EMTF-11 Regional Plan Intra-regional response

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Implementation of this EMTF-11 Regional SOG is coordinated by CBRAC.

For more information, call (361) 939-7177.

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EMTF-11 Intra-Regional Deployment Operations

Scope

This Standard Operating Guideline (SOG) addresses the intra-regional, one operational period (<12 hours) mission profile for the Region 11 Emergency Medical Task Force (EMTF). Not addressed in this document is the extra-regional and/or multi-operational period mission profile.

The footprint supported by this plan is presented in Figure 1. The map in Figure 1 shows the 19 counties included in the EMTF-11 region. Twelve of the counties are within TSA-U; four of the counties are within TSA-V; three of the counties are within TSA-T.

Figure 1: EMTF-11 Region

Purpose

The EMTF-11 Regional SOG focuses exclusively on regional support and coordination for activation, notification, mobilization and deployment of regional medical resources.

This SOG is designed to provide guidelines for the resource response, incident management team structure and oversight, communications, and logistical support for each of the eight subcomponents of the EMTF, including Ambulance Strike Teams, Nurse Strike Teams, AMBUS, Mobile Medical Unit, Air Medical Services, IDRU, Wildland Response, and DPS SWAT integration across the nineteen counties of EMTF 11. These strategies are developed to support local and regional jurisdictions and entities, as well as the Texas Department of State Health Services (DSHS) during large scale medical emergencies, evacuations, and other public health threats.

The intended audience for this SOG includes governmental and emergency response representatives from the 19 counties and various large cities within the EMTF 11 region the Regional Health Medical Operations Center serves, non-governmental and private sector representatives, state governmental and emergency response representatives, and federal government representatives.

The EMTF-11 Regional SOG's primary purpose is to describe the process for rapidly activating and mobilizing medical resources throughout the region in response to large-scale events or incidents. The SOG is scalable and flexible, and may be adapted to address the specific characteristics of the incident or jurisdiction affected.

The SOG does not supersede or exclude any existing jurisdictional or regional plans; rather, it places relevant plans in the context of a response to an incident within the region, during which time a series of regional plans (including Regional Health Medical Operations, Multi-Agency Coordination) are activated. More specifically, it does not address local procedures for:

- Incident Command (IC)
- Local response activities
- Established mutual aid relationships and procedures at the local level
- Joint information and messaging through the Joint Information System (JIS)/Joint Information Center (JIC).
- Tactical operations on scene, including patient triage and transport, HAZMAT, and mass fatality management

Mission

The mission of the EMTF-11 is to provide a well-coordinated response, offering rapid professional medical assistance to emergency operation systems during large-scale incidents. The mission is accomplished through the utilization of specially trained teams that are able to respond to incidents at the state, regional or local level when needed.

- The EMTF MMU Component is to augment and support the needs of an impacted community with temporary healthcare infrastructure configured to the incident occurring.
- The EMTF AMBUS Component is to provide the capability for mass transportation and/or care to the sick and/or injured as well as responders across a variety of incidents that may threaten the health and safety of Texans and others.
- The EMTF Ambulance Strike Team Component is to provide supplemental medical transportation during large-scale patient movements or other special circumstances.
- The EMTF R.N. Strike Team component is to augment staffing of a hospital(s) in an affected jurisdiction.
- The EMTF Air Medical Service assist jurisdictions with coordinating large scale air medical response.
- The EMTF Infectious Disease Response Units assist in the transport and care of HCID patients.
- The EMTF Wildland Response Units augment local resources in the protection of firefighters.
- The EMTF Tactical Medicine Component provides specialized paramedics to assist state law enforcement.

Planning Assumptions

In order to ensure consistency and brevity this SOG makes the following assumptions:

1. This document is to be considered a living document which may be updated from time to time as new information becomes available. The most current copy will be maintained by the EMTF-11 Coordinator and will be kept by the

Coastal Bend Regional Advisory Council (CBRAC) and will be posted on the CBRAC website.

2. The term "region" or "regions" will be utilized throughout this document and refers to the EMTF regions as defined by the state. Instances where this does not apply will be noted as such.
3. The EMTF-11 response and operations will operate within the parameters set forth by CBRAC, in conjunction with the Regional Health Medical Operations Center (RHMOC).
4. The EMTF-11 teams will not "self-dispatch" or freelance. The EMTF-11 teams will activate upon the appropriate request from authorized personnel.
5. The EMTF-11 has identified, partnered with, and trained a public safety communications center with 24/7 operations, regarding EMTF-11's deployment package. This center is Metro-Communications Center and will be referred to as the "Regional Communication Center" or "RCC".
6. That EMTF-11 has a primary contact phone number (361) 886-2600, answerable 24/7, that has been publicized to the Regional and State's disaster response entities, including but not limited to: DSHS, DDC, TDEM, OEMs, etc.
7. That EMTF-11 has identified and implemented systems or technologies with redundancies, designed for the notification of deployment team members, from all participating agencies.
8. This EMTF-11 Team is developed and used in conjunction with local and county emergency management, hospital facilities, pre-hospital agencies, fire and law enforcement departments, industry, public health offices and/or other agencies with responsibility and authority for the incident.
9. Homeland Security Presidential Directive-5 (HSPD-5) provides a National Incident Management System (NIMS) through which all incident response agencies and assets are to be integrated and coordinated.
10. Local and regional resources will be exhausted before requesting state and/or federal assistance. This SOG will be activated during the regional request phase of the process.
11. Regional response assets will be available immediately, but scene reporting times will vary depending upon location.
12. EMTF-11 will have pre-identified the Emergency Medical Service (EMS) agencies for deployment as part of the EMTF's Ambulance Strike Team component.
13. Each Ambulance shall be licensed as an Ambulance by the Department of State Health Services to become a deployable asset and must maintain the license to remain deployable.
14. EMTF-11 will have executed appropriate MOA's with partnering agencies and personnel to allow for a State tasked mission.
15. Members of the R.N. Strike Team will be working in customary and familiar clinical environments.
16. Memorandums of Agreement (MOAs) are to be established between responding hospitals personnel, agencies, the Lead RAC, & others as appropriate.
17. Operating under NIMS principles, the EMTF-11 team will be integrated into the Incident Command System (ICS) structure implemented by the requesting Authority Having Jurisdiction (AHJ).
18. While not all inclusive, included in this document are examples of deployment equipment guidelines (see Appendix C). These guidelines have been developed through the deployment experience of disaster responders from across the state and may be used as a starting point for EMTF-11 to ensure their team members have the tools necessary for an efficient and successful completion of their missions.

Overall EMTF-11 Guidelines

Safety

All EMTF activities involve variables and unknowns which may have a substantial impact on the health and welfare of staff members. These potential risks require frequent identification, assessment, analysis, and planning to minimize their impact. Risks should be assessed based on the likelihood of occurrence and potential severity.

Request for assistance during Convoy Operations may be submitted to the RHMOC via the proper channels, who will work with the Authority Having Jurisdiction (AHJ) to provide this resource, if possible.

Command Operations

It is beyond the scope of this document to address all operational concerns of resources deployed as part of EMTF. However, the following general guidelines can be assumed to apply in most deployments.

Command Operations should be documented on appropriate ICS forms available if unable to utilize WebEOC. A 214 (unit log) should be completed by each unit for each operational period and provided to the team leader. The team leader should also complete a 214 (unit log) for each operational period and submit is as a summary to the RHMOC.

EMTF-11 Teams will follow an appropriate incident command system structure. Intervening levels of command may be inserted as incident scope affects the span of control. See Appendix D for a sample EMTF-11 Organizational Chart.

As a part of any deployment, EMTF-11 team members should be prepared to perform a variety of missions, both in and out of the scope of normal daily operations. Concerns related to assigned missions should be forwarded to the team leader. At all times, it is the intention of the EMTF to “Be Helpful, Be Nice” in all interactions with the public as well as fellow responders and affected region stakeholders.

Logistical Support

Each of the eight components of the EMTF may have a logistics package which supports their respective missions. The supplies, equipment, staffing, and other provisions should be determined in advance, including Ambulance Staging Managers, RHMOC Liaisons, Task Force Leaders, Ambulance Strike Team Leaders, Medical Incident Support Teams and appropriate CBRAC personnel.

