Emergency Medical Task Force

R.N. Strike Team Standard Operating Guideline

DSHS Tasked Deployment

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Contents

Deployment Operations

Scope

This plan addresses the Texas Department of State Health Services (DSHS) tasked multi operational period mission profile of the R.N. Strike Team component of the Emergency Medical Task Force (EMTF). Not addressed in this document is the intra-regional, one or two operational period (<24 hours) mission profile or mutual aid response.

Purpose

This plan is designed to ensure the uniform and orderly deployment of the R.N. Strike Team component of the EMTF across the eight EMTF regions of Texas.

Planning Assumptions

In order to ensure consistency and brevity this plan 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 Program Management and will be kept by the State Medical Operations Center (SMOC) and will be posted on the TDMS 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. Each EMTF region will have pre-identified both the participating Hospital agencies *and* the specific personnel from each agency approved for deployment as part of the EMTF's deployment package.
4. All regions will have pre-identified Nurse Strike Team Leaders. Personnel assigned as R.N. Strike team leaders should receive training in the role which they are assigned.
5. Each EMTF region will have identified, partnered with, and trained a public safety communications/dispatch center with 24/7 operations to serve as the initial contact number for deployment of the EMTF. The EMTF's 24 hour contact number should be published to the State's disaster response entities, including but not limited to: , EMTF Program Manager, DSHS SMOC, SOC, Local DDCs, TDEM Staff, etc. This communications center should have a list regarding that region's EMTF deployment package.
6. Each EMTF region will have a primary point of contact person available to the communication / dispatch center at all times with a backup list of contacts or processes to follow if unable to contact the primary contact.
7. Each EMTF region will have identified and implemented systems or technologies, previously available or novel, with redundancies, designed for the notification of EMTF deployment team members, both at the partnering agency and team member level.
8. Members of the R.N. Strike Team will be working in customary and familiar clinical environments.
9. Upon activation, R.N. Strike Teams will deploy as teams which are fully mission capable for at least 72-hours.
10. Team members are expected to be trained in National Incident Management System (NIMS).

11. Nurse Strike Teams will be grouped by type of specialty (ER, OR, ICU, etc.).
12. Memorandums of Agreement (MOAs) are to be established between responding hospitals personnel, agencies, the Lead RAC, & others as appropriate.

Mission

At the direction and mission tasking of DSHS, the R.N. Strike Team component of a region's EMTF may be deployed to augment staffing of a hospital(s) in an affected jurisdiction.

R.N. Strike Team Composition

The R.N. Strike Team component will be made up of five (5) R.N. Strike Teams. Each R.N. Strike Team will consist of five (5) 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. Each EMTF region may wish to expand this capacity via technology to ensure common communications both between the R.N. Strike Team and other EMTF Components as well as among the distinct R.N. Strike Teams.

The composition of each team, based on specialty (ER, ICU, Medical/Surgical, Pediatric, etc.), may be limited by resources available to each EMTF Region. As such, it is the guidance of this plan that each of the five R.N. Strike Teams be composed of personnel with appropriate care experience, though no rules regarding the distribution of specialty is made. Each EMTF'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 plan to pre-roster entire strike teams of these personnel in each EMTF region. Rather, EMTF Coordinators who have identified deployable personnel in their regions who hold these specialties may wish to include them as Single Resources attached to the EMTF as part of the most appropriate component. Region's that already have a specialized R.N. Strike Team such as a burn or neonatal team should list these teams as a specialty deployable team.

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.

Pre-Deployment Planning

It is incumbent upon each EMTF region 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, each EMTF region may utilize their EMTF coordinator to assist in ensuring the highest level of preparedness for the EMTF R.N. Strike Team Component's all-hazard response.

While not all inclusive, included in this document are examples of deployment equipment guidelines (see Appendix A). 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 each EMTF to ensure their team members have the tools necessary for an efficient and successful completion of their missions.

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.

Tasking

When Nursing support of multiple operational periods exceeds regional capability, the jurisdiction having authority will notify the Disaster District Chair (DDC) via resource requesting processes. This need, having been appropriately identified as valid, will be passed to the State Operations Center (SOC) who will task the assignment to the Texas Department of State Health Services (DSHS) State Medical Operations Center (SMOC). The SMOC will then assign a tasking to the most appropriate EMTF region(s). DSHS tasking will be provided formally through written documentation. (Detailed tasking procedures are identified in the SMOC Operations Manual)

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 Texas and others. 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.

