

# State of Texas Ambulance Utilization Plan

## **Overview:**

The Texas Department of State Health Services in cooperation with the Governor's Division of Emergency Management has developed this plan to provide guidance for the utilization of ground ambulances during hurricane evacuation. This plan is not meant to supplant local activities, but, to support priority evacuations pre-landfall. 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.

## **Assumptions:**

- Health and medical operations will be coordinated by the MOC as an extension of the DDC in support of local jurisdictions.
- DSHS MACC will mission task CMOC and RMOC for the coordination of Division 1 and Division 2, respectively.
- All contract transportation units will initially report to the ARC for check-in.
- All Texas and FEMA contract ambulances will be assigned a designated placard/call sign and formed into Strike Teams when "checked in" at the Alamo Regional Command Center (ARCC) staging location.
- The ARC staging staff will insure that all Texas and FEMA contract ambulances are formed into strike teams with an assigned Strike Team Leader.
- All Texas and FEMA contract ambulances will be registered into WebEOC once they have cleared staging check-in.
- All medical transport units will be equipped with a GPS unit, provided by the Texas Department of State Health Services.
- Medical transport units will be utilized in the manner best suited for efficient and effective utilization.
- State ambulance utilization criteria will be implemented.

## **Definitions:**

ARC	Alamo Regional Command
CMOC	Catastrophic Medical Operations Center - Houston
DDC	Disaster District Chairman
Division 1	Texas coastline north of Matagorda County (including Matagorda County)
Division 2	Texas coastline south of Matagorda County
DSHS	Department of State Health Services
H-	Number of hours until tropical storm force winds (updated constantly)
MACC	Department of State Health Services Multi-Agency Coordination Center
M-IST	Medical Incident Support Team – a Liaison team that is pre-deployed to the coastal DDCs and local EOCs to provide assistance for ESF-8 coordination. M-ISTs will be the primary conduit for the DDC to coordinate ambulance and other medical assets during evacuation procedures.
MOC	Medical Operations Center – A command node that brings together representatives from healthcare organizations, ground and air transport organizations and public health to coordinate and streamline the requests and activities of a region's healthcare system during a disaster. The MOC can be in both affected and reception jurisdictions
NDMS	National Disaster Medical System
SOC	State Operations Center
RMOC	Regional Medical Operations Center – San Antonio
Surge Zone	Areas which will be impacted by the salt water tidal surge
TMF	Texas Military Forces
Wind Zone	Areas which will be impacted by hurricane force winds

# State of Texas Ambulance Utilization Plan

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## **General Ambulance Oversight:**

Prior to departing the ARC, all Texas and FEMA contract ambulances deployed into an evacuation region will be assigned to the appropriate coordination MOC for that designated geographic region. Ambulance units will be provided contact information and staging locations for the assigned coordination MOC. Once an ambulance has been assigned and deployed to a region, the unit's assignments and status will be entered into WebEOC and their status will be maintained by the regional MOC of the Division for which they are assigned. 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

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 MACC, SOC and the appropriate MOC. Medical transport units will be staged and priority missions developed in cooperation with the DDC('s) and MOC('s). Once missions are complete, medical transport units, through their Strike Team Leaders, will contact their respective MOC for re-assignment, facilitating a consistent operational mechanism for effective and efficient utilization of medical transport resources.

## **Utilization Criteria:**

### Ground Ambulance\*\*

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

1. Medical oxygen being provided at greater than 4 liters per minute or oxygen delivery for pediatrics or neonates; OR
2. Continuous hemodynamic and cardiac monitoring is required; OR
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)

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

### Air Ambulance

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); OR
2. Continuous intravenous vasoactive medications or blood products (e.g., nipride; dopamine; neosynephrine; etc.); OR
3. Mechanical Ventilation; OR
4. Emergent surgical interventions; OR
5. 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.)

# State of Texas Ambulance Utilization Plan

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## **Concept of Operations:**

### Staging

#### Purpose

To 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 resources, and the compliance with these procedures. Incident Command at the appropriate level (i.e. DDC, regional MOC, EOCs) can modify these operating procedures to meet the operational needs of the event.

#### Statement

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

#### General Procedures

**State:** Resources requested by the State of Texas will have completed the information packet and returned them prior to reporting to a designated staging area. The packet will include a placard displaying their designated Texas ID number. In the staging area, the ID will be entered into WebEOC for tracking of the vehicle, crew and the patients. Additional information including identification of the crew may be required at the time of check-in at the staging area. The placard must be clearly posted in the upper right hand of the front wind shield.