Communications Support

Each of the eight components of the EMTF may have a communications package which supports their respective missions. The interoperable communication equipment and redundant systems have been determined in advance and can be adjusted during the incident.

The leadership assigned during each mission shall ensure that CBRAC personnel and EMTF 11 teams have the communication support needed and will work with local, regional, and state agencies or Medical Operation Centers to satisfy additional needs or gaps during a regional response.

See Appendix E for available interoperable communications channels.

CBRAC's communications resources include:

- Regional Communications Vehicle (RCV-V)
- Mobile Communications Center (MCC-U)
- Cache of Motorola CM-200 Mobile VHF radios (V)
- Cache of M-SAT (mobile satellite) push-to-talk units
- Internet Mi-Fi units
- VSAT units (U & V)

Regional Assets

The following are regionally-owned assets that may be sent with AMOPS Strike Teams or separately in response to a mass-casualty incident in the RHMOC region.

• Regional Communications Vehicle (RCV-V)

RCVV provides a mobile solution for interoperable communications and data system access.

• MCC-U

MCC – U is a 20ft trailer designed as a rapid-response unit for incidents requiring communication and technological interoperability. MCC-U is small but versatile and is equipped with phones, computers, internet and radios. It can be used as a free-standing ICP or EOC or provide support to existing facilities. MCC-U is housed, maintained, mobilized and deployed by Halo Flight.

Operational Support

The EMTF-11 is a regional asset under the CBRAC / RHMOC , and as such the support and operations of any or all of the eight EMTF components during activation will be provided under CBRAC/RHMOC mission assignment. The following general guidelines can be assumed to apply in most deployments.

The teams will adhere to chain of command and will work collaboratively with the following agencies/organizations utilizing the National Incident Management System's (NIMS) chain of command.

- SMOC ESF-8
- DSHS MACC
- Regional MACCs and mutual aid associations
- Medical Operations Centers
- Health Service Regions
- DDCs
- Local and county EOCs
- Incident Commanders

It may be necessary at times to "assign" a single resource or strike team under the command of either another responding agency or local jurisdiction. This neither relieves the EMTF members of their responsibility to the unit, nor does it remove the resource or strike team from the regional chain of command. Rather, it is an opportunity for close cooperation

between the two entities in order to accomplish locally significant missions.

All other operational concerns and questions should be forwarded to the appropriate person in the CBRAC/RHMOC Command structure.

Command and Control

EMTF-11 is first and foremost a local/regional asset and must coordinate with their local EOCs and MACCs for regional deployments. The leadership for the EMTF includes command, operational, and logistical authority for the personnel and assets assigned to that EMTF for the incident.

In a local event, the EMTF leadership will guarantee a unified command approach to successfully work with local jurisdictions of authority to coordinate the efforts of the EMTF teams with local responders.

In a regional tasking, the EMTF leadership understands that it is granted command, operational, and logistical authority of the EMTF at the discretion of the RHMOC and the AHJ to support local, regional jurisdictions. Planning and operational decisions for the EMTF may be collaborative between the IMT, SOC, DSHS MACC, MOCs, DDCs, and/or other local responding agencies.

EMTF-11 Team Members

The EMTF 11 region has a pre-screened roster of persons agreed upon by both the sponsoring entity and the CBRAC/RHMOC. EMTF 11 Region has developed a system of notification for these stakeholder agencies upon tasking from the RHMOC. Following this notification, it will be the responsibility of the stakeholder agencies to activate personnel appropriate to the tasked mission. Stakeholder agencies, upon notification, are to report back to their EMTF Coordinator or designee with their personnel and asset information, current status and estimated time of arrival at their individual mustering point. The EMTF Coordinator will roster the teams so the information is available to the region.

Phase I: Activation

When the need for a regional mass casualty response is apparent, the local Emergency Operations Center (EOC), Incident Command Post (ICP), or a designated agency representative will request the EMTF 11 teams by contacting the Regional Communications Center (Metro Communications Center / RCC) at (361) 886-2600. The RCC will then notify appropriate CBRAC leadership, elevating the activation level, as needed.

The individual contacting the RCC to request EMTF 11 teams should be prepared to provide the following information:

- Incident type
- Incident location
- Estimated number of patients
- Complicating factors
- Resource requirements
- Staging area information
- IC/Point of Contact

Having this information will allow staff to determine what level of response is required. The CBTRAC leadership will consider requesting resources using the following MCI Levels RCPI Ambulance Operations (AMOPS) Response Plan, detailed in Table 1:

Table 1: MCI Tier Levels with Suggested Resources

MCI Level	*# Immediate/Delayed Victims*	*Minimum Resources Requested*
Level 1	10-20	1 Ambulance Strike Team (5 ambulances); 6 First Responder Personnel
Level 2	20-50	2 Ambulance Strike Teams; 15 First Responder Personnel 1 AMBUS (optional)
Level 3	50-100	5 Ambulance Strike Teams; 30 First Responder Personnel 2 AMBUSES; RCV-V (optional)
Level 4	100-250	10 Ambulance Strike Teams; 50 First Responder Personnel 2 AMBUSES; MCI Trailers; RCV-QV Mobile Field Hospital (optional)
Level 5	250+	25 Ambulance Strike Teams; 100 First Responder Personnel 2 AMBUSES; 2 MCI Trailers; RCV-V; Mobile Field Hospital (optional)

Incident Component Notification

When CBRAC receives a request for EMTF assistance, leadership will consult with EMTF Coordinator to determine the most appropriate region and component to respond to the pending request. Utilizing the technology identified by EMTF 11 (see Appendix E), a notification will promptly be broadcasted to appropriate EMTF 11 teams.

Activation of any of the eight components of EMTF may trigger the elevation of the RHMOC. EMTF 11 should pre-identify persons that are qualified to assume an EMTF leadership role. Other individuals that may be rostered for these leadership roles will be organized and activated through the CBRAC.

The CBRAC may assign specific EMTF leadership roles to the individuals that respond to the call out process.

Phase II: Notification

A call for the EMTF team activation may lead to immediate mass-messaging sent through a Mass Notification System (i.e. i-Info; see Appendix F). i-Info is a mass notification internet based program that will send and receive time sensitive messages to a home, business, cell phone, email, hearing impaired devices or by text message. The notifications will adhere to the notification terminology detailed in Table 2.

Table 2: Notification Terminology

NAME	*ACTION*	*FISCAL IMPACT*	*SMA#? (state mission assignment)*
Awareness	Tell team members and staff that there is a possible incident that has occurred, Information only. No action requested.	NONE	NO
Standby	EMTF Coordinators will check availability of resources and may initiate conference calls.	NONE	NO
Alert	A request or the possibility of request for EMTF resources is imminent. The RHMOC or SMOC will be responsible for Alert initiation. We will place names of team members in team member slots, EMTF resources should be ready for deployment, rental trucks rented, warehouse and other team leadership activated.	Yes, probably <$10,000.00 4 Suburbans $100.00/day 1 box truck $100.00 /day 10 personnel $40.00/per hour	YES
Activation	Call in all team personnel and necessary coordination center personnel. Deployment of personnel/assets through demobilization	YES, TBD by scope and typing	YES

Incident Report notification

The initial notification will be brief, informative and will provide situational awareness to the EMTF 11 throughout the region. The message can be developed using information provided by the responder on-scene and contains a description about what type of incident has occurred, where it occurred, and approximately how many immediate and delayed patients are present. The initial message serves as an alert to agencies throughout the region and gives leadership a chance to gauge readiness levels while the need for specific resources becomes apparent. The message will instruct recipients to stand by for additional messages containing specific resource requests.

The Incident Report may be sent to all agencies in the RHMOC Region, regardless of whether they will be required to respond. In addition to fire and EMS agencies, message recipients may include Emergency Management personnel, RHMOC command representatives, RACS T, U, V and other partners that could participate in an expanding incident and response.

Resource Request notification(s)

The second notification sent should contain specific information about what resources are needed for incident response. Staff member(s) sending Resource Needs notification should work with applicable personnel to ensure that resource types and quantities are requested clearly and appropriately.

