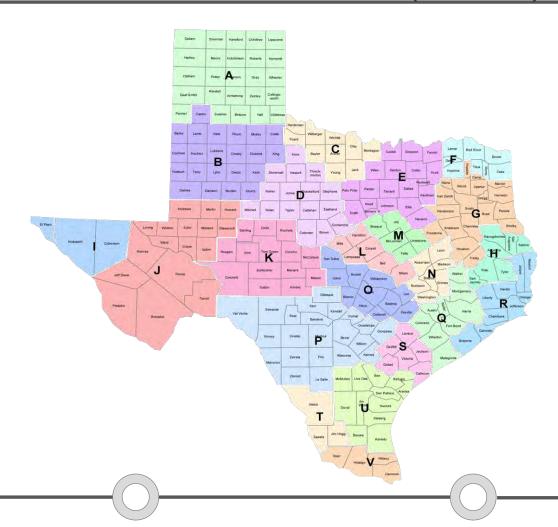


Texas Emergency Medical Task Force (EMTF) Infectious Disease Response Unit (IDRU)

ERIC EPLEY, EMT-P, CEM® August 9, 2016





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.



Governor's EMS 2000 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 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 2002 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 Medical 2002 Operations Centers develop

Bringing together EMS, Hospitals, Public Health, State Agencies with ESF-8 roles and co-locating them with Emergency Management Resources for improved coordination.



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 & 2005 Hurricane Rita

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

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.

2008

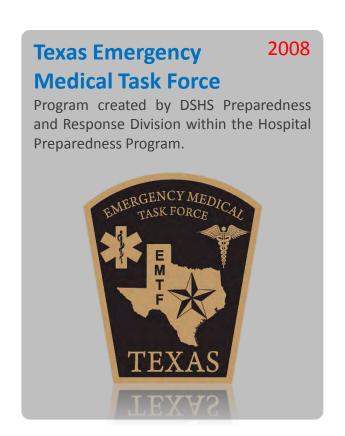


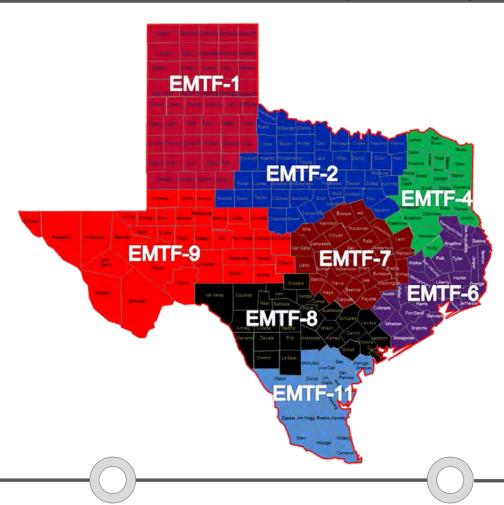
Emergency Medical Task Force

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.







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**



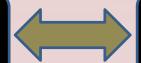
Texas



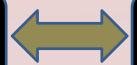
Emergency Medical Task Force

Overhead Managers - Communications - Facilities

Task Force Leader



Ambulance Staging Manager



Medical Incident Support Team

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 AMBUSes

- 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 preassigned Strike Team Leader
- 4 ER Strike Teams
- 1 Specialty area (Burn, OB, ICU, Pedi, NICU, etc)
- Approx. 72 hr. deployment
- •200 Registered Nurses





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



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.



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.



Garland Area Tornado 2015

A tornado in the evening ripped through several communities northeast of the Metroplex on the day after Christmas.



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.





Ambulance Staging Area Managers

Task Force Leadership

Medical Incident Support Teams



Ambulance Strike Teams



Ambulance Buses



Mobile Medical Unit



Nurse Strike Teams



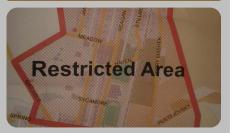
Air Medical Services Coordination



Infectious Disease Response Unit



Mass Fatality Operations Response Team



Infectious Disease Response Unit

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



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



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



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



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



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

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EMTF-TX

LEAD AGENCY: STRAC EXECUTIVE DIR: ERIC EPLEY

STATE COORDINATOR: SARA JENSEN

EMTF-1

LEAD AGENCY: PANHANDLE RAC EXECUTIVE DIR: DEREK VAUGHAN EMTF COORDINATOR: RODNEY HUNT

EMTF-2

LEAD AGENCY: NCTTRAC
EXECUTIVE DIR: RICK ANTONISSE
EMTF COORDINATOR: THOMAS STIDHAM

EMTF-2

EMTF-7

EMTF-4

LEAD AGENCY: PINEY WOODS RACEXECUTIVE DIR: SHERYL COFFEY EMTF COORDINATOR: BETH POWELL

EMTF-6

LEAD AGENCY: SETRAC
EXECUTIVE DIR: DARRELL PILE
EMTF COORDINATOR: MARK SASTRE

EMTF-7

LEAD AGENCY: HOTRAC

EXECUTIVE DIR: CURTIS McDONALD

EMTF COORDINATOR: MIKE ELLIOTT

EMTF-8

LEAD AGENCY: STRAC
EXECUTIVE DIR: ERIC EPLEY
EMTF COORDINATOR: SCOTT HITCHMAN

EMTF-9

LEAD AGENCY: BORDER RAC EXECUTIVE DIR: WANDA HELGESEN EMTF COORDINATOR: STEVE SURFACE

EMTF-11

LEAD AGENCY: CBRAC
EXECUTIVE DIR: HILARY WATT
EMTF COORDINATOR: DANNY RAMIREZ

Questions?

