centralized site.

c. Alternative dispensing options include organizing "push" sites that supplement traditional dispensing methods and "push" the medication to segments of the population.

d. Local push sites are determined by local health departments or health service regions to receive a portion of the medication that is delivered to a point of dispensing (POD).

2. STAFFING

a. A core team trained to fill the positions and carry out the warehouse operations at the selected RSS facility on 12-hour shifts.

b. Two teams assembled from a pool of 104 personnel. Teams may be assembled from:

1) RSS warehouse facility
2) DSHS Regional or Central Office
3) HHSC Enterprise
4) Local Health Departments.
5) Texas Forest Service (TFS)
6) Texas Department of Public Safety (DPS).
7) Texas Department of Transportation (TxDOT)
8) Texas Department of Criminal Justice (TDCJ)
9) Volunteers

c. Key Function Leaders / Team Structure

1) RSS Site Manager, supervises four positions:
   a) Operations Chief
   b) Planning Chief
   c) Logistics Chief
   d) Admin/Finance Chief
2) Command Staff:
   a) Security Officer
   b) Safety Officer
   c) Facility Liaison Officer
3) Operations Chief, supervises two positions:
   a) Transportation/Distribution supervisor
   b) Vehicle Staging Area Leader

4) Route Management Leader
5) Vehicle Movement control Leader
6) Warehouse Supervisor
7) Quality Control Leader
8) Inventory Leader
9) Repackaging Leader
10) Shipping/Receiving Leader
11) Storing/Picking Leader
12) Planning Chief, supervises two positions:
    a) Documentation Leader
    b) Demobilization Leader
13) Logistics Chief, supervises five positions:
    a) Communications Leader
    b) Medical Leader
    c) Community Resource Leader
    d) Supply Leader
    e) Ground Support Leader
14) Admin/Finance Chief, supervises two positions:
    a) Time/Compensation Leader
    b) Procurement/Cost Leader

3. QUALIFICATIONS/TRAINING
    a. RSS Team members will be expected to:
        1) Provide 24/7 contact information to include home phone, work phone, personal cell phone and/or work cell phone or pager number to the RSS Lead/Assistant State Coordinator.
        2) Respond to quarterly call-down drills.
        3) Develop a family preparedness plan and be prepared to respond to emergencies that require deployment of SNS assets and activation of an RSS facility.
        4) Complete RSS training and exercises as scheduled.
    b. Training requirements include:
        1) SNS – A Basic Introduction for SNS Workers. Online training, 3 hours
        2) Successful completion of ICS 100, 200a, 700. Online training, 3 hours
        3) Emergency Management in Texas. Online training, 1 hour
        4) RSS Overview. Classroom training, 4 hours
        5) RSS Warehouse training. Hands on training, 4 hours

6) Texas Inventory Management (TIMS) training. Classroom training, 4 hours

7) RSS Refresher course and Application Drill. Annually, 8 hours

8) Just in Time (JIT) training will be provided at the RSS by the respective section chiefs.

4. DEPLOYMENT

a. Once SNS assets have been requested, CDC and DSHS will determine which RSS facility to mobilize.

b. The RSS Site Manager will initiate a call-down of the selected RSS facility.

c. The RSS Site Manager will initiate a call-down of Function Lead staff and designate RSS team staging location and time of reporting.

d. RSS Function Leads will call-down assigned staff and instruct RSS team members to report to staging location. Call Down same as MACC staffing, i.e. from generated list from standing roster. Roster will depend on availability and selection by SNS or PHEP liaison. Team will need transportation, accommodations and DART.

e. RSS team members activate personal / family emergency action plans and report to the RSS staging location.

f. Equipped with ARK, RSS, and Vehicle Kits.

M. SHELTER SUPPORT TEAM (SST)

A Shelter Support Team is responsible for visiting all shelters to provide administrative and public health information, contacts, and recommendations for shelter operations.

1. MISSION

Visit all general shelters and medical shelters in a jurisdiction to provide public health information, information regarding contacts for needed resources, and general recommendations for continued shelter operations.

2. STAFFING

a. Each region will have one 6-person team.

b. DSHS Central Office will provide two 4-person teams.

3. REQUIREMENTS/TRAINING

a. Shelter Support Team members will be expected to:

b. Provide 24/7 contact information to include home phone, work phone, personal cell phone and/or work cell phone or pager number to the S-MOC Support Branch manager.

c. Respond to quarterly call-down drills.

d. Complete SST training and exercises, as scheduled.

e. Successful completion of ICS 100, 200, 700 and 800.