The CBRAC may utilize the mass notification polling function to identify the availability for assets. Upon receipt of the message, agencies can respond both affirmatively or negatively with their ability to send resources to the incident. Polling results will determine the need for additional mass notification requests.

Response to Resource Request notifications

EMTF 11 teams should follow the appropriate procedure to acknowledge the receipt of the mass-notification. EMTF 11 teams should send their availability via email to the EMTF Coordinator, or as otherwise directed by the notification message.

The decision of when to inform and request EMS personnel for regional response lies with individual response agencies. Some may choose to notify staff immediately, while others await confirmation of the exact quantity of personnel and equipment required.

Incident Update notification

The Incident Update notification provides a brief summary of developments that have occurred since the initial notification, and may include clarifying facts or situational awareness relevant to first responders throughout the region. Additionally, the Incident Update should include a report on resource needs and the level to which requests have been fulfilled. After reading the Incident Update, recipients should have an indication of whether or not to stay on standby for potential mobilization and deployment.

Phase III: Mobilization

EMTF 11 team mobilization (25) takes place at individual agencies. Though agencies belong to Strike Teams and are summoned accordingly, they do not physically meet with Strike Team partners before moving to the incident staging area. As soon as response staff and equipment are ready and given clearance by their agency, they mobilize to the staging area and report to local Incident/Unified Command.

Deployment Time Goals

It is the goal of the EMTF to be an agile, rapid response force dedicated to the public health and safety of the citizens of the EMTF 11 region and Texas. In the following sections, timely, efficient, modular and prepackaged activations and deployments are the goal of the EMTF.

No contractual obligation or alteration of other contractual documents is implied by the following EMTF deployment time goals.

Travel

Travel by the EMTF will be accomplished in convoy style. The make-up of the EMTF convoy will be at the discretion of the team leader. Members should be aware that they may travel with mobile assets that have different performance profiles, and may need to adjust their driving habits as a result. The key to safety in convoy is communication. The route to the deployment area will be at the discretion of the team leader, working in cooperation with in theatre and CBRAC.

Teams should anticipate efficient travel. Stops for non-mission essential reasons are discouraged and should be at the discretion of the team leader. Units should travel at the best, safe speed of the slowest unit in the convoy. Road and weather safety should be considered by all.

Travel by the EMTF will be incident driven. Taking into account the distances, mission profile, infrastructure available in the deployment region and other factors, the EMTF 11 region may have multiple travel profiles planned for. These can include, but are not limited to: contingency contracts for rental vehicles, travel by air, travel with another EMTF Component, (AST, AMBUS, etc.). Flexibility and an all hazard approach to planning is the recommendation for best mode of travel. If the EMTF Teams are to travel by ground, EMTF 11 may wish to plan for vehicles large enough to carry the entire team, with deployment equipment, and suitable to the deployment environment.

Individual EMTF strike teams should anticipate travel as a group and should plan to muster at a point determined when activated to ensure a coordinated arrival to the deployment as well as follow on travel and accommodations.

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[25] This SOG uses the term *mobilization,* rather than *deployment,* to describe the process by which resources are gathered and transported to a staging area. Under the National Incident Management System guidelines (NIMS), mobilization is defined as "the process and procedures used by all organizations - Federal, State, local, and tribal - for activating, assembling, and *transporting* all resources that have been requested to respond to or support an incident." - FEMA, *NIMS* (FEMA 501/Draft), 2007, p. 154.

Mustering

EMTF 11 teams may utilize predetermined or ad hoc mustering points which will be determined upon activation. These sites are *not* considered base camps, rather a common meeting area for final deployment tasks to be completed. Geographical diversity is suggested to ensure the site selected by the team leader is in the direction of the deployment. EMTF teams may wish to select sites that are lit and allow overnight parking which is secured for cases where team members have arrived in their personal vehicles at the mustering point. This deployment model is, for various reasons, not ideal but may be the best option in some regions.

Once released from the mustering point, the team leader will be responsible for ensuring his assigned units arrive at the deployment staging area.

Phase IV: Demobilization

A strategy for demobilization of the regional assets should be developed at the time of mobilization. Criteria for making the determination that the asset is no longer necessary should be determined in advance. These types of determination factors may involve volume of utilization or benefit vs cost at the current time.

Demobilization may occur at the deployment staging area or regional mustering point according to the CBRAC, Strike Team Leader and/or Task Force Leader's discretion. Demobilization will not occur directly from field assignments. Exceptions will be the discretion of the CBRAC, Strike Team Leader and/or Task Force Leader. The Leader for each Strike Team will ensure that all persons in his/her care have a comprehensive demobilization briefing and ensure that all incident specific paperwork and forms are being completed appropriately. Travel from the deployment region during demobilization may be different than methods utilized in deployment and will be the discretion of the CBRAC, Strike Team Leader and/or Task Force Leader.

The EMTF 11 region has adopted a Demobilization Checklist (Form ICS 221) for use by the team members to ensure that appropriate documentation was completed during and after the deployment. The Demobilization process shall always include a "Hotwash" and findings of this "Hotwash" are to be included in the documentation packet submitted for reimbursement.

R.N. Strike Team Composition

Each R.N. Strike Team will consist of five (5) licensed Registered Nurses of like specialization with one of which is designated as a Strike Team Leader. Given the operational profile of the R.N. Strike Teams, it is expected that existing technologies will provide each team with common communications between the team, other EMTF 11 components and/or the CBRAC.

The composition of each team, based on specialty (ER, ICU, Medical/Surgical, Pediatric, etc.), may be limited by resources available to the EMTF 11 Region. As such, it is the guidance of this SOG that each of the R.N. Strike Teams be composed of personnel with appropriate care experience, though no rules regarding the distribution of specialty is made. EMTF 11's distribution of specialty may be determined by resources available to the specific EMTF region.

RN's with unique specialty focus (Burn, Neurology, Neonatal, etc.) may all have high and specific value to the EMTF given the mission profile. However, due to the relative rarity and wide variety of specialties it is not the recommendation of this SOG to pre-roster entire strike teams of these personnel in the EMTF 11 region. Rather, personnel who hold these specialties may be included as Single Resources attached to the EMTF as part of the most appropriate component.

R.N. Strike Teams shall be assigned to a "like" department within a facility that is comparable, and within their skill set and competency to perform, to their specialty area.

Operations

It is beyond the scope of this document to discuss every aspect of operations as a hospital acute care provider. However, certain planning should be made clear. It is the expectation of the EMTF 11 that nurses on the R.N. Strike Team will operate as caregivers in a hospital environment familiar to them. While the working conditions and patient load are difficult to quantify in advance, it is not the intention of this EMTF component to work in austere or environmentally harsh conditions.

At the onset of operations in the deployment hospital, the R.N. Strike Team Leader should determine that facility's clinical scope for nursing staff and perform to that level, if it is within their training and competency (see Appendix G)

The R.N. Strike Team Leader will be responsible for determining and communicating reporting structure for team members while on the unit, as well as command structure for personnel with regards to logistical support and assignments. The R.N. Strike Team Leader is responsible for accountability of the members of their team while either on or off duty.

Other working conditions should be consistent with those encountered in the everyday hospital environment. While 12 hour shifts are common, incidents that demand additional hospital staffing may request a member(s) of the R.N. Strike Team to work extended shifts. R.N. Strike Team members should use discretion when working longer than 12 hour periods and MUST have, at minimum, eight (8) hours of downtime within a 24 hour period.

Medical Records

Medical records will be recorded using the Host Facility's routine documentation method. In the event the RNST members are unable to use the facility routine documentation method, the T-Sheet medical record system has been preplanned and can be put in place.

Paper copies of a contact roster (patient list which include a unique identifier that could traced back to a patient but does not include HIPAA protected information) should be provided to the RNST Leader, ideally, at the end of each operational period or at least during demobilization, for all patient encounters.

The original patient care records will be maintained by the host agency.

Mobile Medical Unit

Scope of Care[26]

The following descriptions of the MMU's capability are guidelines only; no restrictions, no limitations, or promises of level of care, are implied. Generally, the MMU will not have laboratory or radiology capability. In some cases, the MMU may be used for specific tasks, including:

- Non-Critical Care Capability

The MMU may be used to assist in providing bed capacity for hospital relief. The staffing, supplies and equipment of an MMU result in a limited scope of care for hospital relief. The minimal scope of care includes:

- nursing care for stabilized internal medicine, trauma, orthopedic, and obstetric patients;
- medical workups and examinations;
- nursing care for special needs patients;
- ability to provide care for a variety of acuity levels while providing treatment, transfer or discharge;
- preparation for transport for patients who require transfer to hospitals;
- the MMU does not provide surgical services.

