Omnibus Rural Healthcare Rescue Act
Enabling Legislation was created.

1989

REGIONAL ADVISORY COUNCILS (RACs)

CHARGED WITH THE DEVELOPMENT, IMPLEMENTATION AND MAINTENANCE OF THE REGIONAL TRAUMA/EMERGENCY HEALTHCARE SYSTEM.
PHILOSOPHY

PROMOTE AN ENVIRONMENT OF COORDINATED CARE BETWEEN OTHERWISE COMPETITIVE ORGANIZATIONS TO ENSURE THE RIGHT PATIENT IS CARED FOR IN THE RIGHT PLACE IN THE RIGHT AMOUNT OF TIME AND TRANSPORTED BY THE RIGHT METHOD.

WHAT’S BEST FOR THE PATIENT?
**REGIONAL ADVISORY COUNCILS (RACs)**

**Governor’s EMS Trauma Advisory Council formed**

The GETAC begins meeting quarterly and quickly builds multiple committees to support the growing Texas Trauma System. Added Disaster Committee in 2001.

**September 11, 2001**

Al Qaeda attacks the United States, the largest terror attack in US history. Sept 11 changed forever the way America would respond and the attacks and subsequent funding and emphasis on preparedness changed the Trauma System.

**RACs selected by DSHS to coordinate Disaster Planning and Response**

In EARLY 2002, the Department of State Health Services chose to allocate federal funding to RACs because of synergistic relationships with healthcare systems and EMS providers, strengthening emergency healthcare and disaster capability.
REGIONAL ADVISORY COUNCILS (RACs)

Medical Operations Centers

- Bring together healthcare leaders and EMS providers to coordinate regional and local response to a disaster in conjunction with State and Federal partners.

- Typically co-located with Texas Division of Emergency Management / Department of Public Safety’s Disaster District Committee

- Ensure coordination and a common operating picture among medical responders and State agencies.

- Coordinate evacuation, sheltering and support for both affected jurisdictions and sheltering jurisdictions.
Hurricane Katrina & Hurricane Rita 2005
A catastrophic hurricane in Louisiana spurred the significant sheltering and medical care services in Texas. In San Antonio, 108 planes in 36 hours – 535 Hospitalized patients, 1500 patients with functional and access needs, as well as 25000 non-medical evacuees requiring decontamination and medical support.

Hurricanes Dolly, Gustav and Ike 2008
The 2008 Hurricane season was devastating to the Texas coast, but it allowed RACs to validate the changes that had been made as a result of Katrina and Rita in 2005. Over 1700 in-patient hospital transfers were conducted.

Emergency Medical Task Force 2008
The Texas Emergency Medical Task Force (EMTF) program developed as a result of lessons learned from Hurricane Ike. Funding for this effort came from the ASPR HPP program and allowed assets and personnel from across the state to become united in a common format and structure to respond to disasters.
Emergency Medical Task Force (EMTF)

Texas Emergency Medical Task Force
Program created by DSHS Preparedness and Response Division within the Hospital Preparedness Program.

SERVES AS THE RESPONSE COMPONENT OF EMERGENCY SUPPORT FUNCTION #8 (Public Health and Medical), COORDINATING THE RESPONSE OF LOCAL AND REGIONAL RESOURCES ON BEHALF OF THE STATE OF TEXAS
Texas Emergency Medical Task Force

**5 Ambulance Strike Teams**
- 5 Ambulances in each Strike Team (25 total ambulances)
- Each Strike Team has assigned Strike Team Leader
- Teams are pre-identified
- No Notice Regional deployment
- State-wide tasked mission assignments
- 200 Ambulances

**2 AMBUS(es)**
- AMBUS(es) capable of transporting 16-20 litter patients at one time.
- DSHS licensed as a specialty Ambulance
- EMS agencies to staff for 4:1 patient care ratios
- No Notice Regional deployment
- State-wide tasked mission assignments
- 16 AMBUSes

**Mobile Medical Unit**
- 16 -32 bed capacity
- Able to provide emergency stabilizing care and transfer
- Fully staffed with EM physicians, ER nurses, Paramedics, techs, pharmacy, logistics, clerical and other support
- 6-12 hour launch time for 72 hr. deployment
- 4 Type I & 4 Type III