Incident Component Notification

When the SMOC receives a request for EMTF assistance, the SMOC will consult with EMTF Program Management to determine the most appropriate region and component to respond to the pending request. Initial communications between the SMOC and EMTF Program Management may happen by phone to expedite the process but the call should be followed immediately with a written summary to assure accuracy of the request. This summary of request should be sent to the predefined email address of EMTF Activations. The SMOC may request that an availability check be done by one or more of the EMTF Regions to assist in determining the most appropriate region to respond. Availability or deployment documents as well as other incident information should be sent to the EMTF Region by using the appropriate predefined EMTF Coordination Center Email address. Once taskings are determined, the appropriate EMTF Coordinator(s) will be notified and will initiate the Incident Notification Procedure. Utilizing the technology identified by the region the point of contact will immediately initiate a call-out to relevant agencies. The activation of this system should mark the starting point for the desired six (6) hour deployment window. For planning purposes, the six (6) hour goal is intended to represent that the tasked assets are en-route to at least an intra-regional mustering point.

Incident Component Staffing Pool

Each region should have a pre-screened roster of persons agreed upon by both the sponsoring hospital and the regional governing body. Each EMTF Region will have, as noted in the planning assumptions,

developed a system of notification for these stakeholder agencies upon tasking from the State. 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 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 WebEOC so the information is available to the region and the SMOC.

Travel

Travel by the R.N. Strike Teams will be incident driven. Taking into account the distances, mission profile, infrastructure available in the deployment region and other factors, each EMTF region may wish to 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 R.N. Strike Teams are to travel by ground, EMTF regions may wish to plan for vehicles large enough to carry the entire team, with deployment equipment, and suitable to the deployment environment.

Individual R.N. 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.

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

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 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 B)

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. Likewise, "off-duty" hours during an R.N. Strike Team deployment are expected to be both regular and comfortable with logistical support that may include: food, lodging, transportation, etc. 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.

Safety Considerations

All RNST 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 State Medical Operations Center (SMOC) via the proper channels, who will work with the State Operations Center (SOC) to provide this resource if possible.

Medical Records

Medical records will be recorded using the Facilities routine documentation method. In the event the RNST members are unable to use the facility routine documentation method, a medical record system which has been preplanned can be put in place. In such a situation patient care will be documented using the medical record system originally planned for the MMU. This system is known as "T-System". 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 last during demobilization, for all patient encounters. A copy of the contact roster is to be submitted to the Department of State Health Services via the reimbursement packet for the incident.

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

Demobilization

Demobilization will be based upon tasking to the deployment region, and R.N. Strike Team members may wish to be prepared for a longer durations owing to the type of incident. Demobilization may occur at the deployment staging area or regional mustering point according to the R.N. Group Supervisor's or R.N. Strike Team Leader's discretion. Demobilization will not occur directly from field assignments. Exceptions will be the discretion of the R.N. Group Supervisor or R.N. Strike Team Leader. The R.N. Strike Team Leader for each R.N. 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 R.N. Group Supervisor or R.N. Strike Team Leader. R.N. Strike Team Leaders will be informed of mode of travel and the expectations inherent to that mode.

Each region shall adopt a Demobilization Checklist (see Appendix C) for use by the R.N. Group Supervisor, R.N. Strike Team Leaders, and Strike 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.

Change Log for RNST Standard Operating Guideline

The log below is intended to serves as a quick reference overview of changes from version to version. The approval is dated as when the Emergency Medical Task Force Strategic Oversight Committee provides approval. (Previous approvals were given by the EMTF Committee members or TDMS)

Version Date	Overview of Changes	Page # (s)	Date Approved
2010-10-08	Preliminary approval by EMTF participants	ALL	2010-10-08
2011-01-19	General corrections for consistency between EMTF component SOGs	ALL	2011-01-19
2011-12-28	Detailed corrections throughout the SOGs to allow consistency in wording and concepts.	ALL	2011-01-19
2012-01-19	Removal of detailed information and replaced with “see SMOC Operational Manual”. Correction of wording “MMU” to AMBUS” in Safety section. Change from “may” complete an ICS 221 form to “shall. Addition of: Hotwash is required during demobilization and must be submitted with reimbursement packet.	4,6,7	2011-01-19
2012-01-19	Approved by TDMS with corrections / updates	ALL	2011-01-19
2012-01-24	Change “Plan” to Standard Operating Guidelines or SOG	ALL	

Appendices

Appendix A – Deployment Equipment Guidelines – Personnel

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 B – Checklist

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.