If available, the equipment and supplies may allow for resuscitative intervention if needed in individual cases.

- Emergent Care Capability

The MMU may be used to assist in providing acute or emergent care level of services for hospital relief. The staffing, supplies, and equipment of an MMU must be appropriately increased to provide such intensity of care. In rare instances when staffing, supplies, and infrastructure permit, the MMU may be configured to provide emergency intervention. The scope of care for such a configuration includes:

- Administration of intravenous medications and drips;
- Minimal short-term cardiac monitoring; and
- Minimal short-term ventilator support.

- Isolation Capability

The MMU may provide support to isolation operations with the capability to evaluate and hold persons suspected of being either exposed to or affected by an agent requiring isolation. The MMU, with an appropriately configured isolation cache, equipped with staff, and provided with service support facilities enables:

- Holding and segregation of persons suspected or confirmed to have illness;
- Taking of biological samples for submission to local, State or Federal laboratories;
- Short-term isolation of patients pending transfer to a hospital isolation ward;

[26] The intent of the MMU is to provide "fast track" or "urgent care" style medical care for cases with rapid disposition. Mission specific objectives will be dependent on the requesting jurisdiction and/or DSHS tasking.

Staffing Framework

Staffing of the MMU is a critical task. For the optimal standards of a 16-bed MMU, Appendix H MMU Typing Document is provided for comparison with State-Mission-Assigned MMU deployments. It is expected that for rotational purposes, each EMTF region will roster at least one team with consideration for depth when needed for extended periods of operation.

Personnel Requirements

Enormous numbers of patients seeking treatment in excess of a region's bed capacity during a disaster, for any reason, will cause healthcare facilities to fill to capacity. Available in-region staff will also be fully engaged. EMTF 11 will, as part of its deployment package, identify the team required and deployable for MMU operation.

MMU Team Skill Mix

The MMU team is staffed to maximize the use of limited staffing resources, not only to provide for an expected large quantity of patients, but also to ensure sustainability while providing the highest quality care possible given the limited resources. The team skill mix should be appropriate to adequately care for the patients in the MMU facility within the scope of care planned.

MMU Staff Training

It is incumbent upon EMTF 11 to ensure that member agencies and deployment personnel are adequately prepared to perform at their highest level under the dynamic and often adverse circumstances faced in disaster medical operations. . In order to facilitate this readiness, the EMTF 11 MMU team meets regularly for training and planning to ensure the highest level of preparedness for the EMTF MMU Component's all-hazard response.

MMU Staff Activation

EMTF 11 will have pre-screened teams approved for deployment. Rostering and staffing plans may be impacted by the resources available to the region during an incident. EMTF 11 region should have appropriate relationships with the facilities & agencies to contribute resources to the formation of the MMU team roster. It will be the responsibility of the stakeholder agencies to activate personnel appropriate to the tasked mission. Stakeholder agencies, upon notification, are to report back to their EMTF Coordinator with their personnel and asset information, current status and estimated time of arrival at their individual mustering point.

MMU Supervision

Unlike other components of the EMTF (Ambulance Strike Teams, Ambus, and RN Strike Teams) the MMU faces unique challenges related to its deployment and operation. Specifically, given the large and complex scope of most foreseeable mission profiles it is apparent that the MMU may require the greatest level of organizational support during the incident. Owing to span of control and other operational factors, elements of the EMTF's overarching support structure may need to be housed within the MMU command structure or those MMU specific positions may need to be filled uniquely for the MMU. Internally, each MMU will follow an ICS structure for a public health or medical emergency and provide necessary operations as stated in the incident action plans (IAPs) for the specific incident.

To ensure organized operations through an incident command structure, the MMU and associated staff will have a clearly defined reporting structure integrated into the CMOC structure. This structure may be provided within the organization of the MMU, by an overarching support team, or by infrastructure from a jurisdiction having authority.

Consistent with the ICS, each staff position should receive a job action sheet (JAS), which is a simple checklist that describes the role, responsibility, and reporting structure of each position within the ICS structure. These forms should be prepared in advance of the incident for rapid distribution to participating staff on their arrival to the MMU.

Supplies and Equipment

The MMU is designed to rapidly surge healthcare capacity into an affected region. Owing to that mission, it is the recommendation of this SOG that supply caches be configured based on interventions to be performed, rather than in bulk caches. This will limit the set up time required for the stocking of treatment areas in the MMU, thus shortening the deployment to open time as well as aid in demobilization and restocking.

MMU supplies may be broken out into categories of care, both to aid in par stocking levels (related to expected patient loads) and cache configuration. EMTF 11 utilizes the following categories:

- Critical Care Unit (CCU)
- Emergency Room (ER)
- Skilled Nursing Facility (SNF)
- Orthopedics
- Obstetrics (OB)
- Supplies related to all patient care areas (sheets, personal hygiene, gowns, isolation, etc.)

Communications

Mechanisms for internal communication between EMTF 11 MMU functional areas and associated staff may include at a minimum cellular, radio and satellite phone capability. In many cases portable two-way radios may be available and used.

Operational Support

Coordinated through CBRAC Logistics, the MMU may require the following external support services:

- Waste disposal (routine and bio-hazard)
- Food / potable water for patients and staff
- Security
- Water
- Fuel
- Latrines and showers
- Mortuary
- Private space for staff should be available to include incident briefing and medical report areas as well as eating, sleeping, toilet, showering, and rest facilities apart from the general patient population.

Security

Physical security of the MMU staff, equipment and the facility is essential. Physical security points include the following:

- Entry and exit points to the area (e.g., the city block), if practicable.
- Access points to the building.
- High-risk or high-value areas within the building, such as the temporary morgue and pharmacy.

Patient Management

Based on the predetermined role of the MMU, patients may arrive either by private transportation or by ambulance. A receiving area for initial evaluation and registration should be in place and easily accessible for arriving patients.

A medical record system has been planned for and put in place on activation of the MMU. Every patient encounter will be documented using the medical record system planned for the MMU (T-System).

Preprinted order sheets and care plans may facilitate the management of patients, consistent with the planned role of the MMU.

The original patient care records will be maintained by the sponsoring agency or CBRAC. A copy of each patient care record may be submitted to the Department of State Health Services via the reimbursement packet for the incident, as applicable

Ambulance Strike Team Composition

Each ambulance strike team is five (5) ambulances under the direction of an Ambulance Strike Team Leader (ASTL) in a separate vehicle. The six (6) vehicles in the strike team (five (5) ambulances plus ASTL vehicle) must have common communications. This recommendation is met with the member agency compliance with the TICP (see Appendix H).

Specialty ambulances, (bariatric capable, Critical Care Transport (CCT), or Neonatal Transport units, etc.) may all have high and specific value to the EMTF, given the mission profile. However, due to the rarity and wide variation of capabilities of these types of apparatus, it is not the recommendation of this SOG to pool a "Specialty" Strike Team in place of a traditional one. Rather, these assets in the region may be included as Single Resources attached to the EMTF as part of the most appropriate component.

In a regional or state response affecting the EMTF 11 region, all ambulance assets will be coordinated under the Ambulance Staging Manager(s).

Incident Component Staffing

EMTF 11 should have appropriate relationships with the region's EMS agencies to contribute resources to the formation of the AST roster. EMTF 11 will have, as noted in the planning assumptions, developed a system of notification for these stakeholder agencies upon tasking from the MOC. Following this notification, it will be the responsibility of the stakeholder agencies to activate personnel appropriate to the tasked mission. Stakeholder agencies, upon notification, are to report back to the EMTF Coordinator with their personnel and asset information, current status and estimated time of arrival at their individual mustering point. The EMTF Coordinator will roster the teams in preparation of deployment.

AST Mobilization and Response

EMTF 11 Ambulance Strike Teams will respond utilizing the concepts of the RCPI Ambulance Operations Response Plans (AMOPS).

