

# RAC Operation Guideline

## Governor's EMS and Trauma Advisory Council (GETAC)

### **I. History<sup>1</sup>**

A. The Governor's EMS and Trauma Advisory Council (GETAC), future referenced as Council, came to be as the result of the 77<sup>th</sup> Legislature passage of House Bill (HB) 2446. The two primary mandates specified in Section 2 of that bill were:

1. To "assess the need for emergency medical services in the rural areas of the state"
2. To "develop a strategic plan for refining the educational requirements for certification and maintaining certification as emergency medical services personnel and developing emergency medical services and trauma care systems"

B. The Council provides recommendations on EMS and trauma regulations to the Texas Board of Health and expert input on EMS/Trauma System to DSHS staff.

### **II. GETAC Committees<sup>2</sup>**

#### A. Standing Committee Structure

The Council Chair will appoint each Standing Committee Chair; the Standing Committee Chairs do not have to be Council members, however there must be a Council liaison on each Committee/Task Force and the Council member are encouraged to attend the various meetings to understand the issues that are being discussed. The Council Chair may replace a Standing Committee Chair for such issues as excessive absenteeism, misrepresentation, etc.

The Council Chair and Standing Committee Chair will jointly appoint Committee members from a pool of applicants to serve on a specific committee. Size will range from no less than 10 and no more 20. There will be an odd number of members. Up to two of the Standing Committee members may be Council members. It is the responsibility of the Council and Committee Chairs to assure that membership appointments reflect appropriate representation on Committees/ Task Forces (i.e. type of provider, geography, etc.)

Committee members should have terms with expiration dates, with one-third of the members' term expiring each year. When a member's term expires, that individual may be re-appointed.

All Committee members shall attend at least 50% of meetings in any twelve-month period.

It is recommended that each member of the Council should serve on at least one Standing Committee.

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B. The Council Standing Committees are:

1. EMS Committee
2. Education Committee
3. Air Medical Committee
4. Injury Prevention Committee
5. Medical Directors Committee
6. Pediatric Committee
7. Stroke Committee
8. Trauma Systems Committee

C. Ad hoc Committees: Task forces or work groups are formed from time to time to address specific issues. At the time an ad hoc committee is established, the Chair will appoint a lead person, give the group its charge, and identify which body it will report to (i.e. GETAC, Standing Committee). During the tenure of an ad hoc committee, the committee's lead person will report to that body at all meetings.

D. Combined Committee Meeting: Standing Committees may meet in combination. The voting composition of such meetings will include at a minimum the Chair or designee and three other members, appointed by the Chair, of each Standing Committee. Decisions made in Combined Committee meetings will be reported to the Council.

E. Chair Authority to Represent Council's Position: When critical time-sensitive requests for Council input (e.g. Legislative, media) are received between regular Council meetings, the Chair will seek input from the Executive Committee prior to responding to request.

When critical, but non time-sensitive requests are received between meetings, the Chair will seek input from all members.

When requests regarding issues upon which the Council has already taken action are received between meetings, the Chair will respond with the Council's position.

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<sup>1</sup> A Strategic Plan for the Texas EMS/Trauma System, December 2002

<sup>2</sup> Governor's EMS and Trauma Advisory Council Procedural Rules (Draft), 02/03/06