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	

EMERGENCY CODES AND OTHER SAFETY REMINDERS		
CODES	DEFINITION	PROCEDURES
Code _____	Fire	**For all Emergencies** **Dial** **Ext _____**
Code _____	Cardiopulmonary Arrest – Adult/Pedi	
Code _____	Disaster Situation	
Code _____	Incoming Casualties Requiring Decontamination	
Code _____	Patient/Person Out of Control	
Code _____	Infant/Child Abduction	
Code _____	Bomb Threat	

Appendix C – ICS Documentation

ICS Form 201

Incident Briefing	1. Incident Name:	2. Date Prepared:	3. Time Prepared:
4. Map Sketch			
5. Prepared By (Name and Position):			

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ICS Form 211

Incident Check-In List	1. Incident Name/Number	2. Check-In Location (Complete all that apply)					3. Date/Time
Check One:		Base	Camp	Staging Area	ICP Restat	Heli base	
RN ST AMBUS Misc. MMU Ambulance							

Check-In Information

4. List Personnel (*overhead)* by Agency & Name –OR – List equipment by the following format:					5. Order/Request Number	6. Date/Time Check-In	7. Leader's Name	8. Total No. Personnel	9. Manifest		10. Crew or Individual's Weight	11. Home Base	12. Departure Point	13. Method of Travel	14. Incident Assignment	15.Other Qualifications	16. Sent to RESTAT Time/Int.
Agency	Single	Kind	Type	I.D. No./ Name					Yes	No							

Prepared By (Name and Position):

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ICS Form 214

UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators	5. Unit Leader (Name and Position)		6. Operational Period

7.Personnel Roster Assigned		
Name	ICS Position	Home Base

8.Activity Log	
Time	Major Events

9. Prepared by (Name and Position):

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ICS Form 218

Support Vehicle Inventory (Use separate sheet for each vehicle category)	1. Incident Name/Number	2. Date Prepared	3. Time Prepared

4.Vehicle Category: MMU AMBUS Ambulance RN ST Pickups/SUV Tenders

Vehicle/Equipment Information

Resource Order No. "E" Number	Incident ID No.	Vehicle Type	Vehicle Make	Capacity	Agency/ Owner	Vehicle License Rig Number	Location	Release Time

5. Prepared By (Ground Support Unit):

ICS Form 221

Demobilization Checkout		
1. Incident Name/Number	2. Date/Time	3. Demobilization Number
4. Unit/Personnel Released		
5. Transportation Type/Number		
6. Actual Release Date/Time	7. Manifest Yes No	Number
8. Destination	Notified Agency Region Area Dispatch	Name Date
10. Unit Leader Responsible for Collecting Performance Rating		

11. Unit/Personnel	
You and your resources have been released subject to sign off from the following: *Demobilization Unit Leader check the appropriate box*	
Logistics Section Supply Unit Communications Unit Facilities Unit Ground Support Unit Leader	Signatures
Planning Section Documentation Unit	Signature
Finance Section Time Unit	Signature
Other	Signatures
12. Remarks	

ICS Form 226

Incident Performance Rating		Instructions: The immediate supervisor will prepare this form for a subordinate person. Rating will be reviewed with the individual who will sign and date the form. The completed rating will be given to the Planning Section Chief before the rater leaves the incident.	
1. Name		2. Incident Name and Number Start Date of Incident	
3. Home Unit Address		4. Incident Agency and Address	
5. Position Held on Incident	6. Trainee Position Yes No	7. Incident Complexity I II III	8. Date of Assignment From: To:

9. List the main duties from the Position Checklist, on which the position will be rated. Enter X under the appropriate column indicating the individual's level of performance for each duty listed.	Performance Level				
	Did not apply in this incident	Unacceptable	Needs to Improve	Fully Successful	Exceeds Successful

10. Remarks	
11. This rating has been discussed with me (Signature of individual being rated)	12. Date

13. Rated By (Signature)	14. Home Unit	15. Position Held on this Incident	16. Date