Medical Records

Medical records will be recorded using the EMS agencies routine documentation method. Paper copies should be made available to the ASTL, ideally, at the end of each operational period or at least during demobilization, for all patient encounters.

The original patient care records will be maintained by the sponsoring agency or CBRAC. If applicable, a copy of each patient care record may be submitted to the Department of State Health Services via the reimbursement packet for the incident.

AMBUS Crew Composition

The TX-EMTF AMBUS is a TDMS Type-1 Medical Ambulance Bus, capable of providing advanced medical transportation services and additional capabilities during a large scale disaster, mass casualty incidents, incident rehabilitation, point of dispensing and other appropriate missions. The AMBUS has a maximum capacity of twenty supine patients with six care providers on-board. See Appendix I for typing details.

The AMBUS shall be licensed as Specialty Emergency Medical Services Vehicle allowing for variances from the proscribed staffing levels set forth by DSHS for ambulances. At a minimum, this SOG recognizes that in some instances the Incident Commander (IC), based upon the incident, may alter staffing needs in special circumstances.

EMTF 11 has two AMBUSes within its region.

- MPV-1101 – operated by Weslaco Fire Department; housed at Station 2, 901 N Airport Dr, Weslaco, TX 78596
- MPV-1102 – to be operated by Corpus Christi Fire Department; currently in production

Incident Component Staffing Pool

EMTF 11 has relationships with the Weslaco Fire Department and the Corpus Christi Fire Department to house and operate the AMBUS. EMTF 11 has developed a system for notification of these stakeholder agencies upon tasking from the RHMOC. Following this notification, it will be the responsibility of the stakeholder agencies to activate personnel appropriate to the tasked mission. Stakeholder agencies, upon notification, are to report back to the EMTF Coordinator with their personnel and asset information, current status and estimated time of arrival at their individual mustering point. The EMTF Coordinator will roster the teams in preparation for deployment.

Operations

AMBUSes will be deployed to various scenarios utilizing Appendix J as a guideline for deployment.

AMBUS deployments will follow an appropriate incident command system structure. Each AMBUS will have an "AMBUS Crew Boss" assigned to it. This position serves as a resource and operations expert of the AMBUS itself. The AMBUS Crew Boss will report to an Ambulance Strike Team Leader and the Strike Team Leader in turn reports to the Ambulance Group Supervisor. Intervening levels of command may be inserted as incident scope affects the span of control.

At all times the AMBUS is subject to recall for higher priority missions.

All other operational concerns and questions should be forwarded to the appropriate person in the EMTF Command structure.

Medical Records

Medical records will be recorded using the EMS agencies routine documentation method. Paper copies should be made available to the ASTL, ideally, at the end of each operational period or at least during demobilization, for all patient encounters.

The original patient care records will be maintained by the sponsoring agency or the Lead RAC. A copy of each patient care record is to be submitted to the Department of State Health Services via the reimbursement packet for the incident.

Appendix A: Index of Acronyms and Abbreviations

1. AHJ Authority Having Jurisdiction
2. AMBUS Ambulance Bus
3. AMOPS Ambulance Operations
4. DDC Disaster District Center
5. DSHS Department of State Health Services
6. EmResource A day-to-day crisis application hosted by Intermedix
7. EMTF Emergency Medical Task Force
8. EMS Emergency Medical Services
9. ESF-8 Emergency Support Function
10. EOC Emergency Operations Center
11. FOUO For Official Use Only
12. HAZMAT Hazardous Materials
13. I-Info Mass Notification System
14. IAP Incident Action Planning
15. IC Incident Command
16. ICP Incident Command Post
17. ICS Incident Command System
18. MACC Multi-Agency Coordination Center
19. MCI Mass Casualty Incident
20. MIST Medical Incident Support Team
21. MOA Memorandum of Agreement
22. MPV Multiple Patient Vehicle
23. NIMS National Incident Management System
24. RAC-T Regional Advisory Council-T
25. RAC-U Regional Advisory Council-U
26. RAC-V Regional Advisory Council-V
27. RCC Regional Calling Center
28. RCPI Regional Catastrophic Planning Initiative
29. RCV-V Regional Communications Vehicle-V
30. RHMOC Regional Health Medical Operations Center
31. RHPC Regional Hospital Preparedness Council
32. SOC State Operations Center
33. TDEM Texas Division of Emergency Management
34. TSA-T Trauma Service Area-T
35. TSA-U Trauma Service Area-U
36. TSA-V Trauma Service Area-V
37. WebEOC Web-based Emergency Operations Center

Appendix B: Related Plans

The following organizations have policies and procedures detailing their response to mass casualty incidents.

- Coastal Bend Regional Advisory Council (CBRAC) maintains protocols and guidelines for triage, stabilization and transport activities in Region 11
- National Disaster Medical System (NDMS) - Federal resource from the Federal Emergency Management Agency (FEMA)
- Local EMS agencies/jurisdictions - Agencies are responsible for maintaining plans or procedures for response to mass casualty incidents in their jurisdictions.
- Local Treatment Centers - Mass casualty and surge planning is part of each hospital's Joint Commission on Accreditation of Hospitals review process

Appendix C – Deployment Equipment Guidelines (Go-Bag)

Item Description	Qty	Bag
Uniform/Scrub Shirts	5	Duffel Bag
Uniform/Scrub Pants	5	Duffel Bag
Undergarments	5	Duffel Bag
Work Shoes	1	Duffel Bag
Socks (pair)	7	Duffel Bag
Athletic Shoes	1	Duffel Bag
Mesh Laundry Bag	1	Duffel Bag
Parka / Rain Gear	1-2	Duffel Bag
Towel	1-2	Duffel Bag
Toiletries (keep in portable bag)		Duffel Bag
T-Shirts	2	Duffel Bag
Cold Weather Gear	as needed	Duffel Bag
Large Ziplock Bags	Assorted	Duffel Bag
Baby Wipes		Duffel Bag
Hand Sanitizer		Duffel Bag
Woolite		Duffel Bag
Snacks/Drink Mix/MREs		Duffel Bag
Cards/Games		Duffel Bag
Extra pair of glasses or extra contact lenses		Duffel Bag
Sunscreen		Duffel Bag
Lip balm with sunscreen		Duffel Bag
Texas road map and map of deployment area		Duffel Bag
Field guides (NIMS, ICS, public health emergencies, emergency response etc.)		Duffel Bag
Feminine items (tampons, makeup etc.)		Duffel Bag
Cash	$100.00	
Prescription Medications		

*****All clothes should have name and/or initials in at least two places**

Appendix D: Sample EMTF 11 Organizational Chart

To be added

Appendix E: Texas Statewide Interoperability Channel Plan

Revised January 25, 2013 – page 19 and 31

VHF 150 MHz Narrowband Interoperability Channels (12.5 kHz)**

Emission Designators 11K2F3E, 11K3F3E, 11K2G2E

Mobile and Portable Configuration*					
Label	Receive	Transmit	Station Class	CTCSS RX /TX	Use
VCALL10	155.7525	155.7525	FBT / MO	CSQ / 156.7	Calling Channel
VTAC11	151.1375	151.1375	FBT / MO	CSQ / 156.7	Tactical Channel
VTAC12	154.4525	154.4525	FBT / MO	CSQ / 156.7	Tactical Channel
VTAC13	158.7375	158.7375	FBT / MO	CSQ / 156.7	Tactical Channel
VTAC14	159.4725	159.4725	FBT / MO	CSQ / 156.7	Tactical Channel
VFIRE21	154.2800	154.2800	FBT / MO	CSQ / 156.7	Tactical Channel
VFIRE22	154.2650	154.2650	FBT / MO	CSQ / 156.7	Tactical Channel
VFIRE23	154.2950	154.2950	FBT / MO	CSQ / 156.7	Tactical Channel
VFIRE24	154.2725	154.2725	FBT / MO	CSQ / 156.7	Tactical Channel
VFIRE25	154.2875	154.2875	FBT / MO	CSQ / 156.7	Tactical Channel
VFIRE26	154.3025	154.3025	FBT / MO	CSQ / 156.7	Tactical Channel (for Air-to-Ground with State/Federal Aircraft ONLY)
VMED28	155.3400	155.3400	FBT / MO	CSQ / 156.7	Tactical Channel (and for Air-to-Ground use)
VMED29	155.3475	155.3475	FBT / MO	CSQ / 156.7	Tactical Channel
VLAW31	155.4750	155.4750	FBT / MO	CSQ / 156.7	Tactical Channel
VLAW32	155.4825	155.4825	FBT / MO	CSQ / 156.7	Tactical Channel
TXCALL1D	154.9500	154.9500	FBT / MO	**156.7 / 156.7**	Mobile-to-Mobile Calling Channel
TXCALL2D	155.3700	155.3700	FBT / MO	**156.7 / 156.7**	PRI: Calling Channel for State/Federal Aircraft to/from a Base and SEC: VCALL10 backup