**Federal:** Resources requested and provided by the Federal Government will have their contract completed, returned and approved prior to the arrival at the staging area. Upon arrival, federal units will be issued a Federal ID number and information obtained for tracking of the vehicle, crew and the patients in WebEOC. The Federal ID number displayed on a placard will be clearly posted in the upper right hand of the front windshield.

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.

**Fueling:** All vehicles checking in to 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.

**Returning to the staging area:** 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.

**Personal Identification:** 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,

# State of Texas Ambulance Utilization Plan

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**Vehicle Positioning:** 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.

**Emergency Warning Devices:** 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 public roadway. When used, Texas law dictates that audible and visual warning devices must be used in conjunction. The use of visual warning devices is acceptable during transport of strike teams or task forces to maintain a convoy.

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

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

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

#### *Return of GPS.*

All state Ambulances assigned a GPS tracking device must return the GPS unit upon demobilization. These units can be returned as follows:

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

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

**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 decorum of professionalism in their dress, manners, and execution of assigned duties both during a mission assignment as well as during rest periods.

# State of Texas Ambulance Utilization Plan

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Safety: All staffing 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.

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.

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.

## Movement

During all phases of a disaster response the number one priority is LIFE SAFETY!

General "Mission Specific" Priorities for ambulance utilization:

1. Pre storm evacuation of MSN persons from the impact zones
2. Post storm evacuation of victims in the impact zone
  - o Urban Search and Rescue Support (USAR)
  - o 9-1-1 Support
3. Support to the Re-entry Task Force
4. Additional missions include:
  - o Hospital Support
  - o MSN Shelter Support
  - o Repatriation transports

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

### Pre-Storm Evacuation

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. Transportation to inland destinations that have appropriate facilities/structure with shorter distances should be attempted to increase utilization of transportation assets. Evacuation will focus on those areas impacted by salt water surge and manufactured homes in wind zones. Evacuations will be conducted within the H-72 to H-0 time period to enable a more precise and executable evacuation area of operation.

Evacuation of those potentially impacted by salt water surge shall take priority over those in the wind zone regardless of physical location, including, but not limited to: home, nursing home; hospital, etc.

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

### Greater than H-72 hours

# State of Texas Ambulance Utilization Plan

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.

## 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:

- **Priority Mission: Home bound individuals**
- Secondary Mission(s)
  1. Nursing Home (ground evacuation)
  2. Embarkation Points

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

## 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:

- **Priority Mission: Homebound Individuals**
- Secondary Mission(s)
  1. Hospitals (air and ground evacuation)
  2. Nursing Homes (air and ground evacuation)
  3. Embarkation Points

*\*\*Note - NDMS and TMF Air Operations Begin*

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

## 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:

- **Priority Missions**
  1. **Hospitals (air and ground evacuation)**
  2. **Nursing Homes (air and ground evacuation)**
- Secondary Mission(s)
  1. Homebound Individuals
  2. Embarkation Points

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

# State of Texas Ambulance Utilization Plan

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## H-18 to H-6 hours

H-18 is a critical decision point with regards to the evacuation/movement MSN patients. MSN patients located within the surge zone must be evacuated out of the impact zone or moved to a hardened facility. MSN patients 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:

- **Priority Mission: Embarkation Points**
- Secondary Mission(s)
  1. Homebound Individuals
  2. Hospitals (ground evacuation only)
  3. Nursing Homes (ground evacuation only)

## 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.

- **Priority Mission: Embarkation Points**

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.

## **Tracking**

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: EMTrack, WebEOC, or SNETS.

## **Post Storm Re-entry 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.

### *ESF-9 USAR Support:*

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

# State of Texas Ambulance Utilization Plan

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## *Re-Entry Force Protection:*

Ambulance resources must be assigned to the re-entry task forces to care for and provide medical transportation to members of the task force. The re-entry task force commander shall determine the number of resources needed for this role.

## *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.

## *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

## *Medical Special Needs Shelter Support*

Support for Medical Special Needs Shelters in impacted regions and in receiving communities. Depending on the size and magnitude of a disaster event Medical Special Needs 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 MSN shelters.

## **Repatriation**

**For detail of repatriation operations see the Repatriation Plan**