4. DEPLOYMENT

Multiple Calls—List generated from standing roster. Call Down same as MACC staffing, i.e. from generated list. Roster will depend on availability and selection by Support

Branch manager or Deputy Logistics Chief. Team will need transportation, accommodations and DART.

5. DEMOBILIZATION

   a. Notified by supervisor at deployment location that they are being demobilized.

   b. Supervisor will inform SMOC Support Branch Manager the team is being demobilized.

   c. SMOC Support Branch Manager will inform personnel to return to Austin and report in to the SMOC upon arrival to home base.

   d. Team will return rent vehicle to SMOC Travel and Accommodations unit.

   e. Team will return any assigned kits to Asset Management (ARK, vehicle, etc.).

N. TEXAS RAPID RESPONSE TEAM - FOOD/FEED RECALLS (TRRT)

The scope of the TRRT is to provide preparedness, prevention, and immediate response to a food or feed-related incident that would affect the citizens of Texas.

1. MISSION

   Large scale investigations involving food/feed and large scale recalls of food/feed. It is not intended to include a natural disaster (hurricane, forest fire, etc.). However, there are outcomes from a natural disaster that are within the scope of the TRRT. For example, the TRRT may be activated during a natural disaster (such as flooding, wind storms, tornadoes, power outages and fires when the food/feed chain is threatened and the outbreak is not part of statewide emergency response activation.

2. STAFFING

   a. The TRRT combines multi-agency resources and expertise to effectively and efficiently respond to food/feed incidents. The team is comprised of expertise in the areas of epidemiology, toxicology, laboratory, and environmental health (food and feed safety).

   b. The TRRT agencies contribute to the following expertise areas:

      1) Epidemiology – DSHS, with input from the Centers for Disease Control and Prevention (CDC) CDC and/or the US Food and Drug Administration (FDA), FDA Core, or an FDA Center

      2) Toxicology – (FDA)

      3) Laboratory – DSHS, FDA Laboratories, Office of the Texas State Chemist (OTSC) and the Food Emergency Response Network (FERN)

      4) Environmental Health – DSHS, FDA, OTSC and the Texas Department of Agriculture (TDA)

3. QUALIFICATIONS/TRAINING

   The TRRT members are required to have training in:

   a. Emergency Response – At a minimum ICS-100, ICS-200 and ICS-700;

   b. Basic Foodborne Illness– Epi-ready or the equivalent, and;

c. Specialized training as appropriate for the position held.

4. DEPLOYMENT

There are three phases of deployment, Surveillance (Awareness Mode), Activation (Alert Mode), and Mobilization.

a. Surveillance (Awareness Mode)

1) In the surveillance mode, TRRT field teams are on standby and have not been activated. The team members will continue in their job functions assigned by the applicable agency. Team members will utilize both active and passive systems as necessary to detect changes in the food safety system that would indicate an increase in food-borne illnesses and/or the beginning of an outbreak.

2) When a change in the food safety system has been noted, the Executive Activation Board and Steering Committee will be notified.

b. Activation (Alert Mode)

1) The decision to activate the team and commit resources will be made by the Executive Activation Board (EAB). The function and structure of the EAB is described in Scope and Trigger SOP. The EAB will also appoint the Unified Incident Commander(s) to the incident. The Incident Commander(s) will evaluate the incident, report to the Agency Executive Groups of the respective agencies, and assign the Command Staff.

2) The scope and complexity of the mobilized team will be dependent upon the outbreak characteristics. These characteristics include – geographical location, complexity, resources, food/feed type, scope, etc.

3) During the incident, primary team information (such as Incident Action Plan (IAP), traceback records, assignments, notification of conference calls, check in and check out) will be shared via the Traction website.

c. Mobilization

1) In the mobilization phase of the incident, the teams are formed and deployed to their respective assignments. Resources are activated and/or deactivated under the direction of the Incident Commander(s) according to ICS principles. The activated team members will take direction from the Incident Commander(s) and will not be responsible for their day-to-day activities within their respective agencies until they are demobilized.

2) There will be several disciplines involved with the mobilization phase – epidemiology, investigations, traceback/traceforward, sampling, recalls, and other activities as necessary to contain the incident.

5. DEMOBILIZATION

Demobilization is the release and return of resources that are no longer required for the support of the incident. Planning for demobilization begins once the team has been activated. The TRRT will conduct demobilization activities in accordance with ICS principles; therefore, resources are demobilized under the direction of the Incident Commander(s).

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 (March 1) are recorded in the Record of Changes form found on Page 3. Below is the review and update schedule that will be followed:

January - February	Review and Comment
March 1	Effective Date

VII. ATTACHMENTS

None