800 NPSPAC Interoperability Channels (20 kHz)

Emission Designator 20K0F3E

Label	Receive	Transmit	Station Class	CTCSS RX/TX	Use
8CALL90	851.0125	806.0125	FX1T / MO	CSQ / 156.7	Calling Channel (Repeater)
8CALL90D	851.0125	851.0125	FX1T / MO	CSQ / 156.7	Calling Channel (Direct)
8TAC91	851.5125	806.5125	FX1T / MO	CSQ / 156.7	Incident Temporary Repeater Channel
8TAC91D	851.5125	851.5125	FX1T / MO	CSQ / 156.7	Tactical Channel (Direct)
8TAC92	852.0125	807.0125	FX1T / MO	CSQ / 156.7	Incident Temporary Repeater Channel
8TAC92D	852.0125	852.0125	FX1T / MO	CSQ / 156.7	Tactical Channel (Direct)
8TAC93	852.5125	807.5125	FX1T / MO	CSQ / 156.7	Incident Temporary Repeater Channel
8TAC93D	852.5125	852.5125	FX1T / MO	CSQ / 156.7	Tactical Channel (Direct)
8TAC94	853.0125	808.0125	FX1T / MO	CSQ / 156.7	Incident Temporary Repeater Channel
8TAC94D	853.0125	853.0125	FX1T / MO	CSQ / 156.7	Tactical Channel (Direct)
8TAC95D ***	851.5500	851.5500	MO	CSQ / 156.7	Incident Control Channel (Direct)
8TAC96D ***	853.0500	853.0500	MO	CSQ / 156.7	Incident Control Channel (Direct)
8TAC97D ***	853.3500	853.3500	MO	CSQ / 156.7	Incident Control Channel (Direct)

Appendix F – RNST Checklist

Compentency/Skill	Self Eval: (CIRCLE)	Comments
ACLS	Yes/No/See Comments	
TNCC	Yes/No/See Comments	
ENPC/PALS	Yes/No/See Comments	
NRP	Yes/No/See Comments	
Haz Mat/Decon Team	Yes/No/See Comments	
Intubation/LMA	Yes/No/See Comments	
Arterial Blood Gases	Yes/No/See Comments	
Suturing	Yes/No/See Comments	
Blood Product Administration	Yes/No/See Comments	
Rapid Infusion	Yes/No/See Comments	
Chest Tubes	Yes/No/See Comments	
Thoracotomy Procedures	Yes/No/See Comments	
Cut Downs	Yes/No/See Comments	
Psychiatric (Close Obs) Care	Yes/No/See Comments	
Paricentesis	Yes/No/See Comments	
Biphasic Defibrillator	Yes/No/See Comments	
NGT/OGT/Lavage	Yes/No/See Comments	
Restraints	Yes/No/See Comments	
SANE trained	Yes/No/See Comments	
Core Measures (knowledge)	Yes/No/See Comments	
G-Tube/PEG/feedings & meds	Yes/No/See Comments	
Art Lines (placement and monitoring)	Yes/No/See Comments	
Central Lines (placement and care)	Yes/No/See Comments	
ICP Monitoring	Yes/No/See Comments	
Thrombolytics (Stroke and STEMI)	Yes/No/See Comments	
Immobilization/Splinting Procedures	Yes/No/See Comments	

NOTE: The intent of this skills checklist is to rapidly verify that the RN serving in a disaster scenario is aware of the skills allowed while serving in the assigned setting, during a disaster assignment.

Appendix G: TDMS TXEMTF MMU Typing

RESOURCE: Mobile Medical Unit - Sustained Operations (> 24 hours)						
CATEGORY:		Emergency Medical Services (ESF #8); Command and Control				
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV	Type V
Component	Metric	(32+ Beds 24/7)	(16-32 beds max)	(8-12 Beds)	(6-8 Beds)	Type IV w/o equipment
Operational Usage		Replacement of ER that is Off-Line Anticipated Significant Patient Surge Large Scale Community Disaster	Replacement of ER that is Off-Line Anticipated Significant Patient Surge Large Scale Community Disaster	Alternate Care Center Special Events Medical Operations	Innoculation Clinic Minor Care Clinic First Responder Force Protection	Roving Shelter Support Force Protection
	Example	*Joplin Tornado*	*Joplin Tornado*	*Planned Community Events -*	*Bastrop Wild Fire*	FLDS in San Angelo
Personnel	Number of Personnel	35-person response	19-person response	10-person response	7-person response	7-person responseR
	Sustained Operations	(2) Operations Manager (1) Logistic Manager (1) Group Supervisor (2) MD (2) APP(Adv.Practice Professional) (10) Registered Nurse (2-Charge) (6) Paramedic (2) Pharmacy Tech (4) Tech (2) Admin/Clerk (3) Logistical Support ~~(1) Comm Tech~~	(1) Operations Manager (1) Logistic Manager (1) Group Supervisor (1) MD (1) APP(Adv.Practice Professional) (5) Registered Nurse (1-Charge) (3) Paramedic (1) Pharmacy Tech (2) Tech (1) Admin/Clerk (2) Logistical Support ~~(1) Comm Tech~~	(1) Operations Manager (1) Group Supervisor (1) MD (2) Registered Nurse (2) Paramedic (1) Tech (1) Admin/Clerk (1) Logistical Support	(1) Group Supervisor (2) APP(Adv.Practice Professional) (2) Registered Nurse (2) Paramedic	(1) Group Supervisor (2) APP(Adv.Practice Professional) (2) Registered Nurse (2) Paramedic
Operational Area	Parking and Support	40,000 sq ft Operations Area (200' x 200')	40,000 sq ft Operations Area (200' x 200')	22,500 sq ft Operations Area (150' x 150')	15,625+ sq ft Operations Area (125' x 125')	225+ sq ft Medical Eval Area (15' x 15')
Air Operations	Landing Zone	10,000 sq ft Operations Area (100' x 100')	10,000 sq ft Operations Area (100' x 100')	10,000 sq ft Operations Area (100' x 100')	None	None
	Sleeping Area	860 sq ft	860 sq ft	860 sq ft	175 sq ft	175 sq ft
Equipment	Support Trailer/Command Vehicles	(1) 53' MMU Trailer with Power, Internal Command Center and Climate Controlled with: (2) Awning(s) (2) 36' MMU Trailer with Power and Climate Control with: (2) 860 (2) Quad or Awning (or equivalent)	(1) 53' MMU Trailer with Power, Internal Command Center and Climate Controlled with: (2) Awning(s) (2) 36' MMU Trailer with Power and Climate Control with: (2) 860 (2) Quad or Awning (or equivalent)	(1) Type II or Type III "Mobile EOC" (2) 36' MMU Trailer with Power and Climate Control with: (2) 860s (1) Quad (1) Awning (or equivalent)	(1) 36' MMU Trailer with Power and climate Control with: (1) 860 (1) Quad or Awning (or equivalent)	None
	Tow Vehicles	(1) Semi/Tractor (with Driver){1}[1] (4) 1-Ton Truck {4}[16] (3) 3/4 Ton Crew Cab Truck/Suburban {5}[15] (2) Supply Truck {2}[4]	(1) Semi/Tractor (with Driver){1}[1] (4) 1-Ton Truck {4}[16] (2) 3/4 Ton Crew Cab Truck/Suburban {5}[10] (2) Supply Truck {2}[4]	(3) 1-ton Truck {4}[12] (2) 3/4 Ton Crew Cab Trucks / Suburban {5}[10] (1-2) Supply Truck{2} [2]-[4]	(1) 1-ton Truck {4}[4] (1) 3/4 Ton Crew Cab Trucks / Suburban {5}[5] (1) Supply Truck{2} [2]	(2) Suburban {5} [10]
	Travel Package	Minimum of: (3) Credit Card (10) GPS Units and area maps (10) Radio (pull from Comm pkg) (10) D/C - A/C Power Invertor (10) Cases of Water (3) Case of MREs	Minimum of: (3) Credit Card (10) GPS Units and area maps (10) Radio (pull from Comm pkg) (10) D/C - A/C Power Invertor (10) Cases of Water (3) Case of MREs	Minimum of: (2) Credit Card (7) GPS Units and area maps (7) Radio (pull from Comm pkg) (7) D/C - A/C Power Invertor (6) Cases of Water (2) Case of MREs	Minimum of: (1) Credit Card (3) GPS Units and area maps (3) Radio (pull from Comm pkg) (3) D/C - A/C Power Invertor (2) Cases of Water (1) Case of MREs	Minimum of: (1) Credit Card (2) GPS Units and area maps (2) Radio (pull from Comm pkg) (2) D/C - A/C Power Invertor (1) Cases of Water (1) Case of MREs
	Power Generation	(1) 125kw Generator (Type VI) (1) 60kw Generator (1) 6.5 kw Generator Capability to Provide Shoreline Power	(1) 125kw Generator (Type VI) (1) 60kw Generator (1) 6.5 kw Generator Capability to Provide Shoreline Power	(1) 60kw Generator (1) 6.5 kw Generator	(1) 60kw Generator (1) 6.5 kw Generator	(1) Honda 1000 watt Generator (1) Gas Can, 2 gallon
	All Terrain Mobility	(1) All Terrain Utility Vehicle	(1) All Terrain Utility Vehicle	(1) All Terrain Utility Vehicle	None	None