**5 RN Strike Teams**
- 5 RN’s in each Strike Team (25 total RN’s)
- Each Team has pre-assigned Strike Team Leader
- 4 ER Strike Teams
- 1 Specialty area (Burn, OB, ICU, Pedi, NICU, etc)
- Approx. 72 hr. deployment
- 200 Registered Nurses
Emergency Medical Task Force (EMTF)

- Ambulance Staging Area Managers
- Task Force Leadership
- Medical Incident Support Teams
- Ambulance Strike Teams
- Ambulance Buses
- Mobile Medical Unit
- Nurse Strike Teams
- Air Medical Services Coordination
- Infectious Disease Response Unit
- Mass Fatality Operations Response Team
- Restricted Area
Emergency Medical Task Force (EMTF)

**Garland Area Tornado** 2015
A tornado in the evening ripped through several communities northeast of the Metroplex on the day after Christmas.

**West Explosion** 2012
EMTF responded for the first no-notice incident with the Mobile Medical Unit following the explosion of the West Fertilizer Plant in West, TX.

**West Texas Ice Storms** 2013
Icy roadways in West Texas prompted the activation of State resources to aid in the emergency transfer of trauma patients stranded by weather.

**Panhandle Wildfires** 2016
Rampant wildfire fanned by strong winds caused the evacuation of portions of Pampa, TX including a nursing facility.

**Southeast Texas Floods** 2016
EMTF responded to numerous requests for State assistance during the months of flooding this Spring and Summer.

**Memorial Day Floods** 2015
Historic rainfall caused record flooding in May of 2015. EMTF quickly mobilized to care for persons rescued and evacuated by local fire departments and TX Task Force 1.
Emergency Medical Task Force (EMTF)

- Ambulance Staging Area Managers
- Task Force Leadership
- Medical Incident Support Teams
- Ambulance Strike Teams
- Ambulance Buses
- Mobile Medical Unit
- Nurse Strike Teams
- Air Medical Services Coordination
- Infectious Disease Response Unit
- Mass Fatality Operations Response Team
- Restricted Area
Infectious Disease Response Unit (IDRU)

DSHS contracted with the Texas EMTF Program to provide transportation of patients with confirmed HCID and augmentation/support of hospitals caring for these patients using EMTF Partners.

**Tenets of Infectious Disease Response Unit**

- EMS Transport of Confirmed HCID Patients
- Augmentation of Clinical Care Staff in the Hospital
- Regionally cached Personal Protective Equipment
- Logistical Support of State Resources
- Sharing of Best Practices and Lessons Learned
- Coordination and Communication with DSHS
Infectious Disease Response Unit (IDRU)

EMS Transport of Confirmed HCID Patients

- Trained EMS Personnel in each EMTF Region
- Dedicated cache of equipment to outfit EMS unit
- Custom Ruggedized EMS Ensemble for PPE
- Organic Decontamination / Hazmat capability
- Redundant Personnel and Transport vehicle
- Coordination and Communication with DSHS
Infectious Disease Response Unit (IDRU)

Augmentation of Clinical Care Staff in Hospital

- Teams based out of Regional Assessment Centers.
- Organic Personal Protective Equipment Cache
- Focus on Clinical Care of the Patient
- Includes Physician, Nursing and Logistics Staff
- Includes Infection Preventionist Safety Officer
- Coordination and Communication with DSHS
Infectious Disease Response Unit (IDRU)

Regionally Cached Personal Protective Equipment

- 8 Regional EMS Caches
- 8 Regionally based 24-hour Hospital Caches
- 4 Larger 72-hour Hospital Caches in Metro Areas
- 1 Centrally Maintained 10-day Hospital Cache
- Maintenance and Storage of all IDRU caches
- Coordination and Communication with DSHS
Infectious Disease Response Unit (IDRU)

Logistical Support of IDRU Resources

• Full Time IDRU Coordinator

• Identical PPE caches for all IDRU components

• Centralized Maintenance and Replacement

• Deployable Logistics Team to track usage and restocking of personal protective equipment caches.

• Coordination and Communication with DSHS
Infectious Disease Response Unit (IDRU)

Sharing of Best Practices & Lessons Learned

• March 2016: First Advisory Committee Meeting

• October 2016: Second Advisory Committee Meeting scheduled.

• Advisory Committee made up of subject matter experts and clinicians who cared for Ebola patients.

• Focus on the clinical care of the HCID Patient

• Developing Policies, Procedures and Cache Lists
Infectious Disease Response Unit (IDRU)

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Questions?

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