Version Aug 2013

RESOURCE: Mobile Medical Unit - Sustained Operations (> 24 hours)						
CATEGORY:		Emergency Medical Services (ESF #8); Command and Control				
MINIMUM CAPABILITIES:		Type I (32+ Beds 24/7)	Type II (16-32 beds max)	Type III (8-12 Beds)	Type IV (6-8 Beds)	Type V Type IV w/o equipment
Component	Metric					
	Area Lighting	(2-3) Generator powered Light Towers - trailer mounted (Terex AL 8000 HT)	(2-3) Generator powered Light Towers - trailer mounted (Terex AL 8000 HT)	(1-2) Generator powered Light Towers - trailer mounted (Terex AL 8000 HT)	(1) Generator powered Light Tower - trailer mounted (Terex AL 8000 HT)	(2) Folding Tripod Light Tree
Equipment	Computer Equipment	(10) Laptop Computers (4) Printers (1) Scanner	(10) Laptop Computers (4) Printers (1) Scanner	(5) Laptop Computers (1) Printer (1) Scanner	(2) Laptop Computers (1) Printer	(2) Laptops Computers
	CommunicationsEquipment	(2) VSAT Internet System (5) EVDO / Cellular Internet Cards (3) Cellular Telephones / NEXTEL (16) Radios, Interoperable (1) Speaker Phone System	(2) VSAT Internet System (5) EVDO / Cellular Internet Cards (3) Cellular Telephones / NEXTEL (16) Radios, Interoperable (1) Speaker Phone System	(1) VSAT Internet System (3) EVDO / Cellular Internet Cards (3) Cellular Telephones / NEXTEL (8) Radios, Interoperable	(1) VSAT Internet System (2) EVDO / Cellular Internet Cards (3) Cellular Telephones / NEXTEL (7) Radios, Interoperable	(2) EVDO / Cellular Internet Cards (4) Cellular Telephones / NEXTEL (7) Radios, Interoperable
	Administrative Supplies	(1) MMU Admin Kit (1) Staging - Parking Kit (1) Tool Kit	(1) MMU Admin Kit (1) Staging - Parking Kit (1) Tool Kit	(1) MMU Admin Kit (1) Tool Kit	(1) MMU Admin Kit (1) Tool Kit	(1) MMU Admin Kit (1) Tool Kit
	Power Supply	Power Strip and Extension Cord Phone and Device Chargers, Uninterupted Power Supply, Spare batteries & DC Transformer	Power Strip and Extension Cord Phone and Device Chargers, Uninterupted Power Supply, Spare batteries & DC Transformer	Power Strip and Extension Cord Phone and Device Chargers, Spare batteries & DC Transformer	Power Strip and Extension Cord Phone and Device Chargers, Spare batteries & DC Transformer	Power Strip and Extension Cord Phone and Device Chargers, Spare batteries & DC Transformer
Services	Food Service	MRE: 10 cases / day Catering: (2 & 1) 70 meals daily and 4 cases of MREs / day Catering (3 hot meals) 105 / day	MRE: 6 cases / day Catering: (2 & 1) 38 meals daily and 2 cases of MREs / day Catering (3 hot meals) 57 / day	MRE: 3 cases / day Catering: (2 & 1) 16 meals daily and 1 case of MREs / day Catering (3 hot meals) 24 / day	MRE: 3 cases / day Catering: (2 & 1) 10 meals daily and 1 cases of MREs / day Catering (3 hot meals) 15 / day	MRE: 3 cases / day Catering: (2 & 1) 10 meals daily and 1 cases of MREs / day Catering (3 hot meals) 15 / day
	Potable Water (daily) Ice (daily)	35 gallons (1 gal/person/day) 18 cases(1 case / 2 ind) 35 small bag (8 lbs) / day 18 large bags (15-20 lbs) / day	19 gallons (1 gal/person/day) 10 cases(1 case / 2 ind) 19 small bag (8 lbs) / day 10 large bags (15-20 lbs) / day	16 gallons (1 gal/person/day) Water: 8 cases (1 case / 2 ind) 16 small bag (8 lbs) / day 8 large bags (15-20 lbs) / day	10 gallons (1 gal/person/day) Water: 5 cases (1 case / 2 ind) 10 Small Bag (8 lbs) / Day 5 Large Bags (15-20 lbs) / Day	10 gallons (1 gal/person/day) Water: 5 cases (1 case / 2 ind) 10 Small Bag (8 lbs) / Day 5 Large Bags (15-20 lbs) / Day

RESOURCE: Mobile Medical Unit - Sustained Operations (> 24 hours)						
CATEGORY:		Emergency Medical Services (ESF #8); Command and Control				
MINIMUM CAPABILITIES:		Type I (32+ Beds 24/7)	Type II (16-32 beds max)	Type III (8-12 Beds)	Type IV (6-8 Beds)	Type V Type IV w/o equipment
Component	Metric					
	Fresh Water	400 - 500 Gallons	300-400 Gallons	200 -300 Gallons	100 - 200 Gallons/per Day	None
	Trash Service	(1) 8 cu yd Dumpsters Emptied Daily Bio-Hazards Waste (Red Bag) Daily Removal	(1) 8 cu yd Dumpsters Emptied Daily Bio-Hazards Waste (Red Bag) Daily Removal	(1) 4 cu yd Dumpster Emptied every other day Bio-Hazards Waste (Red Bag) Daily Removal	(1) 2 cu yd Dumpster Emptied every other day Bio-Hazards Waste (Red Bag) Removal every other day	None
	Restrooms	Access to 4-5 toilets and 4 sinks/handwashing stations Serviced Daily	Access to 4-5 toilets and 4 sinks/handwashing stations Serviced Daily	Access to 2-3 toilets and 2 sinks/handwashing stations Serviced Daily	Access to 2-3 toilets and 1 sink/handwashing stations Serviced Daily	None
	Hygiene Facilities	Access to (4) Showers Access to (6) Hygiene Sinks (1) Mobile DECON System	Access to (4) Showers Access to (6) Hygiene Sinks (1) Mobile DECON System	Access to (2) Showers Access to (4) Hygiene Sinks	Access to (1) Showers Access to (2) Hygiene Sinks	None
	Non-Potable Water (Bladders)	1500 - 1600 Gallons	1500 - 1600 Gallons	800 - 900 Gallons	400 - 500 Gallons	None
Equipment	Traffic Management	(2) Traffic Barricades (25) 28" Traffic Cones (1) Measuring Wheel / Pace Count (3) Rolls of Caution Tape (13) Flashlights with Cones (4) Cans of Orange Road Paint	(2) Traffic Barricades (25) 28" Traffic Cones (1) Measuring Wheel / Pace Count (3) Rolls of Caution Tape (13) Flashlights with Cones (4) Cans of Orange Road Paint	(2) Traffic Barricades (16) 28" Traffic Cones (1) Measuring Wheel / Pace Count (2) Rolls of Caution Tape (4) Flashlights with Cones	(12) 28" Traffic Cones (1) Rolls of Caution Tape (2) Flashlights with Cones	(1) Rolls of Caution Tape (2) Flashlights with Cones
	Safety Management	(20) Vests (35) Hearing Protection (35) Work Gloves (35) Eye Protection	(19) Vests (19) Hearing Protection (19) Work Gloves (19) Eye Protection	(10) Vests (10) Hearing Protection (10) Work Gloves (10) Eye Protection	(5) Vests (5) Hearing Protection (5) Work Gloves (5) Eye Protection	(5) Vests (5) Hearing Protection (5) Work Gloves (5) Eye Protection

Appendix H: TDMS AMBUS Typing Document

RESOURCE:	Medical Ambulance Bus					
CATEGORY:	Emergency Medical Services (ESF #8); Transportation		KIND:	Vehicle		
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	TYPE V
COMPONENT	METRIC					
Overall Function	Primary Mission	Capable of providing advanced medical transportation services during a large scale disaster	Capable of providing advanced medical transportation services during a large scale disaster	Capable of providing advanced medical transportation services during a large scale disaster	Capable of providing basic medical transportation services during a large scale disaster	
	Alternate Mission	Capable of response to Mass Casualty Incidents utilizing Regional agreements	Capable of response to Mass Casualty Incidents utilizing Regional agreements	Additional capabilities for Incident Rehabilitation, Point of Dispensing and other Appropriate Missions		
	Alternate Mission	Additional capabilities for Incident Rehabilitation, Point of Dispensing and other Appropriate Missions	Additional capabilities for Incident Rehabilitation, Point of Dispensing and other Appropriate Missions			
Readiness	Dispatch Time*	Response Capable in < 10 minutes.	Response Capable in < 10 minutes.	Response Capable in < 2 hours.	Response Capable in < 6 hours.	
Capacity	Number of Patients	20 Litter Patients or 12 Seated Patients	12 Litter Patients	6 Litter Patients	25 Seated Patients	
	Number of Crew**	(1) Apparatus Operator (1) Command Position*** (4) Care Providers	(1) Apparatus Operator (4) Care Providers	(1) Apparatus Operator (2) Care Providers	(1) Apparatus Operator (2) Care Providers	
	Number of Accompanying Care Givers**	(4) Additional Passengers	(4) Additional Passengers	(4) Additional Passengers	(4) Additional Passengers	
Equipment	Vehicle Production	Custom vehicle with integrated electrical, oxygen and communication systems	Custom vehicle with after market electrical, oxygen and communication systems	Vehicle of opportunity that is augmented with bolt-on equipment and carry-on supplies	Vehicle of opportunity that is augmented with carry-on equipment and supplies	
	Emergency Warning Systems	Lighting and Audible warning system compliant with NFPA and KKK specifications	Lighting and Audible warning system compliant with NFPA and KKK specifications	No lighting or warning systems required.	No lighting or warning systems required.	
	On-board Power Generation	On-board generator capable of running all on-board equipment.	On-board generator capable of running critical equipment.	12V power system only	12V power system only	
	Oxygen Supply Systems	Integrated system capable of providing oxygen to all patients, including ventilator patients.	Aftermarket system capable of providing oxygen to all patients.	Portable bottles secured on the unit to provide low-flow oxygen for all occupants.		
	Climate Control Systems	A/C and Heat system capable of operation off on-board generator	A/C and Heat system capable of operation off on-board generator	On-Board Heat and A/C system available while unit is running.	On-Board Heat and A/C system available while unit is running.	
	Interior Storage	Integrated Equipment and Supply storage units to include refrigerated medications	Aftermarket Equipment and Supply storage units	Portable Equipment and Supply storage, to include hard cases, bags and shelving.	Carry-on Bags containing all patient care equipment and supplies.	
	Mounting Systems	At least two Stretcher Mounts Wheelchair mounting system	No rolling stretcher mounts Wheelchair mounting system	No rolling stretcher or wheelchair mounting systems	No rolling stretcher or wheelchair mounting systems	
Equipment	Operational Fuel Load	8 hours of Fuel	8 hours of Fuel	4 hours of Fuel	8 hours of Fuel	
	Deployment Duration	24 hour Operation*****	24 hour Operation*****	24 hour Operation*****	12 hour Operation	

RESOURCE:	Medical Ambulance Bus					
CATEGORY:	Emergency Medical Services (ESF #8); Transportation		KIND:	Vehicle		
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	TYPE V
COMPONENT	METRIC					
Commun-ications	Radio Systems****	Integrated with Local and Regional EMS and Fire Radio Systems (VHF, UHF, 700, 800 and/or 900)	Integrated with Local and Regional EMS and Fire Radio Systems (VHF, UHF, 700, 800 and/or 900)	Portable Radio on-board capable of integration with local and regional radio systems	Portable Radio on-board capable of integration with local and regional radio systems	
	Satellite Systems	Satellite Radio and Telephone System	Satellite Radio and Telephone System	Portable Satellite Radio and Telephone Package, if available.	Portable Satellite Radio and Telephone Package, if available.	
	Internet Connectivity	4G/3G Wireless Internet on board with wireless router.	4G/3G Wireless Internet on board with wireless router.	None required.	None required.	
	AVL/GPS Tracking	Active AVL and GPS Tracking	Active AVL and GPS Tracking	None required.	None required.	
Supplies	Level of Care	Critical Care Transport capable	Mobile Intensive Care capable	Advanced Life Support capable	Basic Life Support capable	
	Patient Monitoring	Patient Monitoring (NIBP, SPO2, EKG) for at least (12) patients with Central Monitoring Station.	Patient Monitoring (NIBP, SPO2, EKG) for at least (12) patients with Central Monitoring Station.	Patient Monitoring for at least (2) patients using portable monitors.	(1) Automated external defibrillator on board only	
	Medical Equipment Requirements (beyond ambulance licensure requirements)	Monitor/Defibrillator/Pacer (1) Medication Infusion Pumps (8) Transport Ventilator (4) End-Tidal CO2 detector (4) Immobilization Equipment (12) Traction Splints (2) Intubation / Medication Kits (2)	Monitor/Defibrillator/Pacer (1) Medication Infusion Pumps (8) Transport Ventilator (4) End-Tidal CO2 detector (4) Immobilization Equipment (12) Traction Splints (2) Intubation / Medication Kits (2)	Immobilization Equipment (4)	None required.	
Safety	Gas Monitoring	Four gas detector for oxygen, carbon monoxide, combustibles (LEL) and hydrogen sulfide.	Four gas detector for oxygen, carbon monoxide, combustibles (LEL) and hydrogen sulfide.	Carbon Monoxide detector minimum.	Monitoring organic to the bus.	
	PPE	Protective Equipment Carried on board for Each Crewmember******	Protective Equipment Carried on board for Each Crewmember*****	Protective Equipment Carried on board for Each Crewmember*****	Protective Equipment Carried on board for Each Crewmember*****	
	Vehicle Marking	Reflective Vehicle Markings per NFPA specifications.	Reflective Vehicle Markings per NFPA specifications.	None required.	None required.	
	Lighting	Scene lighting on all sides of the vehicle with additional lighting available at the loading/unloading area to the rear of the unit	Scene lighting on all sides of the vehicle with additional lighting available at the loading/unloading area to the rear of the unit	None required.	None required.	
COMMENTS:	* - Includes time required for vehicle configuration, personnel response, supply/equipment loading and pre-movement inspection ** - Number of Crew and Number of Accompanying Care Givers is based on the number of physical seats with NFPA/KKK compliant restraint systems. *** - A dedicated seat/workstation for a team leader or communications technician.					